



## Changes to MBS Cardiac Imaging Services- electrocardiography services

**Date of change:** 15 September 2020

New items: **11735**

Amended items: **11704 11705 11707 11714 11716 11717 11723 11729 11730**

**Legislation:** <https://www.legislation.gov.au/Details/F2020L01158>

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### Revised items

Created a new item (11735) for continuous electrocardiography (ECG) recording of an ambulatory patient. The addition of this new item follows the identification of improved technology and the ability of newer automated devices to continuously record the patient's rhythm and able capture all abnormal rhythm events with or without patient activation (during a symptomatic event). These types of devices can provide live or daily data uploads, with real time analysis and event alerts, with the opportunity for immediate intervention, promoting high value care.

ECG and ambulatory ECG items have minor amendments to include reference to the co-claiming restrictions of the sleep study items with these items (which is not explicit in the sleep study items currently).

ECG stress testing items (11729 and 11730) have minor amendments to include reference to new myocardial perfusion study (MPS) items in the claiming restrictions. The new MPS items were introduced to address accessibility issues in rural and remote areas.

### Patient impacts

Patients will receive Medicare rebates for cardiac services that are clinically appropriate and reflect modern clinical practice.

### Restrictions or requirements

Providers should familiarise themselves with the changes to cardiac services MBS items, and any associated rules and/or explanatory notes. Providers have a responsibility to ensure that any services they bill to Medicare fully meet the eligibility requirements outlined in the legislation.

New item 11735 is restricted to claiming four times in a 12-month period and is not claimable at the same time as the other ambulatory ECG items, 11716, 11717 and 11723. This item is not claimable for patients who are admitted to a hospital. As item 11735 cannot be delivered for in-hospital treatment it is not included in the private health insurance rules.

ECG stress testing items are restricted to once every 2 years, and this restriction includes MPS studies and stress echocardiogram tests in the 2-year period. With the introduction of new MPS items these items have been included in the 2-year restriction in items 11729 and 11730 item descriptors.



ECG and Ambulatory ECG items cannot be co-claimed with sleep study items 12203, 12204, 12205, 12207, 12208, 12210, 12213, 12215, 12217 or 12250.

## Contents

1. Electrocardiography (ECG) changes
2. Ambulatory electrocardiography (AECG) changes

# 1. Electrocardiography (ECG) changes

## Amended item 11704 – Twelve-lead electrocardiography, tracing and report

**Overview:** This item has been amended to include additional information in the item descriptor, highlighting the co-claiming restriction with sleep study items (12203, 12204, 12205, 12207, 12208, 12210, 12213, 12215, 12217 or 12250) has been added.

**Descriptor:** Twelve-lead electrocardiography to produce a trace and a formal report, by a specialist or a consultant physician, if:

- (a) the service is requested by a requesting practitioner; and
- (b) a copy of formal report is provided to the requesting practitioner; and
- (c) the service does not apply if:
  - (i) the patient is an admitted patient; and
  - (ii) the specialist or consultant physician who renders the service has a financial relationship with the requesting practitioner;
  - (iii) and the specialist or consultant physician who performs the service has performed a service to which an attendance applies for the same patient on the same day; and
- (d) the service is not associated with a service to which item 12203, 12204, 12205, 12207, 12208, 12210, 12213, 12215, 12217 or 12250 applies.

See para DN.1.31, DR.1.4 of explanatory notes to this Category

**MBS fee:** \$32.25 (No change to fee) **Benefit:** 85% = \$27.45



## Amended item 11705 – Twelve-lead electrocardiography, report only where the tracing has been forwarded to a specialist or consultant physician, not in association with a consultation on the same occasion

**Overview:** This item has been amended to include additional information in the item descriptor, highlighting the co-claiming restriction with sleep study items (12203, 12204, 12205, 12207, 12208, 12210, 12213, 12215, 12217 or 12250) has been added.

**Descriptor:** Preparing a formal report only on an electrocardiography trace, by a specialist or a consultant physician, if:

- (a) the service is requested by a requesting practitioner; and
- (b) the formal report uses a trace provided from twelve-lead electrocardiography for the patient which has:
  - (i) been provided with the request from the requesting practitioner; and
  - (ii) not been previously been reported on; and
- (c) a copy of the formal report is provided to the requesting practitioner; and
- (d) the service does not apply if:
  - (i) the specialist or consultant physician who renders the service has a financial relationship with the requesting practitioner; and
  - (ii) the specialist or consultant physician who performs the service has performed a service to which an attendance applies for the same patient on the same day, unless exceptional circumstances exist; and
- (e) the service is not associated with a service to which item 12203, 12204, 12205, 12207, 12208, 12210, 12213, 12215, 12217 or 12250 applies.

For any particular patient, applicable no more than twice on the same day.

See para DN.1.31, DR.1.4 of explanatory notes to this Category

**MBS fee:** \$19.00 (no change to fee)      **Benefit:** 85% = \$16.15      75%= \$14.25

### Note: DN.1.31 ECG Report - relating to Items 11704 & 11705 (no change)

The formal report is separate to any letter and entails interpretation of the trace commenting on the significance of the trace findings and their relationship to clinical decision making for the patient in their clinical context, in addition to any measurements taken or automatically generated.



## Amended item 11707 – Twelve-lead electrocardiography, trace, to inform clinical decision making.

**Overview:** This item has been amended to include additional information in the item descriptor, highlighting the co-claiming restriction with sleep study items (12203, 12204, 12205, 12207, 12208, 12210, 12213, 12215, 12217 or 12250) has been added.

**Descriptor:** Twelve-lead electrocardiography to produce a trace only, by a medical practitioner, if the trace:

- (a) is required to inform clinical decision making; and
- (b) is reviewed in a clinically appropriate timeframe to identify potentially serious or life-threatening abnormalities; and
- (c) does not need to be fully interpreted or reported on; and
- (d) the service does not apply if:
  - (i) the patient is an admitted patient: and

Not associated with a service to which item 12203, 12204, 12205, 12207, 12208, 12210, 12213, 12215, 12217 or 12250 applies.

For any particular patient, applicable no more than twice on the same day.

See para DR.1.4 of explanatory notes to this Category

**MBS fee:** \$19.00 (No change to fee)    **Benefit:** 85% = \$16.15

## Amended item 11714 – Twelve-lead electrocardiography, performing a trace and interpretation.

**Overview:** This item has been amended to include additional information in the item descriptor, highlighting the co-claiming restriction with sleep study items (12203, 12204, 12205, 12207, 12208, 12210, 12213, 12215, 12217 or 12250) has been added.

**Descriptor:** Twelve-lead electrocardiography to produce a trace and a clinical note, by a specialist or consultant physician, if a copy of the clinical note is provided to the medical practitioner managing the patient's care, if appropriate; and

- (a) the service does not apply if:
  - (i) the patient is an admitted patient; and

Not associated with a service to which item 12203, 12204, 12205, 12207, 12208, 12210, 12213, 12215, 12217 or 1250 applies



For any particular patient, applicable no more than twice on the same day

See para DR.1.4 of explanatory notes to this Category

**MBS fee:** \$25.00 (No change to fee) **Benefit:** 85% = \$21.25

## Note: DR.1.4 12-lead electrocardiography for claiming – Items 11704, 11705, 11707 and 11714 (No changes)

There are four 12-lead electrocardiography items:

- Item 11704 for a trace and formal report service performed by a specialist or consultant physician.
- Item 11705 for a formal report service performed by a specialist or consultant physician, where the specialist reports on a trace.
- Item 11707 for a trace service performed by a medical practitioner.
- Item 11714 for trace and clinical note service performed by a specialist or consultant physician.

**Admitted patient:** Items 11704, 11707 and 11714 do not apply where the patient is an “admitted patient” of a hospital. An “admitted patient” includes an episode of hospital treatment and an episode of hospital-substitute treatment where a benefit is paid from a private health insurer. Item 11705 can be performed out-of-hospital or for admitted hospital patients.

### Requested service:

- Items 11704 and 11705 are requested services, which require the rendering specialist or consultant physician to produce a written formal report, which must be provided to the requesting practitioner. The rendering specialist or consultant physician cannot perform the service unless it has been requested by another medical practitioner.
- As a requested service, it is generally not expected that items 11704 or 11705 would involve any clinical work beyond performing the formal report (and the trace for item 11704). The MBS Review Taskforce recommended that an attendance should not be co-claimed with a diagnostic cardiac investigation in these circumstances. Item 11704 cannot be claimed if the rendering specialist or consultant physician has performed an attendance on the same patient on the same day.

Generally, it is expected that item 11705 should not be co-claimed with an attendance, but in exceptional clinical circumstances an attendance can be performed i.e. an admitted patient requires a formal report (on a trace) to be provided by a cardiologist and the result of this reporting determines that an urgent attendance (life threatening) is required by the cardiologist to guide immediate treatment (particularly when there is only one cardiologist rostered on the shift).

**Financial relationship:** The rendering specialist or consultant physician and the requesting practitioner cannot have a financial relationship. Definition of ‘financial relationship’: is where the requesting practitioner is a member of a group



of practitioners of which the providing practitioners is a member (both the requestor and provider potentially financially benefit from the MBS service provided). The need for a request should be informed by a clinical decision only.

Examples of what is not considered a financial relationship for the purposes of the restriction:

- When requesting providers (e.g. GP) rent rooms within a practice and the owner of the practice is also the service provider (e.g. cardiologist). In this scenario, as long as the GP does not financially benefit from the fee for the ECG service then there is no financial incentive for the GP requestor to request the service.
- When requesting providers work within a group practice on a contract basis (e.g. receive a percentage of the fee per patient) but are not a financial partner in the ownership of the practice and do not receive financial incentives from the practice for requesting ECG services (e.g. service requesting quotas). However, it would be inappropriate for a practice operating under such arrangements to impose quotas, or attempt to influence, the number of services a contracted provider should request in such a manner.

**Item 11707:** Item 11707 is a trace only service and can be performed by any medical practitioner.

**Item 11714:** Item 11714 allows specialist and consultant physicians to perform an electrocardiography trace and interpret the results (in the form of producing a written clinical note) where they consider it necessary for the management or treatment of the patient. No request is required for this service. There is no limitation on the claiming of an attendance with item 11714, as the Taskforce agreed that performance of an electrocardiography was part of routine assessment for patients presenting to specialist and consultant physicians for management of their cardiac condition.

## 2. Ambulatory electrocardiography (AECG) changes

### Amended item 11716 – Continuous electrocardiography recording of a patient for 12 or more hours

**Overview:** This item has been amended to include additional information in the item descriptor, highlighting the co-claiming restriction with sleep study items (12203, 12204, 12205, 12207, 12208, 12210, 12213, 12215, 12217 or 12250) has been added.

**Descriptor:** Note: the service only applies if the patient meets one or more of the following and the requirements in Note: DR.1.1

Continuous electrocardiogram recording of ambulatory patient for 12 or more hours with interpretation and report, by a specialist or consultant physician, if the service:



- (a) is indicated for the evaluation of a patient for:
  - (i) syncope; or
  - (ii) pre-syncopal episodes; or
  - (iii) palpitations where episodes are occurring greater than once a week; or
  - (iv) another asymptomatic arrhythmia is suspected with an expected frequency of greater than once a week; or
  - (v) surveillance following cardiac surgical procedures that have an established risk of causing dysrhythmia; and
- (b) utilises a system capable of superimposition and full disclosure printout of at least 12 hours of recorded electrocardiogram data, (including resting electrocardiogram and the recording of parameters) microprocessor based scanning analysis; and
- (c) is not in association with ambulatory blood pressure monitoring; and
- (d) is other than a service on a patient in relation to whom this item and any of the items 11704, 11705, 11707 or 11714 are rendered by a single medical practitioner on a single patient on a single day; and
- (e) is applicable once in a 4 week period; and
- (f) is not associated with a service to which item 12203, 12204, 12205, 12207, 12208, 12210, 12213, 12215, 12217, 12250, 11717, 11723 or 11735 applies.

See para DN.1.28, DR.1.1 of explanatory notes to this Category

**MBS fee:** \$172.75 (No change to fee) **Benefit:** 85% = \$146.85

**Note: DN.1.28 Indications considered appropriate & discussion of results - Item 11716 (No changes)**

**Indications interpretation:** The following indications would be considered appropriate even in patients who may not experience symptoms more often than once a week.

- a. For the detection of asymptomatic atrial fibrillation (AF) following a transient ischaemic attack (TIA) or cryptogenic stroke.
- b. For the surveillance of paediatric patients following cardiac surgeries that have an established risk of causing dysrhythmia.
- c. For babies, young children and other patients where there is a demonstrable benefit for the documentation of heart rate or if a cardiac dysrhythmia is suspected, but due to the patient's age, cognitive capacity or expressive language impairment, it is not possible to accurately assess symptom frequency based on medical history.



**Results:** Discussions of the results, findings or interpretation of a study are reasonably expected to be part of a formal report. Discussion of these findings with a patient does not constitute a consult. Similarly, discussion(s) during the course of a study or to determine the safety or appropriateness of the study is part of the service and should not be claimed as a consult.

**Amended item 11717 – Ambulatory ECG monitoring, patient activated, single or multiple event recording, utilising a memory recording device which is connected continuously to the patient for between 7 and 30 days.**

**Overview:** This item has been amended to include additional information in the item descriptor, highlighting the co-claiming restriction with sleep study items (12203, 12204, 12205, 12207, 12208, 12210, 12213, 12215, 12217 or 12250) has been added.

**Descriptor:** Note: the service only applies if the patient meets one or more of the following and the requirements in Note: DR.1.1

Ambulatory electrocardiogram monitoring of a patient, by a specialist or consultant physician, if the service:

- (a) utilises a patient activated, single or multiple event memory recording device which is connected continuously to the patient for between 7 and 30 days and is capable of recording for at least 20 seconds prior to each activation and for 15 seconds after each activation; and
- (b) includes transmission, analysis, interpretation and reporting (including the indication for the investigation); and
- (c) is for investigation of recurrent episodes of:
  - (i) unexplained syncope; or
  - (ii) palpitation; or
  - (iii) other symptoms where a cardiac rhythm disturbance is suspected and where episodes are infrequent has occurred; and
- (d) is applicable once in a 3 month period; and
- (e) is not associated with a service to which item 12203, 12204, 12205, 12207, 12208, 12210, 12213, 12215, 12217, 12250, 11716, 11723 or 11735 applies.

See para DN.1.26, DR.1.1 of explanatory notes to this Category

**MBS fee:** \$101.50 (No change to fee)

**Benefit:** 85% = \$86.30



## Amended Note: DN.1.26 Discussion of results - Items 11717, 11723 & 11735

**Overview:** This note has the minor amendment, to include reference to new item 11735.

**Note Descriptor:** Discussions of the results, findings or interpretation of a study are reasonably expected to be part of a formal report. Discussion of these findings with a patient does not constitute a consult. Similarly, discussion(s) during the course of a study or to determine the safety or appropriateness of the study is part of the service and should not be claimed as a consult.

## Amended item 11723 – Ambulatory electrocardiography monitoring, patient activated, single or multiple event recording, utilising a memory recording device which is connected continuously to the patient for up to 7 days.

**Overview:** This item has been amended to include additional information in the item descriptor, highlighting the co-claiming restriction with sleep study items (12203, 12204, 12205, 12207, 12208, 12210, 12213, 12215, 12217 or 12250) has been added.

**Descriptor:** Note: the service only applies if the patient meets one or more of the following and the requirements in Note: DR.1.1

Conducting ambulatory electrocardiogram monitoring of a patient, by a specialist or consultant physician, if the service:

- (a) utilises a patient activated, single or multiple event recording, on a memory recording device which is connected continuously to the patient for up to 7 days and is capable of recording for at least 20 seconds prior to each activation and for 15 seconds after each activation; and
- (b) includes transmission, analysis, interpretation and formal report (including the indication for the investigation); and
- (c) is for investigation of recurrent episodes of:
  - (i) unexplained syncope; or
  - (ii) palpitation; or
  - (iii) other symptoms where a cardiac rhythm disturbance is suspected and where episodes are infrequent has occurred; and
- (d) is applicable once in a 3 month period; and



(e) is not associated with a service to which item 12203, 12204, 12205, 12207, 12208, 12210, 12213, 12215, 12217, 12250, 11716, 11717 or 11735 applies.

See para DN.1.26, DR.1.1 of explanatory notes to this Category.

**MBS fee:** \$53.55 (No change to fee)

**Benefit:** 85% = \$45.55

## Amended Note: DR.1.1 Ambulatory ECG requirements for claiming - Items 11716, 11717, 11723 and 11735

**Overview:** This note has the minor amendment, to include reference to new item 11735.

**Note Descriptor:** Items 11716, 11717, 11723 and 11735 do not apply to a service unless:

- i. the patient is referred to a specialist or consultant physician by a referring practitioner; or
- ii. the service is requested by a requesting practitioner.

**Admitted patient:** Item 11716, 11717, 11723 or 11735 do not apply to a service if the patient is an admitted patient.

An “admitted patient” includes an episode of hospital treatment and an episode of hospital-substitute treatment where a benefit is paid from a private health insurer. Please refer to the interpretation notes for an “admitted patient” in the restrictions and requirements section of this document.

**Referred services:** For referred services to which items 11716, 11717, 11723 or 11735 apply, the specialist or consultant physician who renders the service must:

- i. manage the ongoing care of the patient; or
- ii. perform an attendance to determine that testing is necessary, where the need for the test has not otherwise been scheduled; or
- iii. perform an attendance immediately after the test has been performed, at which clinical management decisions are discussed with the patient.

A service is taken to be referred if the specialist or consultant physician who renders the service to which items 11716, 11717, 11723 or 11735 applies is the patient’s treating practitioner, determines the need for a cardiac investigation that has not otherwise been scheduled, or performs a scheduled test but also provides an attendance where clinical management decisions are discussed with the patient. Services in all other circumstances are considered to be requested.

**Requested services:**

- i. for requested services, items 11716, 11717, 11723 or 11735 do not apply to a service if the rendering specialist or consultant physician has performed a service to which an attendance applies for the same patient on the same day.



- ii. definition of 'requesting practitioner' when applied to items 11716, 11717, 11723 or 11735 is as follows:
  - a. a medical practitioner (other than a specialist or consultant physician) requests that a specialist or consultant physician provide the service.
  - b. specialist or consultant physician requests that a separate specialist or consultant physician provide the service.

## Amended item 11729 – Multi-channel electrocardiography monitoring and recording during exercise

**Overview:** This item has been amended to include new myocardial perfusion studies (MPS) items which are being introduced on 15 September 2020 to address MPS accessibility issues in rural and remote areas. This item is restricted to once every 2 years, but this restriction also includes MPS studies in the 2 year period, The new MPS items have been added to the item descriptor. This service can be self-determined.

**Descriptor:** Note: the service only applies if the patient meets the requirements of the descriptor and the requirements in Note: DR.1.2

Multi-channel electrocardiogram monitoring and recording during exercise (motorised treadmill or cycle ergometer capable of quantifying external workload in watts) or pharmacological stress, if:

- (a) the patient is aged 17 years or more; and:
  - (i) has symptoms consistent with cardiac ischemia; or
  - (ii) has other cardiac disease which may be exacerbated by exercise; or
  - (iii) has a first degree relatives with suspected heritable arrhythmia; and
- (b) the exercise or pharmacological stress monitoring and recording:
  - (i) is not less than 20 minutes in duration; and
  - (ii) includes resting electrocardiogram; and
  - (iii) is performed on premises equipped with standard resuscitation equipment; and
  - (iv) a person trained in exercise testing and cardiopulmonary resuscitation is in continuous attendance during the monitoring and recording; and
  - (v) a second person trained in cardiopulmonary resuscitation is located at the premise where the testing is performed and is immediately available to respond at the time the exercise test is performed on the patient, if required; and



(c) a written report is produced by a medical practitioner that includes interpretation of the exercise or pharmacological stress monitoring and recording data, commenting on the significance of the data, and their relationship to clinical decision making for the patient in their clinical context; and

(d) other than a service:

(i) provided on the same occasion as a service described in any of items 11704, 11705, 11707 or 11714; or

(ii) performed within 24 months of a service to which any of items 55141, 55143, 55145, 55146, 61324, 61329, 61345, 61349, 61357, 61394, 61398, 61406, 61410 or 61414 of the diagnostic imaging services table has applied.

Applicable once in a 24 month period.

See para [DN.1.29](#), [DR.1.2](#) of explanatory notes to this Category

**MBS fee:** \$156.95 (no change to fee)    **Benefit: 85%** = \$133.45    **75%** = \$117.75

**Note: DN.1.29 Multi-channel ECG monitoring & recording 17 years & over – Item 11729 (no changes)**

**Indication interpretation;** Heritable arrhythmias include those defined in the [CSANZ guidelines](#) for the diagnosis and management of catecholaminergic polymorphic ventricular tachycardia, familial long QT syndrome and genetic investigation of young sudden unexplained death and resuscitated out of hospital cardiac arrest.

A calcium score of zero is normal and clinician judgement should be applied for scores of 0–10.

**Results:** Discussions of the results, findings or interpretation of a study are reasonably expected to be part of a formal report. Discussion of these findings with a patient does not constitute a consult. Similarly, discussion(s) during the course of a study or to determine the safety or appropriateness of the study is part of the service and should not be claimed as a consult.

**Note: DR.1.2 Exercise ECG stress testing requirements for claiming – Item 11729 (no changes)**

This service can be performed as an out-of-hospital service or for admitted hospital patients.

Item 11729 does not apply to a service unless:

- i. the patient is referred to a specialist or consultant physician by a referring practitioner; or
- ii. the service is requested by a requesting practitioner; and
- iii. one of the persons mentioned in subparagraphs b (iv) and (v) of the item descriptor must be a medical practitioner.



**Referred services:** For referred services to which item 11729 applies, the specialist or consultant physician who renders the service must:

- i. manage the ongoing care of the patient; or
- ii. perform an attendance to determine that testing is necessary, where the need for the test has not otherwise been scheduled; or
- iii. perform an attendance immediately after the test has been performed, at which clinical management decisions are discussed with the patient.

A service is taken to be referred if the specialist or consultant physician who renders the service to which item 11729 applies is the patient's treating practitioner, determines the need for a cardiac investigation that has not otherwise been scheduled, or performs a scheduled test but also provides an attendance where clinical management decisions are discussed with the patient. Services in all other circumstances are considered to be requested.

**Requested services:** For requested services, item 11729 does not apply to a service if the rendering medical practitioner has performed a service to which an attendance applies for the same patient on the same day.

Definition of 'requesting practitioner' when applied to item 11729 is as follows:

- i. a medical practitioner (other than a specialist or consultant physician) requests that a specialist or consultant physician provide the diagnostic service.
- ii. a specialist or consultant physician requests that a separate specialist or consultant physician provide the diagnostic service.

**Patient requirements:** Item 11729 does not apply to a service unless:

- i. the patient's body habitus, or other physical condition, is suitable for exercise stress testing or pharmacological induced stress testing; and
- ii. the patient can complete the exercise sufficiently or respond adequately to pharmacological induced stress, to take the required measurements; and
- iii. one of the persons mentioned in subparagraphs b (iv) and (v) must be a medical practitioner.

Item 11729 does not apply to a service performed on a patient who:

- i. is asymptomatic and has a normal cardiac examination; or
  - ii. has a known cardiac disease but the absence of symptom evolution suggests the disease has not progressed and the service is used for monitoring; or
- has an abnormal resting electrocardiography result, which would prevent the interpretation of results.



**Exercise testing and cardiopulmonary resuscitation:** The Taskforce recommended changes to the performance of exercise or pharmacological electrocardiogram stress testing for optimal patient safety. For a service to be performed, the person performing the monitoring and recording must be:

- a. in continuous attendance; and
- b. trained in “exercise testing” and cardiopulmonary resuscitation; and
- c. a second person trained in cardiopulmonary resuscitation must be located at the premise and available to attend the electrocardiogram stress testing in an emergency.

Please refer to the Cardiac Society of Australia and New Zealand position statement on clinical exercise stress testing: [https://www.csanz.edu.au/wp-content/uploads/2014/12/Clinical\\_Exercise\\_Stress\\_Testing\\_2014-December.pdf](https://www.csanz.edu.au/wp-content/uploads/2014/12/Clinical_Exercise_Stress_Testing_2014-December.pdf)

## Amended item 11730 – Multi- channel electrocardiography monitoring and recording during exercise for persons under 17 years.

**Overview:** This item has been amended to include new myocardial perfusion studies (MPS) items which are being introduced on 15 September 2020 to address MPS accessibility issues in rural and remote areas. As this item is restricted to once every 2 years, but this restriction also includes MPS studies in the 2 year period, the new MPS items have been added to the item descriptor. This service can be self-determined.

**Descriptor:** Note: the service only applies if the patient meets the requirements of the descriptor and the requirements in Note: DR.1.3

Multi-channel electrocardiogram monitoring and recording during exercise (motorised treadmill or cycle ergometer capable of quantifying external workload in watts), if:

- (a) the patient is aged under 17 years; and
  - (i) has symptoms consistent with cardiac ischemia; or
  - (ii) has other cardiac disease which may be exacerbated by exercise; or
  - (iii) has a first degree relatives with suspected heritable arrhythmia; and
- (b) the exercise or pharmacological stress monitoring and recording:
  - (i) is not less than 20 minutes in duration; and
  - (ii) includes resting electrocardiogram; and
  - (iii) is performed on premises equipped with standard resuscitation equipment; and



(iv) a person trained in exercise testing and cardiopulmonary resuscitation is in continuous attendance during the monitoring and recording; and

(v) a second person trained in cardiopulmonary resuscitation is located at the premise where the testing is performed and is immediately available to respond at the time the exercise test is performed on the patient, if required; and

(c) a written report is produced by a medical practitioner that includes interpretation of the exercise or pharmacological stress monitoring and recording data, commenting on the significance of the data, and their relationship to clinical decision making for the patient in their clinical context; and

(d) other than a service:

(i) provided on the same occasion as a service described in any of items 11704, 11705, 11707 or 11714 of the general medical services table; or

(ii) performed within 24 months of a service to which any of items 55141, 55143, 55145, 55146, 61324, 61329, 61345, 61349, 61357, 61394, 61398, 61406, 61410 or 61414 of the diagnostic imaging services table has applied.

Applicable once in a 24 month period.

See para DN.1.30, DR.1.3 of explanatory notes to this Category

**MBS fee:** \$156.95 (no change to fee)    **Benefit: 85%** = \$133.45    **75%** = \$117.75

**Note: DN.1.30 Multi-channel ECG monitoring & recording Under 17 years – Item 11730 (no changes)**

## Indications interpretation

Heritable arrhythmias include those defined in the [CSANZ guidelines](#) for the diagnosis and management of catecholaminergic polymorphic ventricular tachycardia, familial long QT syndrome and genetic investigation of young sudden unexplained death and resuscitated out of hospital cardiac arrest.

## Results

Discussions of the results, findings or interpretation of a study are reasonably expected to be part of a formal report. Discussion of these findings with a patient does not constitute a consult. Similarly, discussion(s) during the course of a study or to determine the safety or appropriateness of the study is part of the service and should not be claimed as a consult.

## Paediatric Investigation and Consultation

For investigations performed by a specialist paediatric cardiologist, co-claiming of a consultation with the investigation is permitted even when a consultation was not specifically requested when:



- the paediatric patient was referred for an investigation; and
- the paediatric patient was not known to the provider; and
- the paediatric patient was not under the care of another paediatric cardiologist; and
- the findings on the investigation appropriately warranted a consultation.

## Note: DR.1.3 Exercise ECG stress testing requirements for claiming – Item 11730 (no changes)

This service can be performed as an out-of-hospital service or for admitted hospital patients.

Item 11730 does not apply to a service unless:

- (i) the patient's body habitus, or other physical condition, is suitable for exercise stress testing or pharmacological induced stress testing; and
- (ii) the patient can complete the exercise sufficiently or respond adequately to pharmacological induced stress, to take the required measurements; and
- (iii) one of the persons mentioned in subparagraphs b (iv) and (v) of the item descriptor must be a medical practitioner.

Item 11730 does not apply to a service performed on a patient who is asymptomatic and has a normal cardiac examination.

### Exercise testing and cardiopulmonary resuscitation

The Taskforce recommended changes to the performance of exercise or pharmacological electrocardiogram stress testing for optimal patient safety. For a service to be performed, the person performing the monitoring and recording must be:

- i. in continuous attendance; and
- ii. trained in "exercise testing" and cardiopulmonary resuscitation; and
- iii. A second person trained in cardiopulmonary resuscitation must be located at the premise and available to attend the electrocardiogram stress testing in an emergency.

Please refer to the Cardiac Society of Australia and New Zealand position statement on clinical exercise stress testing:

[https://www.csanz.edu.au/wp-content/uploads/2014/12/Clinical\\_Exercise\\_Stress\\_Testing\\_2014-December.pdf](https://www.csanz.edu.au/wp-content/uploads/2014/12/Clinical_Exercise_Stress_Testing_2014-December.pdf)



## New item 11735 – continuous ECG monitoring of ambulatory patient

**Overview:** A new item introduced for continuous ECG recording of an ambulatory patient. The item promotes high value care following the identification of improved technology and the ability of newer automated devices which can continuously record the patient's rhythm and are able to capture all abnormal rhythm events with or without patient activation (during a symptomatic event). These types of devices can provide live or daily data uploads, with real time analysis and event alerts, with opportunity for immediate intervention. This item is limited to use 4 times in a year and cannot be claimed in association with a hospital admission. As this item cannot be delivered as Hospital Treatment, it is not included in the private health insurance rules.

**Descriptor:** Note: the service only applies if the patient meets one or more of the following and the requirements in Note: DR.1.1

Continuous electrocardiogram recording of an ambulatory patient for 7 days with interpretation and report, by a specialist or consultant physician, if the service:

- (a) utilises intelligent microprocessor based monitoring, with patient triggered recording and symptom reporting capability, real time analysis of electrocardiograms and alerts, and daily or live data uploads; and
- (b) is not in association with ambulatory blood pressure monitoring; and
- (c) is for the investigation of
  - (i) episodes of suspected intermittent cardiac arrhythmia or episodes of syncope; or
  - (ii) suspected intermittent cardiac arrhythmia in patients who:
    - A. have had a previous cerebrovascular accident; or
    - B. are at risk of cerebrovascular accident; or
    - C. have had a previous transient ischemic attack/s; and
- (d) is not associated with a service to which item 11716, 11717, 11723, 12203, 12204, 12205, 12207, 12208, 12210, 12213, 12215, 12217 or 12250 applies

For any particular patient, applicable no more than four times in a 12 month period.

See para DR.1.1, DN.1.26 of explanatory notes to this Category

**MBS fee:** \$131.90      **Benefit:** 85% = \$112.15



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Please direct any questions relating to the 15 September 2020 changes to AskMBS at [AskMBS@health.gov.au](mailto:AskMBS@health.gov.au).

If you have a claiming enquiry please contact Services Australia on 132 150.

Questions and feedback on the private health insurance aspects of the changes can be directed to [PHI@health.gov.au](mailto:PHI@health.gov.au)

To view previous item descriptors and deleted items, visit MBS Online at [www.mbsonline.gov.au](http://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 above, and does not account for MBS changes since that date.*