New item for computed tomography (CT) angiography of the pulmonary arteries and minor amendments – fact sheet

Last Updated 15 October 2020

- From 1 November 2020, a new item is being introduced for CT angiography of the pulmonary arteries. The restriction between vascular ultrasound of regions other than the lower limb and musculo-skeletal ultrasound of the lower limb is being removed. This restriction was included in error on 1 May 2020.
- These changes are relevant to providers delivering and claiming CT angiography and vascular ultrasound services and requesters of those services.
- Provider billing arrangements from 1 May 2020 will need to be adjusted to reflect these changes.

What are the changes?

New item for CT angiography of the pulmonary arteries

From 1 November 2020, Medicare Benefits Schedule (MBS) item 57357 is being introduced for CT angiography of the pulmonary arteries.

Service/Descriptor:

Computed tomography—angiography with intravenous contrast medium of any or all, or any part, of the pulmonary arteries and their branches, including any scans performed before intravenous contrast injection—one or more data acquisitions, including image editing, and maximum intensity projections or 3 dimensional surface shaded display, with hardcopy or digital recording of multiple projections, if:

a. the service is not a service to which another item in this group applies; and
b. the service is not a study performed to image the coronary arteries; and
c. the service is:
   (i) performed for the exclusion of pulmonary arterial stenosis, occlusion, aneurysm or embolism and is requested by a specialist or consultant physician; or
   (ii) performed for the exclusion of pulmonary arterial stenosis, occlusion or aneurysm and is requested by a medical practitioner (other than a specialist or consultant physician) and the request indicates that the patient's case has been discussed with a specialist or consultant physician; or
   (iii) for the exclusion of pulmonary embolism and is requested be a medical practitioner (other than a specialist or consultant physician) (R) (Anaes.)

Schedule fee: $517.65

Benefit:

85% = $440.05 Bulk billed benefit = $491.80.

Indication

This item applies to examinations of the pulmonary arteries. Where the service has been requested by a general practitioner for other than the exclusion of pulmonary embolism, the item should not be itemised by providers on bulk billing forms or accounts/receipts to be used for Medicare claiming purposes unless the request indicates that the general practitioner has discussed the patient's case with a specialist or consultant physician.

Correction to vascular ultrasound restrictions

One of the MBS Review Taskforce recommendations implemented on 1 May 2020 was that the item descriptors for general ultrasound (not including interventional items), obstetric and gynaecological and musculoskeletal ultrasound were amended to remove co-claiming restrictions with cardiac or vascular ultrasound (with the exception of lower leg ultrasound).

The restriction with lower leg musculo-skeletal items was incorrectly added to all vascular ultrasound items, not just those items covering the lower limb.

This error is being correct from 1 November 2020 by removing references to the following musculoskeletal ultrasound items 55880, 55881, 55882, 55883, 55884, 55885, 55886, 55887, 55888, 55889, 55890, 55891, 55892, 55893, 55894 and 55895 from vascular ultrasound items 55248 to 55280, 55282, 55284 and 55292.

Why are the changes being made?

The changes are being made to inadvertent implementation outcomes and errors from the recommendations of the MBS Review Taskforce. More information about the Taskforce and associated Diagnostic Imaging Clinical Committees, including the final reports, is available on the Medicare Benefits Schedule Review Taskforce webpage in the consumer section of the Department of Health website (www.health.gov.au).

What does this mean for providers and requesters of diagnostic imaging services?

Provider billing arrangements from 1 May 2020 will need to be adjusted to reflect these changes.

GPs will now be able to request CT angiography for the exclusion of pulmonary embolism without needing to consult with a specialist first.

How will these changes affect patients?

The changes will not affect patients as they are accessing services under an existing item.

Who was consulted on the changes?

The descriptor for the new item was developed in consultation with the Royal Australian and New Zealand College of Radiologists, the Australian Diagnostic Imaging Association, the Royal Australian College of General Practitioners, the Australian College of Rural and Remote Medicine and the Australian Medical Association.

How will the changes be monitored and reviewed?

The changes will be monitored and reviewed through analysis of MBS utilisation figures.

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

The data file for software vendors 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, and does not account for MBS changes since that date.