



Changes to Medicare Benefits Schedule (MBS) Items for Bone Densitometry

Last updated: 23/10/2017

Effective from 1 November 2017

What do the changes involve?

Two new time-restricted MBS items will be introduced for bone mineral density testing (bone densitometry) for people aged 70 years or over. Patients 70 years or over will continue to be eligible for an initial screening study using the new item 12320. Patients with a bone mineral density t-score of -1.5 or above will be eligible for repeat testing every five years; and patients with a bone mineral density t-score less than -1.5 and above -2.5 will be eligible for repeat testing every two years. The current MBS item for people aged 70 years or over will be deleted from the MBS.

The Dual Energy X-Ray Absorptiometry (DEXA) bone densitometry MBS items will be amended to require that the scans must be performed by a:

- (a) specialist or consultant physician; or
- (b) person who holds a radiation license, as required by State or Territory law, and the scan is performed under the supervision of an appropriate specialist or consultant physician.

Changes will be made to the supervision requirements for Quantitative Computed Tomography (QCT) scans so that an appropriate specialist or consultant physician is available to monitor and influence the conduct of the scan and personally attend the patient if required.

The Taskforce also recommended the removal of QCT items 12309 and 12318, on the basis that QCT provides lower value care in comparison to DEXA, which is the superior test for bone densitometry.

The QCT qualification changes detailed in the following table will apply to the two new items for bone densitometry (12320 and 12322), when they are performed using QCT.

The changes also introduce a requirement that for all DEXA and QCT items the interpretation and report must be provided by a specialist or consultant physician.

Why is the Government making this change?

The changes align MBS items with clinical best practice, enhance item specificity and improve the accuracy and quality of testing provided to patients by ensuring that the services are performed by suitably qualified practitioners. They follow the recommendations of the Medical Benefits Schedule Review Taskforce following the Diagnostic Imaging Clinical Committee Review of Bone Densitometry.

What does this mean for MBS claiming?

There are no changes to MBS recommended fees and benefits.

For those individuals with specific medical conditions or for patients undergoing particular treatments that may cause more rapid bone loss, a Medicare rebate is available for repeat testing at 12 monthly intervals.



The two new items for individuals aged 70 years or over take into account the clinical evidence that bone density loss is a relatively slow process, and that changes in bone loss cannot be reliably measured by yearly testing. The introduction of these new items will reduce the number of individuals in this age group who receive unnecessary repeat testing.

Changes to items:

Draft amendments to items in the MBS (final wording of items subject to finalisation and passage of legislation):

MBS Items	Description of change
Bone densitometry for patients aged 70 years or over (new items)	Item 12323 will be replaced by two new items with different testing intervals based on a risk profile, as follows: Patients aged 70 years or over who have not previously had the service will be eligible for an initial scan under item 12320. Patients aged 70 years or over with a t-score of -1.5 or above, will be eligible for one scan every 5 years (12320). Patients aged 70 years or over with a t-score less than -1.5 or above -2.5, will be eligible for one scan every 2 years (12322). Patients diagnosed with osteoporosis will continue to be tested using other clinically appropriate MBS bone densitometry items. The fee for the two new items will be the same as for the replaced item (12323). Fee: \$102.40
12320 12322	



MBS Items	Description of change
Qualification requirements for Dual Energy X-ray Absorptiometry (DEXA) scans	<p>These items will be amended to require that the scans must be performed by a:</p> <ul style="list-style-type: none">(a) specialist or consultant physician;or(b) person who holds a radiation license, as required by State or Territory law, and the scan is performed under the supervision of an appropriate specialist or consultant physician. <p>Additionally, these items will be amended to specify that the interpretation and report for these scans must be provided by a specialist or consultant physician.</p> <p>Fee: \$102.40</p>
Quantitative Computed Tomography (QCT) scans	<p>12320 & 12322 (applies to the new items when performed using QCT)</p> <p>These items will be amended to require that an appropriate specialist or consultant physician must be available to monitor and influence the conduct of the scan and to personally attend the patient, if required.</p> <p>Additionally, these items will be amended to specify that the interpretation and report for these scans must be provided by a specialist or consultant physician.</p> <p>Fee: \$102.40</p>