



# Updates to Diagnostic Imaging items

Last updated: 1 June 2026

- From 1 July 2026, changes will take place to the *Health Insurance (Diagnostic Imaging Services Table) Regulations (No.2) 2020*, the *Health Insurance Regulations 2018* and the *Health Insurance Act 1973*, affecting a range of diagnostic imaging services, including breast imaging, nuclear medicine imaging and echocardiography.
- These changes are relevant to requesting health practitioners, performing medical practitioners, diagnostic imaging providers and patients.
- It will now be easier for women undergoing investigation and surgical work up for breast cancer to receive several imaging services on the same day, reducing the need for multiple appointments.

## What are the changes?

Effective 1 July 2026, changes to diagnostic imaging items include:

### Breast Imaging

- 4 items (55066, 55071, 55812, 63464) for breast imaging will be amended to remove co-claiming restrictions.
- The 'Multiple Services Rule' (a reduction in fee by \$5 for subsequent diagnostic imaging items received on the same day) will be removed for breast imaging items 55066, 55070, 55071, 55073, 55076, 55079, 59300, 59302, 59303, 59305, 59312, 59314, 59318 and 63464.

### Nuclear medicine imaging

- The schedule fees for nuclear medicine imaging services that use gallium-67 and thallium-201 will increase to reflect higher and sustained input costs. The affected thallium items are 61438, 61461 and 61325. The affected gallium items are 61429, 61430, 61442, 61450 and 61453.
- Temporary top-up items 61470 and 61477 will cease, with their value incorporated into the revised schedule fees for the base gallium and thallium items.

### Other diagnostic imaging changes

- Changes to the *Health Insurance Act 1973* will commence to allow patients 14 days to receive all imaging services on a single request form, rather than 7 days.
- 20 items (55857, 55859, 55861, 55863, 55865, 55867, 55869, 55871, 55873, 55875, 55877, 55879, 55881, 55883, 55885, 55887, 55889, 55891, 55893, 55895) will be deleted from the list of items able to be requested by participating nurse practitioners.
- Echocardiography item 55133 will be expanded to include patients on cardiac PBS-listed medicines with cardiotoxic side effects.

## Why are the changes being made?

These changes are being made to ensure that diagnostic imaging services provided under Medicare remain current, reflect contemporary clinical practice, and improve access to clinically appropriate services, including key women's health services.

The deletion of items from the list of items able to be requested by participating nurse practitioners is the correction of an administrative error. The removed items are NR-Type items which do not require a request and therefore cannot be requested by participating nurse practitioners.

## What does this mean for requestors and providers?

Requestors should be aware of the item amendments to ensure that they have up to date knowledge of which breast imaging items are able to be performed on a single occasion to ensure that the appropriate imaging services are requested.

Providers will have reduced administrative burden, better enabling them to provide appropriate imaging services for diagnosis and management of breast conditions, streamlining service provision and clinician scheduling.

The changes to nuclear medicine imaging items will provide certainty for patients and providers and ensure continued access to essential nuclear medicine imaging services used in the diagnosis of cancer, infection, and gastrointestinal and cardiac conditions.

The amendment to item 55133 will provide greater clarity and confidence for providers in using the correct echocardiography item where more frequent monitoring is clinically indicated for patients receiving medicines with cardiotoxic side effects.

## How will these changes affect patients?

The changes will improve patient access to clinically appropriate diagnostic imaging services, reduce unnecessary repeat appointments, and support timely diagnosis and ongoing management.

Patients who require nuclear medicine imaging using gallium-67 or thallium-201 will continue to have access to these services, which are used in the diagnosis of cancer, infection, and gastrointestinal and cardiac conditions.

Patients receiving PBS-listed medicines with cardiotoxic side effects may benefit from improved access to clinically appropriate echocardiographic monitoring to support safe and ongoing prescribing.

There should be no impacts on the patients of nurse practitioners as a result of the removal of NR-type items from the list of items able to be requested by nurse practitioners. All corresponding R-type items are still available for nurse practitioners to request.

## Who was consulted on the changes?

The Department of Health, Disability and Ageing (the department) consulted with a range of stakeholders including experts from the diagnostic imaging and medical sectors, as well as consumer representative groups. Some of the stakeholders consulted for these changes to the MBS included:

- Australian Diagnostic Imaging Association
- Australian Medical Association
- Australian College of Midwives
- Australian College of Nurse Practitioners
- Australasian Association of Nuclear Medicine Specialists
- Bristol Myers Squibb
- Cardiac Society of Australia and New Zealand
- Global Medical Solutions Australia
- Royal Australian College of General Practitioners
- Royal Australian and New Zealand College of Obstetricians and Gynaecologists
- Royal Australian and New Zealand College of Radiologists

## How will the changes be monitored and reviewed?

The department regularly reviews the use of new and amended MBS items in consultation with the profession.

Providers are responsible for ensuring Medicare services claimed using their provider number meet all legislative requirements. All Medicare claiming is subject to compliance checks and providers may be required to submit evidence about the services they bill. More information about the department's compliance program can be found on its website at [Medicare compliance](#).

## 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](#). You can also subscribe to future MBS updates by visiting '[Subscribe to the MBS](#)' on the MBS Online website.

Providers seeking advice on interpretation of MBS items, explanatory notes and associated legislation can use the department's email advice service by emailing [askMBS@health.gov.au](mailto:askMBS@health.gov.au).

Private health insurance information on the product tier arrangements is available at [www.privatehealth.gov.au](http://www.privatehealth.gov.au). Detailed information on the MBS item listing within clinical categories is available on the [department's website](#). Private health insurance minimum accommodation benefits information, including MBS item accommodation classification, is available in the latest version of the *Private Health Insurance (Benefit Requirements) Rules 2011* found on the [Federal Register of Legislation](#). If you have a query in relation to private health insurance, you should email [PHI@health.gov.au](mailto:PHI@health.gov.au).

Subscribe to '[News for Health Professionals](#)' on the Services Australia website to 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 when available can be accessed via the [Downloads](#) page.

# Amended item descriptors (to take effect 1 July 2026)

## Category 5 – Diagnostic Imaging Services

### Group I1 - Ultrasound

#### Subgroup 6 - Musculoskeletal

55812

Chest or abdominal wall, one or more areas, ultrasound scan of, ~~if the service is not performed in conjunction with a service mentioned in item 55070, 55073, 55076 or 55079~~ (R)

- Private Health Insurance Classification:
  - **Clinical category:** Support list (DI)
  - **Procedure type:** Type C

## Category 5 – Diagnostic Imaging Services

### Group I1 - Ultrasound

#### Subgroup 1 - General

55066

Breasts, both, ultrasound scan, in conjunction with a surgical procedure using interventional techniques, if:

- (a) the request for the scan indicates that an ultrasound guided breast intervention be performed; and
- (b) ~~the service is not performed in conjunction with any other item in this Group a service to which any other item in this Group applies (other than item 55070, 55071, 55073, 55076, 55079 or 55812)~~ (R)

[Bulk bill incentive](#)

- Private Health Insurance Classification:
  - **Clinical category:** Support list (DI)
  - **Procedure type:** Type C

55071

- Breast, one, ultrasound scan, in conjunction with a surgical procedure using interventional techniques, if:
  - (a) the request for the scan indicates that an ultrasound guided breast intervention be performed; and
  - (b) ~~the service is not performed in conjunction with any other item in this group a~~

## Category 5 – Diagnostic Imaging Services

service to which any other item in this Group applies (other than item 55066, 55070, 55073, 55076, 55079 or 55812) (R)

- Private Health Insurance Classification:
  - **Clinical category:** Support list (DI)
  - **Procedure type:** Type C

## Category 5 – Diagnostic Imaging Services

### Group I5 – Magnetic Resonance Imaging

#### Subgroup 19 – Scan of Body – For Specified Conditions

63464

MRI scan of both breasts for the detection of cancer in a patient, if:

- (a) a dedicated breast coil is used; and
- (b) the request for the scan identifies that the patient is asymptomatic and is younger than 60 years of age; and
- (c) the request for the scan identifies that the patient is at high risk of developing breast cancer due to one or more of the following:
  - (i) genetic testing has identified the presence of a high risk breast cancer gene mutation in the patient or in a first degree relative of the patient;
  - (ii) both:
    - (A) one of the patient's first or second degree relatives was diagnosed with breast cancer at age 45 years or younger; and
    - (B) another first or second degree relative on the same side of the patient's family was diagnosed with bone or soft tissue sarcoma at age 45 years or younger;
  - (iii) the patient has a personal history of breast cancer before the age of 50 years;
  - (iv) the patient has a personal history of mantle radiation therapy;
  - (v) the patient has a lifetime risk estimation greater than 30% or a 10 year absolute risk estimation greater than 5% using a clinically relevant risk evaluation algorithm;

~~(d) the service is not performed in conjunction with item 55076 or 55079~~

Applicable not more than once in a 12 month period (R) (Contrast) (Anaes.)

[Bulk bill incentive](#)

- Private Health Insurance Classification:

## Category 5 – Diagnostic Imaging Services

- **Clinical category:** Support list (DI)
- **Procedure type:** Type C

## Category 5 – Diagnostic Imaging Services

### Group I1 - Ultrasound

#### Subgroup 7 - Transthoracic Echocardiogram and Stress Echocardiogram

55133

Note: the service only applies if the patient meets one or more of the following and the requirements of Note: IR.1.2

Frequent repetition serial real time transthoracic echocardiographic examination of the heart with real time colour flow mapping from at least 3 acoustic windows, with recordings on digital media, if the service:

- (a) is for the investigation of a patient who:
- (i) has an isolated pericardial effusion or pericarditis; or
  - ~~(ii) has a normal baseline study, and has commenced medication for non-cardiac purposes that has cardiotoxic side effects and is a pharmaceutical benefit (within the meaning of Part VII of the National Health Act 1953) for the writing of a prescription for the supply of which under that Part an echocardiogram is required; and~~
  - (ii) has commenced medication that has cardiotoxic side effects and is a pharmaceutical benefit (within the meaning of Part VII of the National Health Act 1953) for the writing of a prescription for the supply of which under that Part an echocardiogram is required; and
- (b) is not associated with a service to which:
- (i) another item in this Subgroup applies (except items 55137, 55141, 55143, 55145 and 55146); or
  - (ii) an item in Subgroup 2 applies (except items 55118 and 55130); or
  - (iii) an item in Subgroup 3 applies (R)

- **Private Health Insurance Classification:**
  - **Clinical category:** Support list (DI)
  - **Procedure type:** Type C

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 factsheet is current as of the 'Last updated' date shown above and does not account for MBS changes since that date.