



Quick Reference Guide:

New item for exercise electrocardiogram (ECG) stress testing

Date of change: 1 March 2024

New item: 11732

Revised structure

- From 1 March 2024, a new Medicare Benefits Schedule (MBS) item will be introduced for exercise ECG stress testing for patients under investigation, monitoring or treatment for genetic heart disease (channelopathy) diagnoses, or the first degree relative of patients with confirmed genetic heart disease.
- This new service was proposed by the Cardiac Society of Australia and New Zealand and supported by Medical Services Advisory Committee Executive in December 2022. It was approved for funding by Government as part of the 2023-24 Budget.

Patient impacts

- This new item will facilitate best practice for assessment, risk stratification and management of patients suspected or diagnosed with inherited arrhythmia syndrome or arrhythmogenic cardiomyopathy. This change reflects modern clinical practice and will ensure patients receive a Medicare benefit for this ECG stress testing service when clinically appropriate.

Restrictions or requirements

- This service cannot be provided on the same occasion as a service to which 11704, 11705, 11707, 11714, 11729 or 11730 applies.
- This service may only be claimed once per day.
- Providers are responsible for ensuring services claimed from Medicare using their provider number meet all legislative requirements. These changes are subject to MBS compliance checks and providers may be required to submit evidence about the services claimed.



New item 11732 – Multi-channel ECG monitoring and recording during exercise

Overview: This is a new item introduced for exercise ECG stress testing for patients who are diagnosed with genetic heart disease or for their first-degree family members for diagnosis and management of life-threatening arrhythmias in inherited arrhythmia syndromes and cardiomyopathies.

Descriptor:

Multi-channel electrocardiogram monitoring and recording during exercise (motorised treadmill or cycle ergometer capable of quantifying external workload in watts), performed by a cardiologist with relevant expertise in genetic heart disease, if:

- (a) the patient is:
 - (i) under investigation or treatment for long QT syndrome, catecholaminergic polymorphic ventricular tachycardia or arrhythmogenic cardiomyopathy; or
 - (ii) a first degree relative of a person with confirmed long QT syndrome, catecholaminergic polymorphic ventricular tachycardia, arrhythmogenic cardiomyopathy or unexplained sudden cardiac death at 40 years of age or younger; and
- (b) the monitoring and recording:
 - (i) is for at least 20 minutes; and
 - (ii) includes resting electrocardiogram; and
- (c) the cardiologist produces a report that includes interpretation of the monitoring and recording data (commenting on the significance of the data) and discussion of the relationship of the data to clinical decision making for the patient in the clinical context; and
- (d) the service is not provided on the same occasion as a service to which item 11704, 11705, 11707, 11714, 11729 or 11730 applies

Applicable once per day

MBS fee: \$167.55

Benefit: 75% = \$125.66 85% = \$142.41

Private Health Insurance Classification:

- **Clinical category:** Support list
- **Procedure type:** Type C



To view previous item descriptors and deleted items, visit MBS Online at 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.