



Friday, 23 November 2018

Dr Jill Padrotta  
MBS Review Taskforce  
Diagnostic Imaging Clinical Committee  
Australian Government Department of Health

Email: [MBSTaskforceCommittees@health.gov.au](mailto:MBSTaskforceCommittees@health.gov.au)

Dear Dr Padrotta,

**Re: Medicare Benefits Schedule (MBS) Review Taskforce - Final Report from the Diagnostic Imaging Clinical Committee.**

Thank you for providing the Australian Sonographers Association (ASA) additional time to review the detailed considerations and many recommendations of the *Final Report from the Diagnostic Imaging Clinical Committee*, more than half of which relate to the provision of ultrasound services.

The ASA acknowledges and thanks the Diagnostic Imaging Clinical Committee for their significant effort reviewing the many MBS items within their remit. The ASA supports almost all the committee's recommendations. The list of items we have considered and support, together with comment against a few recommendations, are attached as an appendix to this correspondence.

The ASA expects that many of the proposed changes will result in improved access and provision of ultrasound services to our patients. Especially those that remove unnecessary barriers to patient access to multiple services in the same day.

Importantly the ASA notes the Committee's consideration of the current requirement for medical practitioner personal attendance for musculoskeletal ultrasound services (p121). Particularly that:

*"The Committee agreed that the personal attendance of a medical practitioner is not required to ensure the diagnostic quality of the images produced and therefore the requirements for the supervision of these services should align with the requirements which apply to all other ultrasound services which can be provided under the supervision of a specialist or consultant physician"*

The Committee acknowledged the broader work being progressed by the Diagnostic Imaging Advisory Committee to consider which practitioners can assist radiologists to provide diagnostic imaging services. However, considering the Committee's agreement regarding musculoskeletal ultrasound services; the ASA requests that the Committee also recommend the Government reflect contemporary practice and align the musculoskeletal ultrasound services supervision requirements with those that apply to all other ultrasound services.

Responding to the consultation questions:

1. The ASA supports the ultrasound specific recommendations of the *Final Report from the Diagnostic Imaging Clinical Committee*, with comment against Recommendations 15, 17 & 33;
2. The ASA requests that the Committee also recommend the Government align the musculoskeletal ultrasound services supervision requirements with those that apply to all other ultrasound services to reflect contemporary practice.



If you require any further information in support of this feedback please contact James Brooks-Dowsett, ASA Policy & Advocacy Advisor, by phone on (03) 9552 0008 or email to [policy@sonographers.org](mailto:policy@sonographers.org) .

I look forward to continuing to support the Governments work aligning the MBS with contemporary clinical evidence and practice for improved health outcomes for patients.

Your sincerely,

A handwritten signature in black ink, reading 'Jennifer Alphonse'. The signature is written in a cursive style with a large, prominent 'J' at the beginning.

**Dr Jennifer Alphonse PhD**

President – Australasian Sonographers Association

**APPENDIX: additional information. the Australasian Sonographers Association response to the MBS Schedule Review Taskforce - Final Report from the Diagnostic Imaging Clinical Committee**

Please find following a table of the recommendations from the final report that have been considered, together with the Australasian Sonographers Association's response and comment.

Item	Recommendation	ASA response
4	Add explanatory notes about appropriate indications for neck ultrasound to items 55011, 55013, 55032 and 55033.	Supported
6	The Department to facilitate research into the use of ultrasound in the investigation of upper and lower limb problems	Supported
8	the item descriptor for items 55061, 55062, 55076 and 55079 (both breast ultrasound) to include the indication of "including post-mastectomy surveillance".	Supported
9	Amend the item descriptor for items 55814 and 55815 (non-referred ultrasound of the chest or abdominal wall) to include the words "not to be claimed in association with any other breast ultrasound item within the MBS".	Supported
10	Amend the item descriptors for items 55850 and 55851 to state that a complete diagnostic musculoskeletal ultrasound report must be produced for the musculoskeletal ultrasound component of the item, each time the service is provided.	Supported
11	Amend the item descriptors for items 55848, 5849, 55850 and 55851 so that the term "echography" is replaced with "ultrasound" (for items 55848 and 55849) and "diagnostic ultrasound" (for items 55850 and 55851).	Supported
12	Remove the list of clinical indications from the item descriptors of <12 weeks and 12-16 weeks pregnancy ultrasound items (items 55700-55705, 55710 and 55711) and replace them with a statement that these items are for "determining the gestation, location, viability or number of foetuses".	Supported
13	Remove the list of clinical indications from the item descriptors of >22 weeks pregnancy ultrasound items (items 55718, 55722, 55723 and 55726) and allow access to these items to rely on clinical judgement.	Supported
14	Prohibit claiming of items 55065, 55067, 55068 and 55069 (pelvis ultrasound) for solely pregnancy-related services	Supported

15	Include nuchal translucency (NT) assessment in the item descriptor for 12-16 week ultrasound items (items 55704, 55705, 55710 and 55711), with the addition of an explanatory note identifying NT assessment as an integral part of the examination, and remove current NT assessment items (items 55707, 55708, 55714 and 55716) from the MBS.	Supported; noting the incongruence in the proposed item(s) title and notes description: <ul style="list-style-type: none"> <li>The FMF criteria of CRL 45mm to 85mm refers to 11-13(+6) weeks gestation</li> <li>The MBS item(s) is intended for 12-16 weeks gestation</li> </ul> Either the item title(s) or FMF criteria referenced should be amended accordingly.
16	Create a new item for 12-16 week morphology ultrasound for multiple gestation pregnancies.	Supported
17	Create a new item for cervical length assessment for threatened preterm labour.	Conditionally supported; noting, that based on the clinical circumstance, more comprehensive ultrasound could be required.
	<i>“Align the musculoskeletal ultrasound services supervision requirements with those that apply to all other ultrasound services to reflect contemporary practice”</i>	The ASA requests the Committee include this as recommendation to Government
26	Restrict radiologists’ co-claiming attendance items with specified diagnostic imaging items.	Supported
27	Prohibit the use of ultrasound items 55026 and 55054 for joint injections.	Supported
28	Define appropriate claiming of attendance items by radiologists.	Supported
31	That the multiple services rules for diagnostic imaging services be simplified and streamlined.	Supported
32	Amend the item descriptors for items 55065, 55067, 55068 and 55069 (ultrasound of the pelvis) to remove co-claiming restrictions with items 55014, 55016, 55036 and 55037 (ultrasound of the abdomen).	Supported
33	Amend the item descriptors for general ultrasound (not including interventional items), obstetric and gynaecological and musculoskeletal ultrasound to remove co-claiming restrictions with cardiac or vascular ultrasound (with the exception of lower leg ultrasound).	Supported, noting the exception criteria of the notes must specify ‘with the exception of lower leg ultrasound <u>co-claiming with musculoskeletal ultrasound</u> ’, to accurately reflect the committee’s rationale.
35	Create separate items for unilateral and bilateral musculoskeletal ultrasound items with an appropriate fee for each	Supported