Australian Government
Department of Health and Aged Care

Review of Select Medicare Funded Diagnostic Imaging Ultrasound Services

Public Consultation Paper

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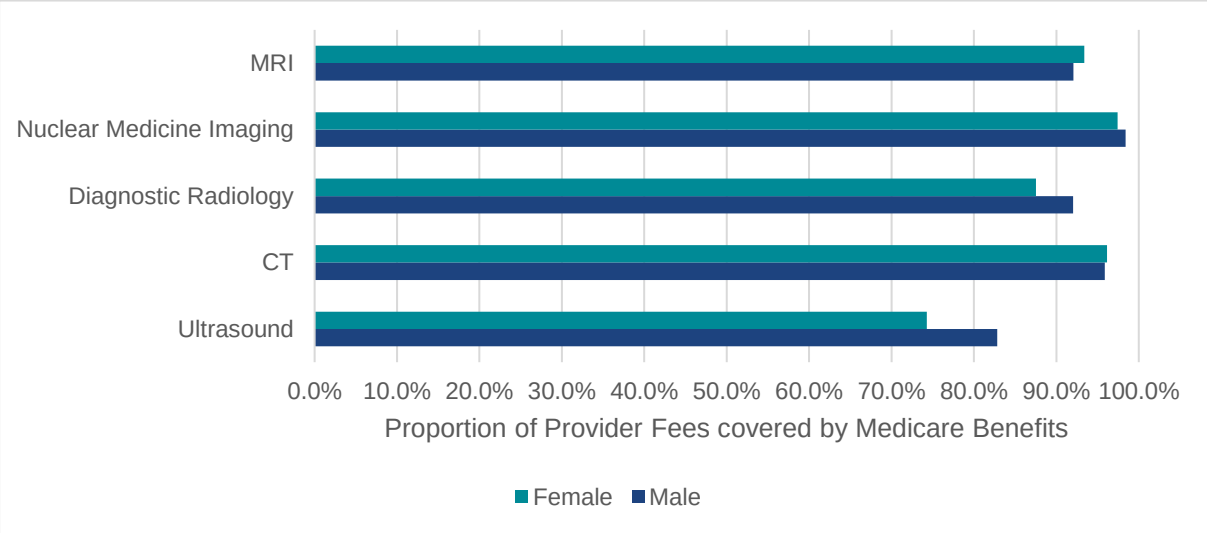
Overview

The Department of Health and Aged Care (the Department) is conducting a review of selected Medicare Benefits Schedule (MBS) diagnostic imaging items as part of the 2024-25 Budget initiative to ensure equal affordability and access to the MBS for Australian women.

In 2023-2024, ultrasound services were the diagnostic imaging modality with the lowest proportion of provider fees covered by Medicare benefits. This is lower for ultrasound services performed on female patients (74.3%) relative to male patients (82.8%).

Figure 1: Proportion of Provider Fees covered by Medicare Benefits for 2023-2024 by Gender and Diagnostic Imaging Group



An Ultrasound Working Group (UWG) has been established to examine a subset of 39 ultrasound imaging items (see Appendix A for a list of included items). The UWG includes clinical experts from fields such as radiology and obstetrics and gynaecology (O+G). Their role is to assist the Department to provide advice and recommendations to the Government on the appropriate use, fee relativities, and clinical indications of these items.

The items selected for the review include:

- 4 general ultrasound items (pelvis and scrotum)
- 2 vascular ultrasound items (cavernosal artery of the penis)
- 2 urological ultrasound items (prostate, bladder base and urethra)
- 29 obstetric and gynaecological items
- 13 breast imaging items (to be considered separately by the Breast Imaging Working Group)

This consultation paper focuses on assessing the relative fees and clinical usefulness of the selected items, to elicit feedback from stakeholders to help the Department in formulating its advice to Government.

Purpose of the Review

The purpose of the review is to ensure that the selected ultrasound imaging MBS items reflect current best practice and that the fees are appropriate and consistent with the time, complexity, and cost of providing the services. The review also aims to improve patient access, quality of services, and the safety of ultrasound imaging services as well as reducing unnecessary or inappropriate use of MBS items.

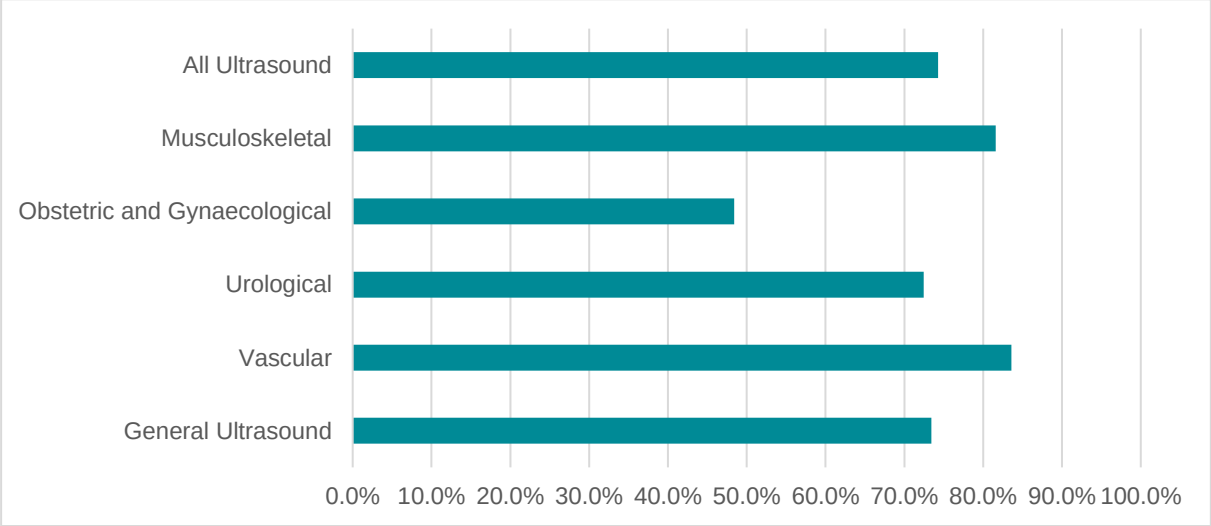
Background

Ultrasound is a non-invasive diagnostic modality that uses high-frequency sound waves to create images of tissue. Ultrasound is best at producing an image of soft tissue, such as muscle or body organs, rather than bone. Unlike x-rays, ultrasound does not use ionizing radiation and as such, is the preferred method of imaging for use in pregnancy.

Ultrasound items have been a part of Medicare since inception, but until 1993 there were only a small number of general use items. At this point, ultrasound items were expanded and restructured into anatomical based subgroups.

Patient affordability for ultrasound examinations of the different subgroups is varied (see Figure 2, below), and 67.8% of services are currently bulk billed (no cost to the patient). There are, however, challenges facing areas of diagnostic imaging, with as perceived pre-existing historical fee inequities, lack of indexation, increasing out-of-pocket (OOP) costs and decreasing bulk billing rates (BBR).

Figure 2: Proportion of Provider Fees covered by Medicare Benefits for 2023-2024 for female patients by ultrasound sub-group



The bulk-billing rate for the 39 items in this review has decreased by 11.5% over the last five years, with OOP fees rising 12.0% in the same time period. The proportion of provider fees covered by Medicare benefits for these items in 2023-2024 was 59.5%.

Requested and non-requested items

There are two broad types of diagnostic imaging MBS items: R (requested) items; and NR (non-requested) items.

Medicare benefits are not payable for diagnostic imaging services that are classified as R-type services unless, prior to commencing the relevant service, the practitioner receives a request from a requesting practitioner who determined the service was necessary**.** NR-type services may be independently performed by specialist practitioners if determined clinically necessary and have separate item numbers and lower schedule fees.

Fee Relativities

To facilitate discussion on the suitability of the current fees and highlight areas requiring change, the fees for the selected items will be compared relative to each other.

An item within the focus of the UWG was chosen as ‘Base Unit 1’, and the other items given fee relativities in comparison to the Base Unit.

MBS Item 55706 (Pregnancy ultrasound at 17-22 weeks' gestation) was chosen as Base Unit 1 and the table in Attachment C displays the current relativity of each item compared to this item.

Respondents are asked to indicate ideal relativity in the blank column provided based on the time, complexity, and costs of providing the service.

If the ideal relativity is significantly greater or lower than the current relativity, respondents are asked to provide supporting rationale.

Table 1: Item 55706 Base Unit 1

MBS Item	Short Item Descriptor	2024 MBS Fee	Ave Fee per Service	Ave OOP	BBR	Services 2023-24
55706	Pelvis or abdomen, pregnancy related, 17-22 weeks’ gestation.	$112.15	$301.99	$204.29	32.1%	224,541

Critical Issues and Consultation Questions

This section aims to outline the key challenges and seek input from stakeholders. In addition, this section highlights the issues identified during the early stages of the review process and presents specific questions for consultation to gather valuable feedback. The goal is to ensure that the review is comprehensive and considers the perspectives of all relevant stakeholders.

The critical issues identified include the complexity and time required for different ultrasound procedures, the appropriateness of current fee relativities, and the need for specific items to address particular areas or conditions such as endometriosis and multiple pregnancies.

Additionally, this section will explore the potential impact of proposed changes on access to services, particularly in rural areas, and the training requirements for practitioners performing complex ultrasound assessments.

The issues identified are not intended to be an exhaustive list, and feedback is welcomed on other relevant topics. The issues will be presented by MBS subgroup.

General Ultrasound Subgroup

The general ultrasound subgroup includes 23 items, such as ultrasound scans of the head, bladder, abdomen, neck, and orbital contents. The items selected for this review are:

- Two scrotum ultrasound items.
- Two pelvic ultrasound items.

Ultrasound of the Scrotum

Ultrasound of the scrotum is the primary method used to help evaluate disorders of the testicles, epididymis (tubes immediately next to the testicles that collect sperm) and scrotum. It is used to diagnose issues such as;

- testicular tumours,
- testicular torsion,
- trauma, pain or swelling of the testicles,
- varicoceles and
- undescended testicles.

Table 2: Item 55065 statistics for 2023-24

MBS Item	Short Item Descriptor	2024 MBS Fee	Ave Fee per Service	Ave OOP	BBR	Services 2023-24
55048	Scrotum ultrasound (R)	$122.80	$110.46	$110.46	71.4%	147,193
55049	Scrotum ultrasound (NR)	$40.95	$45.58	$36.45	80.5%	215

Fee relativity over time

The fee for a scrotal ultrasound relative to Base Unit 1 (Item 55706 – pregnancy ultrasound 17 to 22 weeks) has changed over time.

- MBS Item 55048 commenced on 1 July 1993 with an MBS fee of $95.00.
- MBS Item 55706 commenced on 1 February 2000 with an MBS fee of $100.00.

Table 3: Current comparison of 55048 and 55706

MBS Item	Short Item Descriptor	Estimated Time	Estimated Complexity	2024 MBS Fee	Current MBS Relativity
55048	Scrotum, ultrasound scan of	10-30 minutes	Low	$122.80	1.09
55706	Pelvis or abdomen, pregnancy related, 17-22 weeks' gestation.	20-60 minutes	Moderate	$112.15	1.00

Table 4: Comparison of MBS Fees for 55048 and 55706 over time

Date	55048 MBS Fee	55706 MBS Fee	Relativity of 55048 to 55706
1 July 1993	$95.00		
1 February 2000	$100.30	$100.00	1.00
1 June 2004	$106.30	$100.00	1.06
1 November 2004	$109.50	$100.00	1.10
1 July 2020	$111.15	$101.50	1.10
1 July 2021	$112.15	$102.40	1.10
1 July 2022	$113.95	$104.05	1.10
1 July 2023	$118.05	$107.80	1.10
1 November 2023	$118.65	$108.35	1.10
1 July 2024	$122.80	$112.15	1.09

What should the ultrasound of the scrotum fee relativity be compared to that of the 17-22 weeks pregnancy scan? Please provide advice in the table found in Appendix C.

Ultrasound of the Pelvis

Pelvic ultrasound items were introduced in 1993, with separate male and female items. In 2014 these items were combined into a gender-neutral pelvic ultrasound item. However, in the 2023-24 financial year, the pelvic ultrasound items were claimed for female patients 99.3% of the time.

Male pelvic ultrasound scans are primarily used for examining the prostate, bladder and lower abdomen which are covered by separate urological ultrasound items discussed later in the paper.

A female pelvic ultrasound allows quick visualisation of the female pelvic organs and structures including the uterus, cervix, vagina, fallopian tubes and ovaries. The item is used for a range of non-obstetric issues of varying complexity. Table 6 below provides an overview of the common indications for pelvic ultrasound.

Table 5: Pelvic ultrasound statistics for 2023-24

MBS Item	Short Item Descriptor	2024 MBS Fee	Ave Fee per Service	Ave OOP	BBR	Services 2023-24
55065	Pelvic ultrasound (R)	$110.20	$141.09	$132.82	67.4%	1,067,803
55068	Pelvic ultrasound (NR)	$37.85	$55.59	$38.64	49.8%	77,848

Table 6: Common pelvic ultrasound scans

Complexity Level	Common scan types	General Time Taken
Standard Procedure	• Simple pelvic scan • Urinary symptoms • Lost intrauterine device	Up to 15 minutes
Moderate Complexity	• Abnormal vaginal bleeding • Postcoital bleeding • Pelvic pain • Pelvic inflammatory disease	15 to 30 minutes
Higher Complexity	• Endometriosis • Infertility • Subfertility • Pelvic masses • Fibroid tumours	30 minutes or longer

Should the ultrasound scan of the pelvis be separated into items based on time and/or complexity?

If the item should be split, should it be split into general time-based items or condition-specific items? Should there be a combination of both approaches?

Endometriosis

Endometriosis is a disease in which tissue similar to the lining of the uterus grows outside of the uterus. It can cause severe pain in the pelvis and make it harder to get pregnant.

It is a chronic disease associated with severe, life-impacting pain during periods, sexual intercourse, bowel movements and/or urination, chronic pelvic pain, abdominal bloating, nausea, fatigue, and sometimes depression, anxiety, and infertility.

Endometriosis is a common condition affecting roughly 10% of reproductive age women and girls and it may impact many anatomical structures throughout the pelvis and abdomen. It causes a chronic inflammatory reaction that may result in the formation of scar tissue (adhesions, fibrosis) within the pelvis and other parts of the body. Several lesion types have been described:

- Superficial endometriosis found mainly on the pelvic peritoneum.
- Cystic ovarian endometriosis (endometrioma) found in the ovaries.
- Deep endometriosis found in the recto-vaginal septum, bladder, and bowel.
- In rare cases, endometriosis has also been found outside of the pelvis.

Pelvic ultrasound item 55065 is currently used for endometriosis examinations, with no specific endometriosis ultrasound item.

Ultrasounds are particularly used for deep infiltrating endometriosis due to the masses and structural adhesion or cystic ovarian endometriosis, whereas superficial endometriosis affects the surface of organs and is significantly more difficult to diagnose through ultrasound.

A comprehensive endometriosis scan is complex and involves a large number of structures which can be affected including bowels, bladder, kidney, connective tissue.

Should an endometriosis-specific ultrasound item be introduced?

Should there be two items distinguishing between initial diagnosis and a high-complexity mapping of all relevant structures when clinically relevant?

What training should be required for this scan?

Vascular Ultrasound Subgroup

Vascular ultrasound focuses on examinations of blood vessels, including both arteries and veins.

This imaging technique plays a vital role in assessing the circulatory system and identifying blockages, blood clots, and other vascular issues.

There are 16 vascular ultrasound items covering doppler scanning of arteries and veins by anatomical area such as kidney, abdomen, vertebra, upper or lower limb, or pre- or post-surgery. The vascular items selected for this review are two penile ultrasound items.

Duplex Scanning of the Penis

Doppler ultrasound examination is combined with an intracavernosal injection of vasoactive agents to exclude anatomic abnormalities and assess penile blood flow. Penile doppler sonography continues to play an essential role in the diagnostic workup of erectile dysfunction (ED), for conditions including:

- Patients with poor or no response to oral therapy.
- Complications after pelvic surgery (mainly related to prostate, rectal, or bladder cancers).
- Confirming organic ED before penile protheses surgery is performed.
- Post-traumatic ED.
- Penile fibrosis.

Both items 55282 and 55284 commenced on 1 November 1997. This followed a restructuring of the vascular section to provide itemisation by anatomical area rather than catch-all items.

Note there are no non-requested versions of these items.

Table 7: Comparison of 55282, 55284 and 55706

MBS Item	Short Item Descriptor	Estimated Time	Estimated Complexity	2024 MBS Fee	Current MBS Relativity
55282	Duplex scanning of cavernosal artery of the penis	30-45 minutes	Moderate	$190.10	1.70
55284	Duplex scanning of cavernosal artery of the penis	30-45 minutes	Moderate	$190.10	1.70
55706	Pelvis or abdomen, pregnancy related, 17-22 weeks gestation.	20-40 minutes	Moderate	$112.15	1.00

What should the ultrasound of the penis fee relativity be compared to that of the 17-22 week pregnancy scan? Please provide advice in the table found in Appendix C.

Should items 55282 and 55284 be merged into a single item covering both services?

Urological Ultrasound Subgroup

Urological ultrasound involves the urinary system's organs and structures, including the kidneys, bladder, and prostate.

This tool is crucial for diagnosing urological issues such as kidney stones, bladder tumours, and prostate irregularities. It provides real-time visuals, enabling the evaluation of organ function and the identification of any structural abnormalities.

There are two urological ultrasound items, both covering prostate, bladder base and urethra ultrasounds and these items are both part of this review.

Ultrasound of the Prostate, Bladder Base and Urethra

Items 55600 and 55603 are ultrasound examinations of the prostate, bladder base and urethra, used for management of prostatic disease following a digital rectal examination and assessment by a consultant physician or specialist.

The items are similar except that 55600 is used by a medical practitioner other than the practitioner who conducted the patient assessment, and 55603 is used when the same medical practitioner undertakes both assessment and ultrasound examination.

Both items 55600 and 55603 commenced on 1 November 1998 as part of a restructure of the ultrasound services in a move towards anatomical based items. This restructure was recommended as part of a review by the Medicare Benefits Consultative Committee (MBCC).

MBS Item 55603 was introduced to enable monitoring of transrectal ultrasound services performed by certain practitioners on their own patients. The description of the existing transrectal ultrasound service (item 55300) was amended to restrict the item to patients who have been assessed by another practitioner.

Table 8: Current comparison between 55600, 55603 and 55706

MBS Item	Short Item Descriptor	Typical time	Estimated Complexity	2024 MBS Fee	Current MBS Relativity
55600	Prostate, bladder base and urethra (not examining practitioner)	20-30 minutes	Moderate	$122.40	1.09
55603	Prostate, bladder base and urethra (examining practitioner)	20-30 minutes	Moderate	$122.40	1.09
55706	Pelvis or abdomen, pregnancy related, 17-22 weeks gestation.	20-40 minutes	Moderate	$112.15	1.00

What should the relative fee of a prostate ultrasound be compared to the 17-22 weeks' pregnancy scan? Please provide advice in the table found in Appendix C.

Should items 55600 and 55603 be merged into a single item?

Obstetric and Gynaecological Ultrasound Subgroup

There are 29 obstetric items and 2 gynaecological items, all of which are part of this review. The obstetric items are organised by the progression of the pregnancy, and many of the items have duplicate versions with higher fees for multiple pregnancies. The gynaecological items are for ultrasound examinations accompanying a saline infusion of the endometrial cavity.

The current obstetric ultrasound item structure was introduced in 2000, prior to which there were only 3 obstetric items: a referred pregnancy item, a non-referred item, and a doppler assessment of umbilical blood flow. Following the MBS Taskforce review, six additional multiple pregnancy items and cervical length assessment items were added in 2022.

Working group feedback provided has suggested a range of changes to the obstetric and gynaecological ultrasound items to bring them into line with current practice. Aside from the structure of the items, the primary input from stakeholders is that the current MBS fees are substantially too low and not meeting the costs of providing the service, which may be affecting patient access to early and ongoing pregnancy scans with potential impacts on timely identification of complications and treatment pathways.

The consultation questions are presented under the following topics:

- Multiple pregnancy items.
- First trimester scans.
- Cervical length.
- Pelvic scan with saline infusion.
- Foetal wellbeing.
- Scan complexity and practitioner requirements.
- Safety net caps.

Multiple Pregnancy Items

Multiple births are births of more than one baby from a single pregnancy, and include twins, triplets and higher order multiples. In 2022, babies born as part of a multiple pregnancy in Australia accounted for 2.9% of all births.

While considered higher risk, most multiple pregnancies have positive outcomes for mothers and babies. However, women who have multiple births, and their babies, are at increased risk of certain conditions, including pre-eclampsia, anaemia, gestational diabetes, post-partum haemorrhage, pre-term birth, low birthweight, twin–twin transfusion syndrome and developmental delay.

Additional care for families who have twins or other multiples is essential to eliminate or manage complications associated with multiple pregnancies.

The current MBS ultrasound items have separate versions for multiple pregnancies, with the multiple pregnancy version having a fee of 1.5 times the singleton version.

Feedback provided has reported that the assessment of monochorionic multiple pregnancies is particularly complex with the potential for a wide range of complications requiring further assessment. The additional examination points for monochorionic multiple pregnancies are not reflected in the current items or fees.

Table 9: Multiple pregnancy item statistics for 2023-24

MBS Item	Short Item Descriptor	2024 MBS Fee	Avg Fee per Service	Ave OOP	BBR	Services 2023-24
55740	Multiple pregnancy scan 12 to 16 weeks	$116.70	$237.55	$223.36	40.7%	1,172
55741	Multiple pregnancy scan 12 to 16 weeks	$58.30	$93.83	$153.94	72.7%	22
55742	Multiple pregnancy scan nuchal translucency	$116.70	$289.82	$236.84	20.9%	1,218
55743	Multiple pregnancy scan nuchal translucency (NR)	$58.30	$97.59	$138.23	66.7%	9
55759	Multiple pregnancy scan 17 to 22 weeks	$168.15	$312.08	$233.87	37.3%	2,773
55762	Multiple pregnancy scan 17 to 22 weeks (NR)	$67.25	$73.25	$45.90	58.3%	12
55764	Multiple pregnancy scan requested by RANZCOG member or fellow, for 17 to 22 weeks' gestation	$179.35	$256.44	$245.62	61.1%	705
55766	Multiple pregnancy scan requested by RANZCOG member or fellow, for 17 to 22 weeks' gestation (NR)	$72.85	$56.59	-	100%	14
55768	Multiple pregnancy after 22 weeks (R)	$168.15	$246.30	$215.59	57.0%	2,471
55770	Pelvis or abdomen, pregnancy-related, if after 22 weeks of gestation; and a multiple pregnancy (NR)	$67.25	$109.77	$107.21	56.3%	48
55772	Multiple pregnancy scan requested by RANZCOG fellow after 22 weeks	$179.35	$213.67	$141.65	68.3%	7,294
55774	Multiple pregnancy scan requested by RANZCOG fellow after 22 weeks (NR)	$72.85	$77.31	$16.17	39.3%	28

Should the multiple pregnancy items be removed, and the singleton items billed once per foetus?

Should the items not requiring a request (NR items) be limited to Maternal Foetal Medicine (MFM) subspecialists?

Should there be specific items for monochorionic multiple pregnancy assessment?

First trimester scans

First trimester MBS items include:

- Foetal development and anatomy between 12 to 16 weeks' gestation, items 55704 and 55705.
- Nuchal translucency assessment items 55707 and 55708 when the foetus crown rump length is 45 mm.
- Cervical length assessment item 55757 used between 14 to 30 weeks' gestation.

These early pregnancy scans have become increasingly important as improvements in ultrasound technology have increased the early detection of pregnancy complications allowing for earlier decision making and resulting improvements in pathways of care.

Table 10: Current comparison between 55600, 55603 and 55706

MBS Item	Short Item Descriptor	2024 MBS Fee	Avg Fee per Service	Ave OOP	BBR	Services 2023-24
55700	Pregnancy less than 12 weeks' gestation	$67.25	$112.31	$124.22	57.3%	393,408
55703	Pregnancy less than 12 weeks' gestation (NR)	$39.15	$63.83	$58.49	52.3%	61,893
55704	12 to 16 weeks' gestation	$78.50	$194.40	$188.45	33.5%	78,765
55705	12 to 16 weeks' gestation (NR)	$39.15	$48.60	$53.19	75.5%	4,469
55706	17 to 22 weeks' gestation	$112.15	$237.97	$204.29	32.1%	224,653
55707	Nuchal translucency assessment	$78.50	$236.64	$208.25	19.1%	141,734
55708	Nuchal translucency assessment (NR)	$39.15	$90.25	$80.42	30.4%	411
55757	Cervical length assessment for risk of preterm labour	$55.55	$75.74	$90.83	71.9%	3,529
55758	Cervical length assessment for risk of preterm labour (NR)	$21.10	$21.72	$9.89	73.5%	264

Should the nuchal translucency assessment be able to be claimed on the same day as the development and anatomy item? How should the differing clinical windows be managed?

What should the relative fee of first trimester ultrasound examinations be compared to the 17-22 weeks' pregnancy scan? Please provide advice in the table found in Appendix C.

What training should be required to conduct these examinations?

Cervical Length

The length of the cervix in mid-pregnancy relates to the chance of early birth, with a shorter cervix indicating a greater risk of preterm birth. Although most women with a short cervix in mid-pregnancy will still deliver at term, identifying women at risk of preterm birth may allow for treatment to reduce that risk. Some service providers routinely assess the length of the cervix as part of the foetal anatomy scan performed at around 20 weeks. Other providers only perform cervical length assessment in women who have risk factors for preterm birth or who have symptoms such as uterine contractions prior to term.

The current cervical length items 55757 (R) and 55758 (NR) are to assess the cervical length of the patient to determine risk of preterm labour. The current item cannot be claimed within 24 hours of another O+G item.

Table 11: Cervical length item statistics for 2023-24

MBS Item	Short Item Descriptor	2024 MBS Fee	Ave Fee per Service	Ave OOP	BBR	Services 2023-24
55757	Cervical length assessment for risk of preterm labour (R)	$55.55	$75.74	$90.83	71.9%	3,529
55758	Cervical length assessment for risk of preterm labour (NR)	$168.15	$312.08	$233.87	37.3%	2,773

Should transabdominal cervical length be included as part of the 20 week foetal morphology scan, with an additional item claimable if transvaginal screening is indicated?

Is it clinically appropriate to perform a transvaginal assessment of cervical length at the same time as a morphological assessment?

Should cervical length assessment training be required to claim the relevant item?

What indicators should be present before a cervical length assessment can be claimed?

Pelvic scan with saline infusion of the endometrial cavity

Sonohysterography is used to better image the uterine cavity. It involves an infusion of sterile saline through a soft plastic catheter placed inside the cervix in conjunction with an internal ultrasound. The saline infusion expands the uterine cavity and provides improved visualisation of uterine and endometrial pathology. A tubal patency test may also be used to assess fallopian tubes by demonstrating how the fluid spills into your pelvis.

Clinical indications for a sonohysterogram include:

- Abnormal bleeding.
- Investigation of infertility.
- Recurrent miscarriage.
- Suggestion of a mass in the endometrial cavity on ultrasound.

MBS items 55736 (Requested) and 55739 (Non-Requested) are used for sonohysterography. Stakeholder feedback has indicated that the extensive training and resources required for this procedure are not reflected in the practitioner claiming restrictions or fee for this item.

Table 12: Item 55065

MBS Item	Short Item Descriptor	2024 MBS Fee	Ave Fee per Service	Ave OOP	BBR	Services 2023-24
55736	Pelvic scan of in association with saline infusion of the endometrial cavity	$142.40	$416.01	$296.10	2.9%	14,099
55739	Pelvic scan of in association with saline infusion of the endometrial cavity (NR)	$63.90	$136.88	$114.31	31.8%	603

Should the MBS items distinguish between different uses of this item? For example, saline infusion of endometrial cavity and tubal patency exams require different processes and equipment including catheters and contrast.

Are there appropriate circumstances for non-requested sonohysterography?

What training should be required to claim this item?

Foetal Wellbeing

Umbilical arterial doppler assessment is used to survey foetal well-being in the third trimester of pregnancy. Abnormal umbilical artery doppler is a marker of placental insufficiency and consequent intrauterine growth restriction (IUGR) or suspected pre-eclampsia.

Umbilical doppler assessment is indicated in scenarios where there is a risk of foetal growth restriction (FGR) or poor perinatal outcome. Prenatal recognition of FGR is a major factor identified in strategies aimed at preventing stillbirth, in which up to 30% of cases are associated with FGR or small-for-gestational age (SGA) in the late third trimester.

The current MBS item 55729 includes:

- B mode ultrasound imaging and integrated doppler flow measurements by spectral analysis of the umbilical artery; and
- measured assessment of amniotic fluid volume after the 24th week of gestation.

Table 13: Item 55065

MBS Item	Short Item Descriptor	2024 MBS Fee	Ave Fee per Service	Ave OOP	BBR	Services 2023-24
55065	Pelvic ultrasound	$110.20	$141.09	$132.82	67.4%	1,067,803
55068	Pelvic ultrasound (NR)	$39.15	$55.59	$38.64	49.8%	77,848

Does the current item align with best practice ultrasound assessment of foetal wellbeing in the third trimester?

Practitioner Requirements

The urological and vascular items listed above require a specialist or consultant physician to personally conduct the ultrasound examination.

Complex O+G items such as multiple pregnancy morphological assessments, nuchal translucency, saline infusions, and endometriosis assessments do not have restrictions on whether a medical practitioner or sonographer undertakes the examination, or on the type of medical practitioner. Some existing O+G items have restrictions on the requesting practitioner, but not the examining practitioner.

Should there be items restricted to personal examination by particular specialties or sub-specialties for complex presentations, with a higher fee? Which items?

Should ultrasounds without a referral be limited to early pregnancy assessment, dating, and growth scans included in Fellowship of the Royal Australia and New Zealand College of Obstetricians and Gynaecologists (FRANZCOG) standard training?

Scan Complexity

The existing O+G items are predominantly structured according to the gestation of the pregnancy due to the large impact this has on the nature of the examination. This structure has limited focus on the complexity of the particular ultrasound examinations. There are items for further examination when clinically indicated, but a relatively routine examination receives the same rebate as a complex examination.

Initial feedback received has indicated that there is a need for an item to provide for a low complexity pregnancy scan, for example, an item to assess a general pregnancy complication such as vaginal bleeding in early pregnancy. Currently, a practitioner conducting a scan for this indication only has the ability to claim for a scan which requires an in-depth morphological assessment of the foetus.

Should new O+G items be created to reflect the clinical need for:

● complex anatomy scans (e.g. full morphological assessment of foetus), and

● less complex pregnancy complication scans (e.g. assessing vaginal bleeding in early pregnancy without a detailed foetal assessment)?

Are there other clinical indicators which can predict the complexity of the scan, and should be a basis for separate complexity-related items?

Safety Net Caps

The Extended Medicare Safety Net (EMSN) provides benefits in addition to the standard Medicare rebate for families and singles who have OOP costs for Medicare eligible out-of-hospital services, once an annual threshold in OOP costs has been met.

There are two thresholds:

- General Threshold: For most people, once your out-of-pocket costs reach $2,544.30 in the 2024 calendar year, Medicare will cover 80% of any further out-of-pocket costs for the rest of the year.
- Concessional Threshold: For those with a concession card or receiving Family Tax Benefit Part A, the threshold is lower at $811.80.

There are around 570 MBS items, including some O+G ultrasound items, that have a maximum safety net benefit or ‘cap’ in order to limit the incentive for providers to charge high fees for these items. This is known as EMSN benefit capping.

The cap is the maximum amount Medicare will pay for a specific MBS item, regardless of the fee charged by the doctor. For example, if the cap for a service is $500, and your OOP cost is higher, you will only get back up to $500.

This capping was put in place to discourage excessive charges by healthcare providers and to ensure the EMSN remains sustainable. It helps to control costs for services that have seen significant fee increases.

The Government has requested that the Department undertake a separate review of the effectiveness of current Medicare Safety Net arrangements. A Working Group has been established, made up of consumer representatives, health care providers and health systems experts, to review current arrangements and advise on potential reform options. To support the Working Group’s deliberations, the Department will shortly release a consultation paper its Consultation Hub to seek the views and experiences of health care providers and members of the public.

Why Your Views Matter

The Department values the input and feedback from stakeholders, including medical professionals, consumers, peak bodies, and industry representatives, on the breast imaging review. Stakeholders' views will help to inform the UWG's recommendations to the Government and ensure that the review outcomes are aligned with the needs and expectations of the Australian health system and the community.

The Department invites stakeholders to provide written submissions on the consultation paper, addressing the key questions and issues raised by the UWG. The Department also welcomes any additional comments or suggestions that are relevant to the review.

The consultation period will close on **22 November 2024.**

Submissions can be emailed to radiology@health.gov.au.

What Happens Next

The Department will collate and analyse the submissions received from stakeholders and provide a summary report to the UWG. The UWG will consider the feedback and evidence from stakeholders and finalise its recommendations to the Government on the selected ultrasound items. The UWG's final report is expected to be completed by the end of 2024.

The Department thanks all stakeholders for their interest and participation in the ultrasound imaging review.

Appendix A: MBS Item Numbers for Review by Ultrasound Working Group

Table 14: Ultrasound MBS Item Numbers under review

MBS Item	Subgroup	Short Descriptor	2024 MBS Fee
55048	General Ultrasound	Scrotum, ultrasound scan of (R)	$122.80
55049	General Ultrasound	Scrotum, ultrasound scan of (NR)	$42.40
55065	General Ultrasound	Pelvis, ultrasound scan of (R)	$110.20
55068	General Ultrasound	Pelvis, ultrasound scan of (NR)	$39.15
55282	Vascular Ultrasound	Duplex scanning of cavernosal artery of the penis (R)	$190.10
55284	Vascular Ultrasound	Duplex scanning of cavernosal tissue of the penis (R)	$190.10
55600	Urological Ultrasound	Prostate, bladder base and urethra (not examining practitioner)	$122.40
55603	Urological Ultrasound	Prostate, bladder base and urethra (examining practitioner)	$122.40
55700	Obstetric and Gynaecological Ultrasound	Pelvis or abdomen, pregnancy-related, less than 12 weeks of gestation (R)	$67.25
55703	Obstetric and Gynaecological Ultrasound	Pelvis or abdomen, pregnancy-related, less than 12 weeks of gestation (NR)	$39.15
55704	Obstetric and Gynaecological Ultrasound	Pelvis or abdomen, pregnancy-related, 12 to 16 weeks of gestation (R)	$78.50
55705	Obstetric and Gynaecological Ultrasound	Pelvis or abdomen, pregnancy-related, 12 to 16 weeks of gestation (NR)	$39.15
55706	Obstetric and Gynaecological Ultrasound	Pelvis or abdomen, pregnancy-related, 17 to 22 weeks of gestation (R)	$112.15
55707	Obstetric and Gynaecological Ultrasound	Nuchal translucency measurement is performed to assess the risk of fetal abnormality (R)	$78.50
55708	Obstetric and Gynaecological Ultrasound	Nuchal translucency measurement is performed to assess the risk of fetal abnormality (NR)	$39.15
55709	Obstetric and Gynaecological Ultrasound	Pelvis or abdomen, pregnancy-related, 17 to 22 weeks of gestation (NR)	$42.55
55712	Obstetric and Gynaecological Ultrasound	Pelvis or abdomen, pregnancy-related, RANZCOG member, 17 to 22 weeks of gestation (R)	$128.90
55715	Obstetric and Gynaecological Ultrasound	Pelvis or abdomen, pregnancy-related, RANZCOG member, 17 to 22 weeks of gestation (NR)	$44.80
55718	Obstetric and Gynaecological Ultrasound	Pelvis or abdomen, pregnancy-related, after 22 weeks of gestation (R)	$112.15
55721	Obstetric and Gynaecological Ultrasound	Pelvis or abdomen, pregnancy-related, RANZCOG member, after 22 weeks of gestation (R)	$128.90
55723	Obstetric and Gynaecological Ultrasound	Pelvis or abdomen, pregnancy-related, after 22 weeks of gestation (NR)	$42.55
55725	Obstetric and Gynaecological Ultrasound	Pelvis or abdomen, pregnancy-related, RANZCOG member, after 22 weeks of gestation (NR)	$44.80
55729	Obstetric and Gynaecological Ultrasound	Duplex scanning, if: of the umbilical artery (R)	$30.55
55736	Obstetric and Gynaecological Ultrasound	Pelvis, ultrasound scan of, in association with saline infusion of the endometrial cavity (R)	$142.40

55739	Obstetric and Gynaecological Ultrasound	Pelvis, ultrasound scan of, in association with saline infusion of the endometrial cavity (NR)	$63.90
55740	Obstetric and Gynaecological Ultrasound	Pelvis or abdomen, pregnancy-related, a multiple pregnancy; 12 to 16 weeks of gestation (R)	$116.70
55741	Obstetric and Gynaecological Ultrasound	Pelvis or abdomen, pregnancy-related, multiple pregnancy; 12 to 16 weeks of gestation (NR)	$58.30
55742	Obstetric and Gynaecological Ultrasound	Pelvis or abdomen, pregnancy-related, a multiple pregnancy; and (c) nuchal translucency measurement (R)	$116.70
55743	Obstetric and Gynaecological Ultrasound	Pelvis or abdomen, pregnancy-related, a multiple pregnancy; and (c) nuchal translucency measurement (NR)	$58.30
55757	Obstetric and Gynaecological Ultrasound	Pelvis or abdomen, ultrasound scan of, for cervical length assessment for risk of preterm labour (R)	$55.55
55758	Obstetric and Gynaecological Ultrasound	Pelvis or abdomen, ultrasound scan of, for cervical length assessment for risk of preterm labour (NR)	$21.10
55759	Obstetric and Gynaecological Ultrasound	Pelvis or abdomen, pregnancy-related, a multiple pregnancy; 17 to 22 weeks' gestation (R)	$168.15
55762	Obstetric and Gynaecological Ultrasound	Pelvis or abdomen, pregnancy-related, a multiple pregnancy; 17 to 22 weeks' gestation (NR)	$67.25
55764	Obstetric and Gynaecological Ultrasound	Pelvis or abdomen, pregnancy-related, RANZCOG member, a multiple pregnancy; 17 to 22 weeks' gestation (R)	$179.35
55766	Obstetric and Gynaecological Ultrasound	Pelvis or abdomen, pregnancy-related, RANZCOG member, multiple pregnancy; 17 to 22 weeks of gestation (NR)	$72.85
55768	Obstetric and Gynaecological Ultrasound	Pelvis or abdomen, pregnancy-related or pregnancy complication, ultrasound scan of, after 22 weeks of gestation; and a multiple pregnancy (R)	$168.15
55770	Obstetric and Gynaecological Ultrasound	Pelvis or abdomen, pregnancy-related, if after 22 weeks of gestation; and a multiple pregnancy (NR)	$67.25
55772	Obstetric and Gynaecological Ultrasound	Pelvis or abdomen, pregnancy-related, after 22 weeks of gestation; RANZCOG member, multiple pregnancy (R)	$179.35
55774	Obstetric and Gynaecological Ultrasound	Pelvis or abdomen, pregnancy-related, after 22 weeks of gestation; RANZCOG member, multiple pregnancy (NR)	$72.85

Appendix B: Utilisation Data

All Ultrasound items

In 2023-2024, there were a total of 12.430 million Ultrasound services claimed through Medicare, which represented a 3.7% increase in service utilisation from 2022-2023. This represents 2.7% of total MBS services and 40.2% of total Diagnostic Imaging services.

In 2023-2024, total expenditure on all Ultrasound services was $1.644 billion, which represented an 7.6% increase in expenditure from 2022-2023. This represents 5.6% of total Medicare expenditure and 32.7% of total Diagnostic Imaging expenditure.

All Ultrasound Items Reviewed by the Ultrasound Working Group

In 2023-2024, there were a total of 2.591 million Ultrasound services claimed through Medicare, which represented a 0.2% increase in service utilisation from 2022-2023. This represents 20.8% of total Ultrasound services.

In 2023-2024, total expenditure on all Ultrasound services was $0.230 billion, which represented an 4.3% increase in expenditure from 2022-2023. This represents 14.0% of total Ultrasound expenditure.

Table 15: Ultrasound Imaging Items - 2023-2024 Financial Year

MBS Item Number	Short Item Descriptor	2024 Schedule Fee	Ave Fee Charged	Ave OOP	BBR	Medicare Utilisation
55048	Scrotum ultrasound (R)	$122.80	$214.06	$110.46	71.4%	147,193
55065	Pelvis ultrasound (R)	$110.20	$228.31	$132.82	67.4%	1,067,803
55282	Cavernosal artery of penis (R)	$190.10	$338.64	$186.98	45.6%	706
55284	Cavernosal artery of penis (R)	$190.10	$291.69	$133.14	63.2%	1,222
55600	Prostate, bladder base and urethra (not examining practitioner)	$122.40	$182.65	$78.72	67.7%	3,445
55603	Prostate, bladder base and urethra (examining practitioner)	$122.40	$239.23	$111.48	1.9%	27,368
55700	Pregnancy, less than 12 weeks gestation (R)	$67.25	$181.63	$124.22	57.3%	393,408
55704	12 to 16 weeks gestation (R)	$78.50	$256.79	$188.45	33.5%	78,765
55706	17 to 22 weeks gestation (R)	$112.15	$301.99	$204.29	32.1%	224,653
55718	After 22 weeks of gestation (R)	$112.15	$281.30	$169.25	57.0%	144,459
55736	Pelvis ultrasound with saline infusion of the endometrial cavity (R)	$142.40	$424.89	$296.10	2.9%	14,099

Table 16: Obstetric and Gynaecological Imaging Items - 2023-2024 Financial Year

Item	Short Description	Schedule Fee 2024	2023-24 Services	2023-24 BBR	2023-24 Avg OOP
55700	Pregnancy less than 12 weeks gestation	$67.25	393,408	57.3%	$124.22
55704	12 to 16 weeks gestation	$78.50	78,765	33.5%	$188.45
55706	17 to 22 weeks gestation	$112.15	224,653	32.1%	$204.29
55707	Nuchal translucency assessment	$78.50	141,734	19.1%	$208.25
55712	Ultrasound requested by RANZCOG member or fellow, for 17 to 22 weeks of gestation	$128.90	8.096	73.4%	$194.22
55718	After 22 weeks of gestation	$112.15	144,459	57.0%	$169.25
55721	Ultrasound requested by RANZCOG member or fellow, for after 22 weeks of gestation	$128.90	147,734	73.5%	$128.82
55729	Duplex scanning of the umbilical artery	$30.55	11,739	92.6%	$53.27
55736	Pelvis, ultrasound scan of, in association with saline infusion of the endometrial cavity	$142.40	14,099	2.9%	$296.10
55740	Multiple pregnancy scan 12 to 16 weeks gestation	$116.70	1,172	40.7%	$223.36
55742	Multiple pregnancy scan nuchal translucency	$116.70	1,218	20.9%	$236.84
55757	Cervical length assessment for risk of preterm labour	$55.55	3,529	71.9%	$90.83
55759	Multiple pregnancy scan 17 to 22 weeks gestation	$168.15	2,773	37.3%	$233.87
55764	Multiple pregnancy scan requested by RANZCOG member or fellow, for 17 to 22 weeks gestation	$179.35	705	61.1%	$245.62
55768	Multiple pregnancy after 22 weeks of gestation	$168.15	2,471	57.0%	$215.59
55772	Multiple pregnancy scan requested by RANZCOG fellow after 22 weeks	$179.35	7,294	68.3%	$141.65

Data Trends - 5 Year

Table 17: General Ultrasound

			Services		Patients		Providers		Bulk-billing rate		Average Out-of-Pocket	
Item	Short Description	Schedule Fee 2024	2023-24	5 year change	2023-24	5 year change	2023-24	5 year change	2023-24	5 year change	2023-24	5 Year change
55048	Scrotum ultrasound (R)	$122.80	147,193	6.8%	139,203	6.6%	2,300	11.9%	71.4%	-10.4%	$110.46	2.7%
55065	Pelvis ultrasound (R)	$110.20	1,067,803	13.5%	918,877	14.2%	2,857	14.5%	67.4%	-13.5%	$132.82	5.2%

Table 18: Vascular Ultrasound

			Services		Patients		Providers		Bulk-billing rate		Average Out-of-Pocket	
Item	Short Description	Schedule Fee 2024	2023-24	5 year change	2023-24	5 year change	2023-24	5 year change	2023-24	5 year change	2023-24	5 Year change
55282	Duplex scanning of cavernosal artery of penis	$190.10	706	-5.5%	689	-5.2%	222	-16.2%	45.6%	-21.1%	$179.82	-28.0%
55284	Duplex scanning of cavernosal artery of penis	$190.10	1,222	45.0%	1,202	46.2%	484	35.6%	63.2%	-12.2%	$133.14	-17.8%

Table 19: Urological Ultrasound

			Services		Patients		Providers		Bulk-billing rate		Average Out-of-Pocket	
Item	Short Description	Schedule Fee 2024	2023-24	5 year change	2023-24	5 year change	2023-24	5 year change	2023-24	5 year change	2023-24	5 Year change
55600	Prostate, bladder base and urethra (not examining practitioner)	$122.40	3.445	-26.0%	3,402	-25.3%	349	-29.6%	67.7%	5.1%	$78.72	-30.9%
55603	Prostate, bladder base and urethra (examining practitioner)	$122.40	27,368	31.4%	25,080	29.3%	403	7.5%	3.4%	1.5%	$111.48	-14.8%

Table 20: Obstetric and Gynaecological Ultrasound

			Services		Patients		Providers		Bulk-billing rate		Average Out-of-Pocket	
Item	Short Description	Schedule Fee 2024	2023-24	5 year change	2023-24	5 year change	2023-24	5 year change	2023-24	5 year change	2023-24	5 Year change
55700	Less than 12 weeks gestation	$67.25	393,408	6.4%	295,063	6.7%	2,426	12.0%	57.3%	-15.9%	$124.22	7.5%
55704	12 to 16 weeks gestation	$78.50	78,765	32.4%	74,937	33.6%	2,036	10.0%	33.5%	-15.5%	$188.45	7.8%
55706	17 to 22 weeks gestation	$112.15	224,653	-11.3%	224,467	-11.3%	2,225	8.1%	32.1%	-15.5%	$204.29	18.9%
55707	Nuchal translucency assessment	$78.50	141,734	-5.8%	141,664	-5.8%	1,872	9.7%	19.1%	-13.5%	$208.25	19.5%
55712	Further investigation requested by RANZCOG member or fellow, 17 to 22 weeks	$128.90	8.096	-26.7%	7,721	-26.0%	901	-16.4%	73.4%	-6.8%	$194.22	27.0%
55718	After 22 weeks of gestation	$112.15	144,459	-14.6%	143,829	-14.6%	2,140	7.3%	57.0%	-13.9%	$169.25	13.5%

			Services		Patients		Providers		Bulk-billing rate		Average Out-of-Pocket	
Item	Short Description	Schedule Fee 2024	2023-24	5 year change	2023-24	5 year change	2023-24	5 year change	2023-24	5 year change	2023-24	5 Year change
55721	Further investigation requested by RANZCOG member or fellow, after 22 weeks	$128.90	147,734	-6.8%	88,322	-5.7%	1,924	5.8%	73.5%	-10.3%	$128.82	15.9%
55729	Duplex scanning of the umbilical artery	$30.55	11,739	24.7%	7,199	33.8%	360	21.2%	92.6%	-4.1%	$53.27	70.4%
55736	Ultrasound scan in association with saline infusion of the endometrial cavity	$142.40	14,099	28.4%	13,874	28.4%	201	9.8%	2.9%	-0.3%	$296.10	-5.2%
55740	Multiple pregnancy, 12 to 16 weeks	$116.70	1,172	-	1,031	-	452	-	40.7%	-	$223.36	-
55742	Multiple pregnancy, nuchal translucency	$116.70	1,218	-	1,217	-	520	-	20.9%	-	$236.84	-
55757	Cervical length assessment	$55.55	3,529	-	2,202	-	422	-	71.9%	-	$90.83	-
55759	Multiple pregnancy, 17 to 22 weeks	$168.15	2,773	-19.7%	2,764	-19.7%	778	-7.7%	37.3%	-17.3%	$233.87	15.2%
55764	Further investigation in multiple pregnancy requested by RANZCOG member or fellow, for 17 to 22 weeks	$179.35	705	-22.1%	559	-22.1%	189	-31.0%	61.1%	-12.2%	$245.62	30.9%
55768	Multiple pregnancy after 22 weeks	$168.15	2,471	-29.5%	2,450	-29.5%	641	-16.4%	57.0%	-13.4%	$215.59	12.9%
55772	Further investigation in multiple pregnancy requested by RANZCOG fellow, after 22 weeks	$179.35	7,294	-30.7%	2,350	-30.7%	736	-17.7%	68.3%	-8.7%	$141.65	25.5%

Appendix C: Current and Ideal Relativity

Selection of Base Unit: Item 55706 (pregnancy ultrasound - 17-22 weeks' gestation) was chosen as 'Base Unit 1' based on the original creation methodology of the obstetric and gynaecological items.

Table 21: Base Unit 1

Item No.	Short Item Description	Current Fee	Ave Fee per Service	Ave OOP	BBR	Services 2023-24
55706	Pelvis or abdomen, pregnancy related, 17-22 weeks gestation.	$112.15	$301.99	$204.29	32.1%	224,541

The table below displays the current relativity of each item compared to Base Unit 1.

Table 22: Fee Relativities

MBS Item	Subgroup	Short Description	Current Relativity	Ideal Relativity	Time taken (Minutes)
55048	General Ultrasound	Scrotum ultrasound	1.09		
55065	General Ultrasound	Pelvis ultrasound	0.98		
55282	Vascular Ultrasound	Duplex scanning of cavernosal artery of the penis	1.70		
55284	Vascular Ultrasound	Duplex scanning of cavernosal tissue of the penis	1.70		
55600	Urological Ultrasound	Prostate, bladder base and urethra (different practitioner)	1.09		
55603	Urological Ultrasound	Prostate, bladder base and urethra (examining practitioner)	1.09		
55700	Obstetric and Gynaecological Ultrasound	Less than 12 weeks' gestation	0.60		
55704	Obstetric and Gynaecological Ultrasound	12 to 16 weeks' gestation	0.60		

MBS Item	Subgroup	Short Description	Current Relativity	Ideal Relativity	Time taken (Minutes)
55706	Obstetric and Gynaecological Ultrasound	17 to 22 weeks' gestation	1.00		
55707	Obstetric and Gynaecological Ultrasound	Nuchal translucency assessment	0.70		
55712	Obstetric and Gynaecological Ultrasound	Further investigation requested by RANZCOG member or fellow, 17 to 22 weeks	1.15		
55718	Obstetric and Gynaecological Ultrasound	After 22 weeks of gestation	1.00		
55721	Obstetric and Gynaecological Ultrasound	Further investigation requested by RANZCOG member or fellow, after 22 weeks	1.15		
55729	Obstetric and Gynaecological Ultrasound	Duplex scanning of the umbilical artery	0.27		
55736	Obstetric and Gynaecological Ultrasound	Ultrasound scan in association with saline infusion of the endometrial cavity	1.27		
55740	Obstetric and Gynaecological Ultrasound	Multiple pregnancy, 12 to 16 weeks	1.04		
55742	Obstetric and Gynaecological Ultrasound	Multiple pregnancy, nuchal translucency	1.04		
55757	Obstetric and Gynaecological Ultrasound	Cervical length assessment	0.52		
55759	Obstetric and Gynaecological Ultrasound	Multiple pregnancy, 17 to 22 weeks	1.50		
55764	Obstetric and Gynaecological Ultrasound	Further investigation in multiple pregnancy requested by RANZCOG member or fellow, for 17 to 22 weeks	1.60		
55768	Obstetric and Gynaecological Ultrasound	Multiple pregnancy after 22 weeks	1.50		
55772	Obstetric and Gynaecological Ultrasound	Further investigation in multiple pregnancy requested by RANZCOG fellow, after 22 weeks	1.60		