Australian Government
Department of Health and Aged Care

Review of Medicare Funded Diagnostic Breast Imaging Services

Public Consultation Paper

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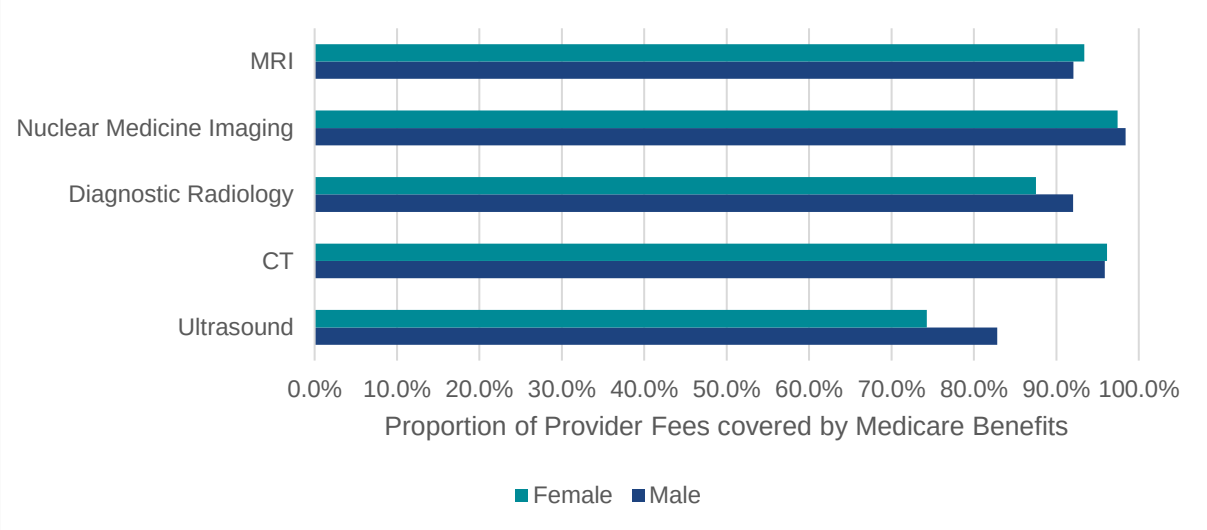
Overview

The Department of Health and Aged Care (the Department) is conducting a review of selected Medicare Benefits Schedule (MBS) diagnostic imaging (DI) items as part of the 2024-25 Budget initiative to ensure equal affordability and access to the MBS for Australian women. This element of the review will focus on diagnostic breast imaging services and assess the relative fees and clinical usefulness of selected items.

In 2023-2024, ultrasound services had the lowest proportion of provider fees covered by the Medicare Benefit for diagnostic imaging services. This is lower for ultrasound services performed on female patients (74.3%) relative to male patients (82.8%). It is also lower for diagnostic radiology services performed on female patients (87.5%) relative to male patients (92.0%).

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



A Breast Imaging Working Group (BIWG) has been established to examine a subset of 13 breast imaging items (see Appendix A). The BIWG includes clinical experts from fields such as radiology and breast surgery. Their role is to assist the Department to provide advice and recommendations to the Government on the appropriate use, fee relativities, and clinical necessity of breast ultrasound (US), traditional mammography (MG) and newer mammography - three dimensional digital breast tomosynthesis (DBT).

This consultation paper provides an overview of the scope, methodology, and critical issues surrounding these 13 breast imaging items. It seeks feedback from stakeholders to help the Department in formulating its advice to Government.

Purpose of Review

The purpose of the review is to ensure that the selected breast imaging MBS items reflect current best practices and evidence-based guidelines and that the fees are appropriate and consistent with the time, complexity, and costs of providing the services. The review also aims to improve patient access where there are evidence based gaps, quality, and safety of breast imaging services and reduce unnecessary or inappropriate use of MBS items. This

paper seeks stakeholder views on the issues identified, as well as suggestions for potential paths forward.

Background

Breast cancer is the most common cancer diagnosed in Australian women. It is estimated that there will be around 21,000 cases of breast cancer diagnosed in Australian women in 2024, equivalent to 149 new cases per 100,000 women in the population.

The BreastScreen Australia (BreastScreen) program is a Federal initiative, conducted in partnership with state governments, aimed at the early detection of breast cancer in women. BreastScreen aims to reduce morbidity and mortality from breast cancer by actively inviting women in the target age group of 50-74 years to attend free two-yearly screening mammograms. This is known to be most effective in breast cancer detection in this age group for the general population. This target age range is also consistent with advice from the International Agency for Research on Cancer. Women aged 40-49 years and 75 years and older are also eligible to participate in the BreastScreen program but do not receive an invitation to attend. Further information on the BreastScreen program including its current projects and activities is available on the Department of Health and Aged Care's website www.health.gov.au by using the search term 'BreastScreen Australia'.

> In 2021–2022, over 1.8 million women participated in the BreastScreen Australia. This was about 50% of women aged 50–74 in Australia.

The Australian Institute of Health and Welfare publishes an annual report on the BreastScreen program, which can be accessed on their website at www.aihw.gov.au by using the search term 'BreastScreen'.

> In 2022, 58% of breast cancers detected through BreastScreen Australia for participants aged 50–74 were small (≤15mm).

Through the BreastScreen program, the costs of screening performed under the program are fully covered, ensuring that financial barriers do not impede women from accessing these services.

In addition to the BreastScreen program, there are diagnostic imaging services listed on the MBS which are not screening services. Patient rebates are provided through Medicare for tests such as mammograms, ultrasounds, and image-guided biopsies for patients of any age and gender with symptoms of breast cancer or a significant family history. Medicare rebates are also available for a small number of specific breast magnetic resonance imaging scan indications based on clinical evidence, which includes screening breast MRI in high risk women. In 2022-23, Medicare expenditure on breast imaging services totalled $198.6 million.

There are 13 breast imaging MBS items, 6 of which are in the ultrasound subgroup, and the remaining 7 are in the diagnostic radiology (x-ray) subgroup.

Medicare funded Ultrasound

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.

In the 2023-2024 period, there were 767,269 breast ultrasound services claimed under MBS Group I01: Ultrasound, with a total expenditure of $83.8 million. There was a 2.4% increase in service utilisation from 2022-2023. The breast ultrasound items represent 6% of total ultrasound services and 2% of total DI services.

Patient affordability for these ultrasound services varies, with only 52.7% of them bulk billed (free to patients). However, challenges include historical fee inequities, rising out-of-pocket costs and declining bulk billing rates.

Medicare funded Diagnostic Radiology

Mammography uses X-rays to produce detailed images of breast tissue, mainly for early breast cancer detection and screening. It identifies abnormalities like masses, architectural distortions or microcalcifications, aiding in preventive health care through early diagnosis allowing intervention and treatment.

Traditional screening two view mammograms take two-dimensional (2D) X-ray images of the breasts from two angles: top-to-bottom and oblique side-to-side. Tomosynthesis takes multiple X-ray images from different angles and uses a computer to create a stack of 2D images that the radiologist (interpreting doctor) can scroll through as if the breast had been sliced.

In 2023-2024, the Radiographic Examination of the Breasts subgroup (I03: Diagnostic Radiology) had 428,621 Medicare claims, with a total expenditure of $77.2 million. The diagnostic radiology breast items represent 4% of total diagnostic radiology services and 1% of total Diagnostic Imaging services.

Patient affordability for these services varies, with 46.3% of services currently bulk billed. Again, challenges include historical fee inequities, rising out-of-pocket costs and declining bulk billing rates.

Critical Issues and Consultation Questions

This section aims to address key challenges and seek input from stakeholders on various aspects of the review. It will highlight the significant issues identified to date during the review process and present 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 breast imaging procedures, the appropriateness of current fees, and the need for specific items to address particular conditions. Additionally, the section will explore the potential impact of proposed changes on access to services, particularly for people from rural and regional areas.

Complexity Based Ultrasound Items

The current breast ultrasound items are based on whether one or both breasts are scanned, and whether there is a surgical or biopsy procedure performed. There is no provision for different rebates based on the complexity of the scan.

Examples of factors which may influence the complexity of breast ultrasound include:

- Whether the scan is an initial investigation or monitoring of a pre-identified abnormality.
- Whether surgery has taken place (mastectomy/axillary clearance/sentinel node biopsy/retained nipple).
- Whether it is a targeted investigation of one area, for example, to assess the response of therapy for a solitary cancer or a screening recall for a solitary mass.
- Whether the scan is for complex diagnostic mapping post MRI.
- The number of lesions for surveillance.

Feedback received from the sector has suggested that work should be undertaken to create a new ultrasound item structure to reflect the complexity and time taken for each scan, for example:

Table 1: Example of complexity based item structure for breast ultrasound

Complexity Level	Common scan types	General Time Taken
Short Procedure – Low Complexity	• Targeted investigation of one area • Chest wall review post mastectomy	Up to 15 minutes
Standard Procedure - Moderate Complexity	• Initial investigation • ≤4 lesions per breast for surveillance	15 to 30 minutes
Lengthy Procedure - High Complexity	• ≥5 lesion per breast for surveillance • Complex diagnostic mapping post MRI	30 minutes or longer

Is it necessary to restructure breast ultrasound items to better represent the time and complexity involved in each scan? Please provide a rationale.

Price differential for imaging one or both breasts

Each type of breast imaging service has an item number for one or both breasts. The relative fee varies by the type of imaging:

Table 2: Fee Relativities for one breast versus both breasts

Image type	One breast		Both breasts		Fee for one breast as % of fee for both breasts
	Item	Schedule fee	Item	Schedule fee	
Ultrasound	55070	$110.20	55076	$122.40	90%
US guided intervention	55071	$232.45	55066	$244.65	95%
Mammography	59303	$60.50	59300	$100.35	60%
3D tomosynthesis	59305	$127.75	59302	$226.50	56%
Radiographic surgical	59314	$58.90	59312	$97.55	60%

From 1993 to 2000 the breast ultrasound items 55034 (R) and 55035 (NR) had the same rebate for scans of one or both breasts. Upon review in 2000, item 55035 was ceased with a rebate of $99.90, and was replaced by two items - a rebate of $90.00 for a single breast (55070) and $99.90 for both breasts (55076).

The ultrasound-guided breast intervention items adopted a similar fee differential when they were introduced in 2020.

The other imaging types have had separate items for one or both breasts since the items were introduced:

- Mammography single item was 60% of both breasts item in 1974.
- Radiographic surgical single item was 60% of both breasts item in 1997.
- 3D tomosynthesis single item was 56% of both breasts item in 2018.

It has been suggested that since scanning both breasts involves double the time, the fee difference between single and double scans doesn't accurately reflect the service cost

Should the fee for imaging both breasts be adjusted to account for the additional time needed to conduct the scan? How should the cost for imaging both breasts compare to that of imaging a single breast?

Should new items be added in each modality to image the second breast as an additional service when one breast is already being imaged?

Claiming Restrictions and Multiple Services Rule

Currently, item 55812 for chest wall ultrasound and item 63464 for breast MRI cannot be claimed on the same day as breast ultrasound items. These restrictions can create challenges for patients, especially those in rural areas who must travel to receive their services.

According to the Multiple Services Rule, if a medical practitioner performs two or more diagnostic imaging services for the same patient on the same day, the fees listed for those services, excluding the item with the highest fee, are discounted by $5. This rule accounts for the efficiencies gained by the service provider and the decreased resource use when multiple services are delivered in a single episode of patient care.

This leads some providers to schedule imaging appointments for patients on different days to maximise Medicare benefits.

Patients should not be asked to make a second appointment to circumvent the rules, without a valid clinical reason for doing so.

Should the restriction on claiming both chest wall ultrasound and breast ultrasound be lifted?

Should the restriction on co-claiming breast MRI and breast ultrasound be removed?

Should particular breast imaging items that are often bundled together be modified to remove the effect of the Multiple Services Rule?

‘7-day rule’ for rendering requested services

If a single request is used to request several diagnostic imaging services, all services provided under this request must be rendered within seven days after the rendering of the first service.

Feedback received has indicated that women are often required to return to their GP to obtain further requests for breast imaging or investigative services as not all the required services can be performed within a 7-day period.

Should breast imaging items that are commonly bundled together as part of a diagnostic work up be excluded from this rule to allow for a greater time period for rendering services?

- To what imaging services should an exemption apply?

Contrast Enhanced Mammography (CEM)

CEM is a newer breast imaging technique which combines digital breast tomosynthesis (DBT) with an intravenous contrast agent. CEM shows new or unusual blood flow patterns that develop when cancers grow. These highlighted areas make it easier to identify cancer earlier. CEM is developing to be a workable alternative contrast-enhanced breast imaging option that may become more readily accessible than breast MRI but is showing comparative diagnostic performance.

CEM offers other benefits including that it is:

- Unaffected by dense breast tissue,
- Lower cost and shorter procedure time compared to MRI, and
- Offers an alternative to breast MRI where MRI cannot be tolerated.

The Royal Australian and New Zealand College of Radiologists (RANZCR) is currently developing an application for Medicare funding for CEM for submission to the Medical Service Advisory Committee (MSAC). MSAC is an independent, expert committee that advises the Australian Government on evidence relating to the safety, efficacy and cost-effectiveness of new medical technologies and procedures.

Should a new item for CEM be implemented?

- Should there be a new item for contrast that can be claimed in addition to current imaging procedures, whenever contrast is required?
- What should the fee for a contrast item be?

DBT in conjunction with a surgical/therapeutic procedure

There are currently no items available to bill for the use of DBT 'in conjunction with a surgical procedure using interventional techniques' equivalent to items 55066, 55071, 59312, 59314 (ultrasound and radiographic examination of one or both breasts in conjunction with a surgical procedure).

Should a new DBT item be included for when it is used a surgical procedure that uses interventional techniques?

- What would the procedures that would apply to this service?
- What should the descriptor and the MBS Fee be for this service?

Breast MRI

The current breast MRI items are restricted to specialist request only.

Feedback received has indicated that GP referral for breast MRI may be indicated in certain clinical situations such as scanning in those with a positive genetic testing for BRCA (BReast CAncer) gene mutation, a high-risk score from a clinically relevant risk evaluation algorithm, or as an alternative to specialist requested imaging for those with a personal history of breast cancer under the age of 50 or of previous mantle radiotherapy.

Should GPs be able to refer patients for an MBS rebate-able breast MRI given certain indications?

What should the descriptor and the MBS Fee be for this service.

Clip Insertion - Item 31537

Item 31537, introduced on 1 March 2024 based on the MBS Review Taskforce's 2018 report, is for placing a marker clip in the breast and/or axilla to mark a lesion site post-biopsy. The fee covers all service components. Not every biopsy needs a marker clip; specific cases are outlined in item 31537's descriptor. Note that marker clips are particularly required if neoadjuvant therapy might result in lesions becoming imaging occult before future interventions.

Providers are required to use imaging when inserting the marker clip(s), however, the appropriate imaging modality can be determined by the practitioner and the imaging component is to be claimed under the relevant diagnostic imaging item.

When it is clinically relevant to insert more than one marker clip, the Multiple Operation Rule (MOR) will apply. The MOR will apply to all clips that are inserted at breast biopsy, regardless of site. This means the MOR will apply to all clips that are inserted as part of the same patient episode.

Advice received suggests that placing marker clips after a core biopsy is becoming more common in diagnostic processes, not just breast imaging. Imaging-guided clip insertions are not therapeutic but are used for operative localisation.

These clips differ from operative localisation markers used to enable breast excisions, which are part of a therapeutic process guiding surgery. Operative localisation markers are inserted before surgery, sometimes months after diagnosis, in patients who have received upfront chemotherapy.

Should this item be split into two items, reflecting the difference between a simple and complex procedure?

Should this item be classified as a diagnostic imaging procedure, and moved into the Diagnostic Imaging Services Table (DIST) or remain as a medical procedure in the General Medical Services Table (GMST)? What would the rationale for this be?

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 BIWG'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 BIWG. 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 BIWG. The BIWG will consider the feedback and evidence from stakeholders and finalise its recommendations to the Government on the selected ultrasound items. The BIWG's final report is expected to be completed by the end of 2024. If additional funding is recommended, the Government will need to seek authority for this funding through a Budget process.

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

Appendix A: MBS Item Numbers for Review by Breast Imaging Working Group

Table 3: MBS Items in scope

Breast Imaging Working Group Item	Group	Short Descriptor	2024 MBS Fee
55066	I1: Ultrasound	Breasts, both, ultrasound scan of, in conjunction with a surgical procedure using interventional techniques (R)	$236.40
55070	I1: Ultrasound	Breast, one, ultrasound scan of (R)	$106.45
55071	I1: Ultrasound	Breast, one, ultrasound scan of, in conjunction with a surgical procedure using interventional techniques (R)	$224.60
55073	I1: Ultrasound	Breast, one, ultrasound scan of (NR)	$36.85
55076	I1: Ultrasound	Breasts, both, ultrasound scan of (R)	$118.25
55079	I1: Ultrasound	Breasts, both, ultrasound scan of (NR)	$40.95
59300	I3: Diagnostic Radiology	Mammography of both breasts (R)	$96.95
59302	I3: Diagnostic Radiology	Three dimensional tomosynthesis of both breasts (R)	$218.85
59303	I3: Diagnostic Radiology	Mammography of one breast (R)	$58.45
59305	I3: Diagnostic Radiology	Three dimensional tomosynthesis of one breast (R)	$123.45
59312	I3: Diagnostic Radiology	Radiographic examination of both breasts, in conjunction with a surgical procedure on each breast, using interventional techniques (R)	$94.25
59314	I3: Diagnostic Radiology	Radiographic examination of one breast, in conjunction with a surgical procedure using interventional techniques (R)	$56.90
59318	I3: Diagnostic Radiology	Radiographic examination of excised breast tissue to confirm satisfactory excision of one or more lesions in one breast or both (R)	$50.95

Appendix B: Utilisation Data

Table 4: 2023-2024 FY data for select breast imaging items

Item No.	Short Item Descriptor	2024 Schedule Fee	Ave Fee Charged	Average OOP	BBR	Utilisation	% In Hospital	% Rural (MM3-7)	% Female
55066	Breasts, both, ultrasound scan in conjunction with a surgical procedure using interventional techniques (R)	$244.65	$298.84	$149.45	32.8%	7,037	2.0%	6.0%	98.9%
55070	Breast, one, ultrasound scan of (R)	$110.20	$139.30	$113.12	62.8%	133,812	1.7%	18.1%	87.4%
55071	Breast, one, ultrasound scan of, in conjunction with a surgical procedure using interventional techniques (R)	$232.45	$267.51	$125.98	35.4%	35,138	6.6%	9.6%	97.3%
55076	Breasts, both, ultrasound scan of (R)	$122.40	$162.50	$115.30	51.7%	585,308	0.1%	11.2%	97.9%
59300	Mammography of both breasts (R)	$100.35	$145.99	$148.72	60.5%	8,827	1.2%	12%	99.1%
59302	Three dimensional tomosynthesis of both breasts (R)	$226.50	$271.11	$133.28	45.9%	353,476	0.1%	11.1%	99.6%
59303	Mammography of one breast (R)	$60.50	$80.75	$53.70	37.9%	9,966	24.3%	8.9%	99.7%
59305	Three dimensional tomosynthesis of one breast (R)	$127.75	$158.78	$107.88	56.7%	44,016	2.5%	13.6%	99.3%
59312	Radiographic examination of both breasts, in conjunction with a surgical procedure on each breast, using interventional techniques (R)	$97.55	$137.60	$69.49	28.2%	142	9.9%	16.4%	100.0%
59314	Radiographic examination of one breast, in conjunction with a surgical procedure using interventional techniques (R)	$58.90	$109.52	$85.20	22.0%	7,888	23.5%	5.6%	100.0%
59318	Radiographic examination of excised breast tissue to confirm satisfactory excision of one or more lesions in one breast or both (R)	$52.75	$81.65	$60.60	9.4%	4,306	86.5%	6.7%	100.0%

Table 5: Five-year data trend

Item	Brief Description	Services			Bulk-billing rate		Average Out-of-Pocket		
		2023	5 year change	% change	2023	5 year change	2023	5 Year change	% change
55066	Breasts, both, ultrasound scan of, in conjunction with a surgical procedure using interventional techniques (R)	6,785	-	-	37.3%	-	$142.25	-	-
55070	Breast, one, ultrasound scan of (R)	135,170	-15,229	-10.1%	64.9%	-8.4%	$111.11	$7.13	6.9%
55071	Breast, one, ultrasound scan of, in conjunction with a surgical procedure using interventional techniques (R)	33,845	-	-	37.4%	-	$121.67	-	-
55073	Breast, one, ultrasound scan of (NR)	5,180	505	10.8%	50.5%	-7.1%	$16.21	$2.89	21.7%
55076	Breasts, both, ultrasound scan of (R)	580,417	31,220	5.7%	54.4%	-9.4%	$113.25	$10.20	9.9%
55079	Breasts, both, ultrasound scan of (NR)	853	-596	-41.1%	58.3%	-16.3%	$35.10	$9.42	36.7%
59300	Mammography of both breasts (R)	9,690	-45,149	-82.3%	57.5%	-6.4%	$152.11	$48.81	47.3%
59302	Three dimensional tomosynthesis of both breasts (R)	353,032	42,597	13.7%	48.0%	-6.2%	$129.95	$19.22	17.4%
59303	Mammography of one breast (R)	9,674	-4,175	-30.1%	38.1%	-25.8%	$49.61	-$9.03	-15.4%
59305	Three dimensional tomosynthesis of one breast (R)	44,421	3,325	8.1%	58.0%	-6.2%	$103.83	$15.24	17.2%
59312	Radiographic examination of both breasts, in conjunction with a surgical procedure on each breast, using interventional techniques (R)	129	28	27.7%	34.9%	-21.6%	$82.73	$8.46	11.4%
59314	Radiographic examination of one breast, in conjunction with a surgical procedure using interventional techniques (R)	7,151	1,743	32.2%	24.4%	-8.4%	$88.29	$4.60	5.5%
59318	Radiographic examination of excised breast tissue to confirm satisfactory excision of one or more lesions in one breast or both (R)	4,142	-3,618	-46.6%	10.4%	-10.1%	$56.92	$20.05	54.4%