



Changes to eligibility for magnetic resonance imaging (MRI) equipment from 1 July 2025

Last updated: 11 June 2025

- The Medicare licencing arrangements for magnetic resonance imaging (MRI) machines located in Modified Monash (MM) 1 areas will occur in two stages, from 1 July 2025 and 1 July 2027.
- MRI machines in MM 1 areas must have a Deed of Undertaking (often referred to as a licence) to provide Medicare-eligible services.
- Other Medicare requirements for MRI services still need to be met, including accreditation, comprehensive practice requirements and requesting requirements.

What are the changes?

There will be two stages to the expansion of MRI eligibility for Medicare services in metropolitan areas (located in an MM 1 area). Please note Stage 2 is subject to the passage of legislation.

Stage 1: From 1 July 2025, equipment-based licences with the Commonwealth will be replaced by practice-based licences. This will mean that all partial and ineligible MRIs at a practice with an existing licence will become fully Medicare-eligible.

Stage 2: From 1 July 2027, the requirement for MRI equipment to have a licence with the Commonwealth will be removed. This will mean all existing and new MRIs will become fully Medicare-eligible.

Why are the changes being made?

MRI scans play an important role in the diagnosis and management of patient health. Expanding Medicare funding for services performed on MRI machines in MM 1 areas will improve patient access to timely and affordable MRI services.

What does this mean for providers?

Prior to 1 July 2025, practices with an existing Deed of Undertaking for MRI eligibility (equipment-based) will be revoked and replaced with a new Deed of Undertaking for the practice (a practice-based licence).

Existing legislative requirements for the requesting and provision of MRI services still apply. The Medicare-eligible services are listed in the Medicare Benefits Schedule (MBS) and are available to search on the Department of Health, Disability and Ageing (the department) MBS Online website at www.mbsonline.gov.au.

In line with existing MRI requirements, to deliver Medicare-eligible MRI services, practices with new or existing MRIs will need to ensure that:

- they are a comprehensive diagnostic imaging practice (see **Attachment A** for definition); and
- they are an accredited imaging practice under the Diagnostic Imaging Accreditation Scheme (see **Attachment A** for definition); and
- they comply with the existing personal supervision and associated eligible provider requirements (see **Attachment A** for summary of requirements); and
- the MRI machine is listed on the Location Specific Practice Number Register (see **Attachment A** for definition); and
- the MRI machine is within its applicable life age (see **Attachment A** for definition).

How will these changes affect patients?

Patients seeking MRI services in MM 1 areas will have greater choice in which provider they can take their imaging request. Patients may also benefit from reduced waiting times, quicker diagnosis, more timely management of their conditions, and potentially less out-of-pocket costs due to increased competition.

How will the changes be monitored and reviewed?

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.

Private health insurance information on the product tier arrangements is available at 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.

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.

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.

Attachment A

Existing definition of accredited imaging practice

Diagnostic imaging practices require accreditation through the Diagnostic Imaging Accreditation Scheme to access Medicare benefit payments.

Accredited imaging practices are required to:

- have an approved accreditation agency at all times; and
- always comply with the standards and notify their accreditation agency when they become aware of a failure to meet the standards or satisfy an accreditation condition.

The Diagnostic Imaging Accreditation Scheme has been established under section 23DZZIAA of the [Health Insurance Act 1973](#).

Further information on the [Diagnostic Imaging Accreditation Scheme](#) is available on the Australian Commission on Safety and Quality in Health Care website.

There are no changes proposed to the definition of *accredited imaging practice* to implement these changes to eligibility for magnetic resonance imaging (MRI) equipment.

Existing definition of a comprehensive practice

The [Health Insurance \(Diagnostic Imaging Services Table\) Regulations \(No. 2\) 2020](#) defines a comprehensive practice as a medical practice, or a radiology department of a hospital, that provides X-ray, ultrasound and computed tomography services (whether or not it provides other services).

This definition defines eligible equipment for MRI services under clause 2.5.5 and 2.5.6 of the regulations.

There are no changes proposed to the definition of *comprehensive practice* to implement these changes to eligibility for MRI equipment.

Existing definition of Location Specific Practice Number Register

The Location Specific Practice Number (LSPN) Register includes the Diagnostic Imaging Register kept under section 23DZK of the [Health Insurance Act 1973](#).

Practices that provide diagnostic imaging services, must register their information with Services Australia. Practices must:

- list their Medicare-eligible equipment on the LSPN Register; and
- gain accreditation before performing diagnostic imaging Medicare-eligible services; and
- notify Services Australia about any registration changes.

There are no changes proposed to the LSPN Register to implement these changes to eligibility for MRI equipment.

Existing personal supervision and eligible provider requirements

Personal supervision

Clause 2.5.3 of the [Health Insurance \(Diagnostic Imaging Services Table\) Regulations \(No. 2\) 2020](#) outlines personal supervision as part of the permissible circumstances for performing MRI and MRA services. A Medicare-eligible MRI service is performed in a permissible circumstance only if it is:

- a. both:
 - i. performed under the supervision of an eligible provider who is available to monitor and influence the conduct and diagnostic quality of the examination, including, if necessary, by personal attendance on the patient; and
 - ii. reported by an eligible provider; or
- b. performed in an emergency; or
- c. performed because of medical necessity, in a remote location.

A remote location means a place within Australia that is more than 30 kilometres by road from:

- a. a hospital that provides a radiology or computed tomography service under the direction of a specialist in the specialty of diagnostic radiology; or
- b. a free-standing radiology or computed tomography facility under the direction of a specialist in the specialty of diagnostic radiology.

Eligible provider

Clause 2.5.4 of the [Health Insurance \(Diagnostic Imaging Services Table\) Regulations \(No. 2\) 2020](#) sets out the eligible providers for particular MBS items. A person mentioned in column 2 of this extract of table 2.5.4 is an **eligible provider** for a corresponding MRI or magnetic resonance angiography (MRA) service, mentioned in column 1.

Extract of Table 2.5.4 – Eligible providers

Column 1	Column 2
MRI or MRA service	Person
A service to which none of items 63395 to 63397 apply	A person who: <ul style="list-style-type: none">(a) is a specialist in diagnostic radiology; and(b) satisfies the Chief Executive Medicare that the specialist is a participant in the Royal Australian and New Zealand College of Radiologists' Quality and Accreditation Program
A service to which any of items 63395 to 63397 apply	A person who is: <ul style="list-style-type: none">(a) a specialist in diagnostic radiology or a consultant physician; and(b) recognised by the Conjoint Committee for Certification in Cardiac MRI

There are no changes proposed to the supervision and eligible provider requirements to implement this change.

Existing definition of applicable life age of equipment

Clause 1.2.2 of the [Health Insurance \(Diagnostic Imaging Services Table\) Regulations \(No. 2\) 2020](#) sets out the age of equipment (extract of table 1.2.2 from the regulations is below).

Item	Type of Equipment	Definition of type of equipment	Effective Life Age (Years)	Maximum Extended Life Age (years)
7	MRI Equipment	Equipment primarily used in carrying out a diagnostic imaging procedure used in rendering a service to which an item in Group I5 applies	10	20

For MRI machines, the effective life age is 10 years, up to a maximum of 20 years, where it has been appropriately upgraded. MRI machines beyond this age will not be eligible for Medicare – even if they have a licence.

There are no changes proposed to applicable life age to implement these changes to eligibility for MRI equipment.