



CHANGES TO DIAGNOSTIC SERVICES FOR RESPIRATORY FUNCTION TESTS

Last updated: 4/02/2019

From 1 November 2018, there will be a number of changes to the Medicare Benefits Schedule (MBS) items for respiratory function tests, including those for spirometry.

These changes are relevant for specialists, consultant physicians, general practitioners and respiratory scientists.

The changes include the introduction of improved quality requirements, a contemporary list of MBS funded complex lung function tests, and a new higher-rebated item to encourage the use of well performed spirometry in general practice.

What are the changes?

The changes include:

- An amended item (11503) with a contemporary list of commonly performed complex lung function tests
- Two amended items (11506 and 11512) for spirometry, plus a new higher rebated spirometry item (11505) to encourage the use of well-performed spirometry in general practice (Fee: \$41.10)
- A new item (11507) for exhaled nitric oxide (FeNO) spirometry
- A new item (11508) for cardiopulmonary exercise testing (CPET)

To learn more about the changes, please see [Respiratory detailed factsheet](#) and the [Thoracic medicine item descriptors](#).

What does this mean for specialists?

From 1 November 2018, specialists will need to adjust their billing practices in line with the new and amended items, ensuring the services they provide meet the requirements of the new item descriptors.

What does this mean for general practitioners?

General practitioners will also need to adjust their billing practices, particularly in relation to the services they provide for office-based spirometry (items 11505 and 11506).

What else do I need to know?

The changes will mean that some practitioners will no longer be able to report on tests performed under items 11503 and 11512. This is because a consultant respiratory physician will be responsible for the issuing of written reports on tests performed under these items.

Why are the changes being made?

The changes will ensure patients have access to MBS services that reflect modern clinical practice with improved quality requirements. Spirometry has an important role in confirming the diagnosis of asthma, chronic obstructive pulmonary disease (COPD) and other causes of



airflow limitation. Currently, these conditions are both under and over-diagnosed and as a consequence, patients may not be receiving the best medication to treat their condition.

The current list of MBS complex lung function tests under item 11503 were introduced some time ago and have become outdated.

What do I tell patients?

These changes will ensure that patients have access to contemporary care and that the use of appropriate, well-performed complex lung function tests and spirometry are incentivised.

When will this change be reviewed?

The Department of Health will continue to review this change in consultation with the profession.

Where can I find more information?

Detailed information on the changes can be found on the MBS Online website and by calling the Department of Human Services on 132 150.

A [webinar](#) about the changes to thoracic medicine was hosted by the Department on 29 November 2018. A questions and answers document which includes the responses to the questions submitted during the webinar and shortly following can be viewed [here](#).