



1 November 2022 Quick Reference Guide: Diagnostic Imaging Changes

New items: 55740 55741 55742 55743 55757
 55758 61612 63549 63563

Amended items: 55700 55703 55704 55705 55706
 55709* 55707 55708 55712 55715
 55718 55723* 55721 55725 55759
 55762 55764 55766 55768 55770
 55772 55774 61333 61336 61341
 63454 63464 63545

Deleted items: 61311 61332 61365 61377 61380
 61418 61422 61337 61344

*These non-requested Medicare Benefits Schedule (MBS) items are aligned in the QRG with its equivalent requested MBS item.

New and amended listings recommended by the Medical Services Advisory Committee (MSAC)

- Several changes will be made to obstetric and gynaecological diagnostic imaging MBS services to help improve the health outcomes of pregnant women. The changes include:
 - A new MBS item will be available for a magnetic resonance imaging (MRI) scan for patients with a multiple pregnancy (MBS item 63549) where fetal abnormality is suspected.
 - An amendment to the current MRI scan for a patient who is pregnant (MBS item 63454) to provide support for patients with suspected fetal abnormalities.
 - Six new ultrasound items for:
 - Assessing fetal development and morphology for a patient with a multiple pregnancy [MBS items 55740 (R) and 55741 (NR)]; and
 - Measuring fetal nuchal translucency in a patient with a multiple pregnancy [MBS items 55742 (R) and 55743 (NR)]; and
 - Assessing the cervical length of a patient to determine risk of preterm labour [MBS items 55757 (R) and 55758 (NR)]

- Amendments to existing obstetric and gynaecological ultrasound items to reflect the appropriate model of care for the patient by preventing the co-claiming of new obstetric ultrasound items and ensure consistent language across the obstetric ultrasound items.
- A new fluorodeoxyglucose positron emission tomography (FDG-PET) service (MBS item 61612) for initial staging for patients diagnosed with rare and uncommon cancers who are considered suitable for active therapy.
- An amendment to the current MRI of the breast item (MBS item 63464) for patients who are asymptomatic and at high risk of developing breast cancer. This item is currently restricted to patients under 50 years of age and will be expanded to include patients under 60 years of age.
- An amendment to the current MRI of the liver service (MBS item 63545) to include all cancer types, excluding hepatocellular carcinoma (MBS item 63546), that may have spread to the liver to help guide appropriate treatment.
- Three PET services (MBS items 61333, 61336 and 61341) will be available to assist patients to access alternative PET imaging services when the preferred nuclear medicine imaging scan is not available due to supply disruptions of the radiopharmaceutical technetium-99m. These items had previously been made available on a temporary basis but will now be permanently available. Other MBS PET items previously made available temporarily will not be continued.

New listing recommended by the MBS Review Taskforce

- A new MRI scan of the pelvis service (MBS item 63563) to investigate sub-fertility in patients with known or suspected deep endometriosis and other conditions which may affect fertility. This service will support investigating congenital abnormalities of the uterus (Mullerian duct anomalies), identifying the cause of recurrent implantation failure following in vitro fertilisation (IVF) and identifying rectal involvement of endometriosis.

Private health insurance arrangements

- All new diagnostic imaging services will be categorised under clinical category of 'Support list (DI)' and classified as a Type C procedure.
- All deleted items will be removed from Schedule 3 of the *Private Health Insurance (Benefit Requirements) Rules 2011*. There are no changes to the *Private Health Insurance (Complying Product) Rules 2015* as diagnostic items are automatically categorised as Support treatments which are not specifically listed in the Complying Product Rules.
- Private Health Insurance classifications and categorisations are subject to the making and registration of the *Private Health Insurance (Complying Product) Rules 2015* and *Private Health Insurance (Benefit Requirements) Rules 2011*.



New item – 55740 – Pelvic ultrasound for multiple pregnancy at 12 - 16 weeks gestation (R)

Overview: This MBS item has been introduced following a recommendation from MSAC to support the introduction of new MBS items for 12 – 16 week morphology ultrasound for multiple gestation pregnancies.

Descriptor:

- 55740 Pelvis or abdomen, pregnancy-related or pregnancy complication, fetal development and anatomy, ultrasound (the **current ultrasound**) scan of, by any or all approaches, for determining the structure, gestation, location, viability or number of fetuses, if:
- (a) an ultrasound of the same pregnancy confirms a multiple pregnancy; and
 - (b) the dating of the pregnancy (as confirmed by the current ultrasound) is 12 to 16 weeks of gestation; and
 - (c) the current ultrasound is not performed on the same patient within 24 hours of a service mentioned in another item in this Subgroup (R)

Indication:

- New item 55740 applies when requested by a medical practitioner, specialist or consultant physician.

Other requirements:

- The requesting practitioner must state on the request form the relevant condition or clinical indication for the service.
- Due to the ongoing risks and complications associated with multiple pregnancies regardless of pregnancy outcomes, any pregnancy identified as multiple at the commencement of the second trimester (13 weeks + 0 days) should continue to utilise the multiple pregnancy items for the duration of that pregnancy.

Billing requirement:

- Item 55740 cannot be performed within 24 hours of another item in Subgroup 5 of Group I1.
- Item 55740 can be performed as often as clinically required.

1 November 2022 MBS fee: \$108.30

It is intended that an EMSN Cap will be introduced to this item from 1 January 2023.

Proposed Private Health Insurance Classifications:

- **Proposed Clinical Category:** Support list (DI)
- **Proposed Procedure Type:** Type C

New item – 55741 – Pelvic ultrasound for multiple pregnancy at 12 - 16 weeks gestation (NR)

Overview: This MBS item has been introduced following a recommendation from MSAC to support the introduction of new MBS items for 12 – 16 week morphology ultrasound for multiple gestation pregnancies.

Descriptor:

55741 Pelvis or abdomen, pregnancy-related or pregnancy complication, fetal development and anatomy, ultrasound (the **current ultrasound**) scan of, by any or all approaches, for determining the structure, gestation, location, viability or number of fetuses, if:

- (a) an ultrasound of the same pregnancy confirms a multiple pregnancy; and
- (b) the dating of the pregnancy (as confirmed by the current ultrasound) is 12 to 16 weeks of gestation; and
- (c) the current ultrasound is not performed on the same patient within 24 hours of a service mentioned in another item in this Subgroup (NR)

Other requirements:

- For NR type obstetric and gynaecological ultrasound services, the clinical notes of the service must state the relevant condition or clinical indication for the service.
- Due to the ongoing risks and complications associated with multiple pregnancies regardless of pregnancy outcomes, any pregnancy identified as multiple at the commencement of the second trimester (13 weeks + 0 days) should continue to utilise the multiple pregnancy items for the duration of that pregnancy.

Billing requirement:

- Item 55741 cannot be performed within 24 hours of another item in Subgroup 5 of Group I1.
- Item 55741 can be performed up to three times per pregnancy, provided no other NR item has been performed.

1 November 2022 MBS fee: \$54.10

It is intended that an EMSN Cap will be introduced to this item from 1 January 2023.

Proposed Private Health Insurance Classifications:

- **Proposed Clinical Category:** Support list (DI)
- **Proposed Procedure Type:** Type C

New item – 55742 – Pelvic ultrasound for nuchal translucency multiple pregnancy (R)

Overview: This MBS item has been introduced following a recommendation from MSAC to support the introduction of new multiple pregnancy nuchal translucency MBS items to parallel singleton items 55707 (R) and 55708 (NR).

Descriptor:

55742 Pelvis or abdomen, pregnancy-related or pregnancy complication, fetal development and anatomy, ultrasound (the **current ultrasound**) scan of, by any or all approaches, if:

- (a) an ultrasound of the same pregnancy confirms a multiple pregnancy; and
- (b) the pregnancy (as confirmed by the current ultrasound) is dated by a fetal crown rump length of 45 to 84 mm; and
- (c) nuchal translucency measurement is performed to assess the risk of fetal abnormality; and
- (d) the current ultrasound is not performed on the same patient within 24 hours of a service mentioned in another item in this Subgroup (R)

Indication:

- New item 55742 applies when requested by a medical practitioner, specialist or consultant physician.

Other requirements:

- The requesting practitioner must state on the request form the relevant condition or clinical indication for the service.

Billing requirement:

- Item 55742 cannot be performed within 24 hours of a service mentioned in another item in Subgroup 5 of Group I1.
- Item 55742 can only be performed once per pregnancy.

1 November 2022 MBS fee: \$108.30

It is intended that an EMSN Cap will be introduced to this item from 1 January 2023.

Proposed Private Health Insurance Classifications:

- **Proposed Clinical Category:** Support list (DI)
- **Proposed Procedure Type:** Type C

New item – 55743 – Pelvic ultrasound for nuchal translucency multiple pregnancy (NR)

Overview: This MBS item has been introduced following a recommendation from MSAC to support the introduction of new multiple pregnancy nuchal translucency MBS items to parallel singleton items 55707 (R) and 55708 (NR).

Descriptor:

55743 Pelvis or abdomen, pregnancy-related or pregnancy complication, fetal development and anatomy, ultrasound (the **current ultrasound**) scan of, by any or all approaches, if:

- (a) an ultrasound of the same pregnancy confirms a multiple pregnancy; and
- (b) the pregnancy (as confirmed by the current ultrasound) is dated by a fetal crown rump length of 45 to 84 mm; and
- (c) nuchal translucency measurement is performed to assess the risk of fetal abnormality; and
- (d) the current ultrasound is not performed on the same patient within 24 hours of a service mentioned in another item in this Subgroup (NR)

Other requirements:

- For NR type obstetric and gynaecological ultrasound services, the clinical notes of the service must state the relevant condition or clinical indication for the service.

Billing requirement:

- Item 55743 cannot be performed within 24 hours of a service mentioned in another item in Subgroup 5 of Group I1.
- Item 55743 can only be performed once per pregnancy.

1 November 2022 MBS fee: \$54.10

It is intended that an EMSN Cap will be introduced to this item from 1 January 2023.

Proposed Private Health Insurance Classifications:

- **Proposed Clinical Category:** Support list (DI)
- **Proposed Procedure Type:** Type C

New item – 55757 – Pelvic ultrasound for cervical length assessment at 14 – 30 weeks gestation (R)

Overview: This MBS item has been introduced following a recommendation from MSAC to support the introduction of new MBS items for cervical length assessment for threatened preterm labour for 14 – 30 weeks gestation.

Descriptor:

55757 Pelvis or abdomen, ultrasound (the **current ultrasound**) scan of, for cervical length assessment for risk of preterm labour, by any or all approaches, if:

- (a) the dating of the pregnancy (as confirmed by the current ultrasound) is between 14 and 30 weeks of gestation; and
- (b) any of the following apply:
 - (i) the patient has a history indicating high risk of preterm labour or birth or second trimester fetal loss;
 - (ii) the patient has symptoms suggestive of threatened preterm labour or second trimester fetal loss;
 - (iii) the patient's cervical length is less than 25 mm on an ultrasound before 28 weeks gestation; and
- (c) the current ultrasound is not performed on the same patient within 24 hours of a service mentioned in another item in this Subgroup (R)

Indication:

- New item 55757 applies when requested by a medical practitioner, specialist or consultant physician.

Other requirements:

- The requesting practitioner must state on the request form the relevant condition or clinical indication for the service.

Billing requirement:

- Item 55757 cannot be performed within 24 hours of another item in Subgroup 5 of Group I1.
- Item 55757 can be performed as often as clinically required.

1 November 2022 MBS fee: \$51.55

It is intended that an EMSN Cap will be introduced to this item from 1 January 2023.

Proposed Private Health Insurance Classifications:

- **Proposed Clinical Category:** Support list (DI)
- **Proposed Procedure Type:** Type C

New item – 55758 – Pelvic ultrasound for cervical length assessment at 14 – 30 weeks gestation (NR)

Overview: This MBS item has been introduced following a recommendation from MSAC to support the introduction of new MBS items for cervical length assessment for threatened preterm labour for 14 – 30 weeks gestation.

Descriptor:

- 55758 Pelvis or abdomen, ultrasound (the current ultrasound) scan of, for cervical length assessment for risk of preterm labour, by any or all approaches, if:
- (a) the dating of the pregnancy (as confirmed by the current ultrasound) is between 14 and 30 weeks of gestation; and
 - (b) any of the following apply:
 - (i) the patient has a history indicating high risk of preterm labour or birth or second trimester fetal loss;
 - (ii) the patient has symptoms suggestive of threatened preterm labour or second trimester fetal loss;
 - (iii) the patient's cervical length is less than 25 mm on an ultrasound before 28 weeks gestation; and
 - (c) the current ultrasound is not performed on the same patient within 24 hours of a service mentioned in another item in this Subgroup (NR)

Other requirements:

- For NR type obstetric and gynaecological ultrasound services, the clinical notes of the service must state the relevant condition or clinical indication for the service.

Billing requirement:

- Item 55758 cannot be performed within 24 hours of another item in Subgroup 5 of Group I1.
- Item 55758 can be performed as often as clinically required.

1 November 2022 MBS fee: \$19.60

It is intended that an EMSN Cap will be introduced to this item from 1 January 2023.

Proposed Private Health Insurance Classifications:

- **Proposed Clinical Category:** Support list (DI)
- **Proposed Procedure Type:** Type C

New item – 61612 – PET for the initial staging of eligible cancer types (R)

Overview: This MBS item has been introduced following a recommendation from MSAC to support the introduction of a new MBS item for initial staging by FDG-PET of rare or uncommon cancer types meeting certain qualification criteria.

Descriptor:

61612 Whole body FDG PET study for the initial staging of eligible cancer types, for a patient who is considered suitable for active therapy, if:

(a) the eligible cancer type is:

- (i) a rare or uncommon cancer (less than 12 cases per 100,000 persons per year); and
- (ii) a typically FDG-avid cancer; and

(b) there is at least a 10% likelihood that the PET study result will inform a significant change in management for the patient

Applicable once per cancer diagnosis (R)

Indication:

- New item 61612 can only be requested by a specialist or consultant physician following a clinical evaluation that the patient is suitable for active therapy, requires initial FDG-PET staging to support this therapy and meets certain qualification criteria, including having a rare or uncommon cancer type.

Other requirements:

Clinical Notes and Diagnostic Imaging Request

The requesting specialist or consultant physician **is to record** in the clinical notes and the imaging request that the patient has a rare or uncommon cancer that meets the eligibility criteria as stated in the item descriptor.

What are Rare or Uncommon Cancer Types?

The following are considered rare or uncommon cancer types:

- anal cancer
- bladder cancer
- brain and other central nervous system (cancer of the)
- brain cancer
- gallbladder and extrahepatic bile ducts (cancer of the)
- gastrointestinal stromal tumours (GIST)
- Kaposi sarcoma
- liver cancer
- Merkel cell cancer
- Mesothelioma
- multiple myeloma
- ovarian cancer (incidence only)
- ovarian cancer and serous carcinomas of the fallopian tube
- pancreatic cancer
- penile cancer
- peritoneal cancer
- placenta cancer
- small cell lung cancer
- small intestine (cancer of the)
- stomach cancer

- testicular cancer
- thyroid cancer
- unknown primary site (cancer of)
- uterine cancer
- vaginal cancer
- vulvar cancer.

Billing requirement:

- Item 61612 can only be performed once per cancer diagnosis.

1 November 2022 MBS fee: \$953.00

Proposed Private Health Insurance Classifications:

- **Proposed Clinical Category:** Support list (DI)
- **Proposed Procedure Type:** Type C

New item – 63549 – MRI of the pelvis or abdomen for multiple pregnancy with suspected fetal abnormality (R)

Overview: This MBS item has been introduced following a recommendation from MSAC to support the introduction of a new MBS item for obstetrics MRI for patients with a multiple pregnancy and a suspected fetal abnormality.

Descriptor:

63549 MRI—scan of the pelvis or abdomen, for a patient with a multiple pregnancy, if:

- (a) the multiple pregnancy is at, or after, 18 weeks gestation; and
- (b) fetal abnormality is suspected; and
- (c) an ultrasound has been performed and is provided by, or on behalf of, or at the request of, a specialist who is practising in the specialty of obstetrics; and
- (d) the diagnosis of fetal abnormality as a result of the ultrasound is indeterminate or requires further examination; and
- (e) the MRI service is requested by a specialist practising in the specialty of obstetrics

(R) (Anaes.) (Contrast)

Indication:

- New item 63549 can only be requested by a specialist practising in the specialty of obstetrics and applies to patients with multiple pregnancies who have a suspected fetal abnormality.

Other requirements:

Clinical Notes and Diagnostic Imaging Request

For item 63549 the requesting specialist practising in the specialty of obstetrics **is to record** in their clinical notes and the imaging request:

- the patient has a multiple pregnancy; and
- the pregnancy is at, or after, 18 weeks gestation; and
- fetal abnormality is suspected; and;
- an ultrasound has been previously performed and diagnosis of fetal abnormality is indeterminate or requires further examination of the patient.

Billing requirement:

- For item 63549, “at or after 18 weeks gestation” means from 18 weeks 0 days of pregnancy onwards as confirmed by an ultrasound.
- Item 63549 can be performed as often as clinically required.

1 November 2022 MBS fee: \$1,828.80

Proposed Private Health Insurance Classifications:

- **Proposed Clinical Category:** Support list (DI)
- **Proposed Procedure Type:** Type C

New item – 63563 – MRI of the pelvis or abdomen for sub-fertility and deep endometriosis (R)

Overview: This MBS item has been introduced on the recommendation of the MBS Review Taskforce to create a new MBS item of the pelvis for conditions that affect women’s fertility.

Descriptor:

- 63563 MRI—scan of the pelvis or abdomen, if the request for the scan identifies that the investigation is for:
- (a) sub-fertility that requires one or more of the following:
 - (i) an investigation of suspected Mullerian duct anomaly seen in pelvic ultrasound or hysterosalpingogram;
 - (ii) an assessment of uterine mass identified on pelvic ultrasound before consideration of surgery;
 - (iii) an investigation of recurrent implantation failure in IVF (2 or more embryo transfer cycles without viable pregnancy); or
 - (b) surgical planning of a patient with known or suspected deep endometriosis involving the bowel, bladder or ureter (or any combination of the bowel, bladder or ureter), where the results of pelvic ultrasound are inconclusive
- Applicable not more than once in a 2 year period (R) (Anaes.) (Contrast)

Indication:

- New item 63563 can be requested by a specialist or consultant physician and applies to patients who experience sub-fertility or deep endometriosis.

Other requirements:

Clinical Notes and Diagnostic Imaging Request

For item 63563 the requesting specialist or consultant physician **is to record** in their clinical notes and the imaging request that the scan is for the investigation of

- sub-fertility requiring one or more of the following:
 - an investigation of suspected Mullerian duct anomaly seen in pelvic ultrasound or hysterosalpingogram;
 - an assessment of uterine mass identified on pelvic ultrasound before consideration of surgery;
 - an investigation of recurrent implantation failure in IVF (2 or more embryo transfer cycles without viable pregnancy); or
- surgical planning of a patient with known or suspected deep endometriosis involving either the bowel, bladder or ureter, where the results of pelvic ultrasound are inconclusive.

Definitions

- “Recurrent implantation failure” is defined as failure to establish clinical pregnancy following two or more embryo transfer cycles. The number of embryos per cycle can be one or more.
- “Viable pregnancy” is defined as any pregnancy that results in a live birth.

Billing requirement:

- Item 63563 can only be performed once in any 2 year period.

1 November 2022 MBS fee: \$409.65

Proposed Private Health Insurance Classifications:

- **Proposed Clinical Category:** Support list (DI)
- **Proposed Procedure Type:** Type C

Amended item – 55700 – Pelvic ultrasound less than 12 weeks gestation (R)

Overview: The descriptor has been amended to restrict item 55700 being performed within 24 hours of items 55704 (R), 55705 (NR), 55707 (R), 55708 (NR), 55740 (R), 55741 (NR), 55742 (R) or 55743 (NR). Minor administrative changes have also been made to the descriptor.

Descriptor:

55700 Pelvis or abdomen, pregnancy-related or pregnancy complication, ultrasound (the **current ultrasound**) scan of, by any or all approaches, for determining the gestation, location, viability or number of fetuses, if:

- (a) the dating of the pregnancy (as confirmed by the current ultrasound) is less than 12 weeks of gestation; and
- (b) the current ultrasound is not performed on the same patient within 24 hours of a service mentioned in item 55704, 55705, 55707, 55708, 55740, 55741, 55742 or 55743 (R)

Indication:

- Minor changes to the descriptor have been made to make it clear that the item is referring to the current ultrasound and also restricting the claiming of the service within 24 hours of some other ultrasound services.

Billing requirement:

- Item 55700 cannot be performed within 24 hours of items 55704, 55705, 55707, 55708, 55740, 55741, 55742 or 55743.
- Item 55700 can be performed as often as clinically required.

MBS fee: \$62.45 (no change)

Private Health Insurance Classifications: (no change)

- **Clinical Category:** Support list (DI)
- **Procedure Type:** Type C

Amended item – 55703 – Pelvic ultrasound less than 12 weeks gestation (NR)

Overview: The descriptor has been amended to restrict item 55703 being performed within 24 hours of items 55704 (R), 55705 (NR), 55707 (R), 55708 (NR), 55740 (R), 55741 (NR), 55742 (R) or 55743 (NR). Minor administrative changes have also been made to the descriptor.

Descriptor:

55703 Pelvis or abdomen, pregnancy-related or pregnancy complication, ultrasound (the **current ultrasound**) scan of, by any or all approaches, for determining the gestation, location, viability or number of fetuses, if:

- (a) the dating of the pregnancy (as confirmed by the current ultrasound) is less than 12 weeks of gestation; and
- (b) the current ultrasound is not performed on the same patient within 24 hours of a service mentioned in item 55704, 55705, 55707, 55708, 55740, 55741, 55742 or 55743 (NR)

Indication:

- Minor descriptor changes have been made to make it clear that the item is referring to the current ultrasound and also restricting the claiming of the service within 24 hours of some other ultrasound services.

Billing requirement:

- Item 55703 cannot be performed within 24 hours of items 55704, 55705, 55707, 55708, 55740, 55741, 55742 or 55743.
- Item 55703 can be performed up to three times per pregnancy, provided no other NR item has been performed.

MBS fee: \$36.35 (no change)

Private Health Insurance Classifications: (no change)

- **Clinical Category:** Support list (DI)
- **Procedure Type:** Type C

Amended item – 55704 – Pelvic ultrasound 12 to 16 weeks gestation (R)

Overview: The descriptor has been amended to restrict item 55704 being performed within 24 hours of another item in Subgroup 5 of Group I1. Minor administrative changes have also been made to the descriptor.

Descriptor:

- 55704 Pelvis or abdomen, pregnancy-related or pregnancy complication, fetal development and anatomy, ultrasound (the **current ultrasound**) scan of, by any or all approaches, for determining the structure, gestation, location, viability or number of fetuses, if:
- (a) the dating of the pregnancy (as confirmed by the current ultrasound) is 12 to 16 weeks of gestation; and
 - (b) the current ultrasound is not performed on the same patient within 24 hours of a service mentioned in another item in this Subgroup (R)

Indication:

- Minor changes to the descriptor have been made to make it clear that the item is referring to the current ultrasound and also restricting the claiming of the service within 24 hours of another item in Subgroup 5 of Group I1.

Billing requirement:

- Item 55704 cannot be performed within 24 hours of another item in Subgroup 5 of Group I1.
- Item 55704 can be performed as often as clinically required.

MBS fee: \$72.85 (no change)

Private Health Insurance Classifications: (no change)

- **Clinical Category:** Support list (DI)
- **Procedure Type:** Type C

Amended item – 55705 – Pelvic ultrasound 12 to 16 weeks gestation (NR)

Overview: The descriptor has been amended to restrict item 55705 being performed within 24 hours of another item in Subgroup 5 of Group I1. Minor administrative changes have also been made to the descriptor.

Descriptor:

- 55705 Pelvis or abdomen, pregnancy-related or pregnancy complication, fetal development and anatomy, ultrasound (the **current ultrasound**) scan of, by any or all approaches, for determining the structure, gestation, location, viability or number of fetuses, if:
- (a) the dating of the pregnancy (as confirmed by the current ultrasound) is 12 to 16 weeks of gestation; and
 - (b) the current ultrasound is not performed on the same patient within 24 hours of a service mentioned in another item in this Subgroup (NR)

Indication:

- Minor changes to the descriptor have been made to make it clear that the item is referring to the current ultrasound and also restricting the claiming of the service within 24 hours of another item in Subgroup 5 of Group I1.

Billing requirement:

- Item 55705 cannot be performed within 24 hours of a service mentioned in another item in Subgroup 5 of Group I1.
- Item 55705 can be performed up to three times per pregnancy, provided no other NR item has been performed.

MBS fee: \$36.35 (no change)

Private Health Insurance Classifications: (no change)

- **Clinical Category:** Support list (DI)
- **Procedure Type:** Type C

Amended item – 55706 – Pelvic ultrasound 17 to 22 weeks gestation (R)

Overview: The descriptor has been amended to restrict item 55706 being performed within 24 hours of items 55757 (R) or 55758 (NR). Minor administrative changes have also been made to the descriptor.

Descriptor:

- 55706 Pelvis or abdomen, pregnancy-related or pregnancy complication, fetal development and anatomy, ultrasound (the **current ultrasound**) scan of, by any or all approaches, with measurement of all parameters for dating purposes, if
- (a) the dating for the pregnancy (as confirmed by the current ultrasound) is 17 to 22 weeks of gestation; and
 - (b) the current ultrasound:
 - (i) is not performed in the same pregnancy as item 55709; and
 - (ii) is not performed on the same patient within 24 hours of a service mentioned in item 55757 or 55758 (R)

Indication:

- Minor changes to the descriptor have been made to make it clear that the item is referring to the current ultrasound and also restricting the claiming of the service within 24 hours of items 55757 or 55758.

Billing requirement:

- Item 55706 cannot be performed in the same pregnancy as item 55709.
- Item 55706 cannot be performed within 24 hours of a service mentioned in item 55757 or 55758.
- Item 55706 can only be performed once per pregnancy.

MBS fee: \$104.05 (no change)

Private Health Insurance Classifications: (no change)

- **Clinical Category:** Support list (DI)
- **Procedure Type:** Type C

Amended item – 55709 – Pelvic ultrasound 17 to 22 weeks gestation (NR)

Overview: The descriptor has been amended to restrict item 55709 being performed within 24 hours of items 55757 (R) or 55758 (NR). Minor administrative changes have also been made to the descriptor.

Descriptor:

55709 Pelvis or abdomen, pregnancy-related or pregnancy complication, fetal development and anatomy, ultrasound (the **current ultrasound**) scan of, by any or all approaches, with measurement of all parameters for dating purposes, if

- (a) the dating for the pregnancy (as confirmed by the current ultrasound) is 17 to 22 weeks of gestation; and
- (b) the current ultrasound:
 - (i) is not performed in the same pregnancy as item 55706; and
 - (ii) is not performed on the same patient within 24 hours of a service mentioned in item 55757 or 55758 (NR)

Indication:

- Minor changes to the descriptor have been made to make it clear that the item is referring to the current ultrasound and also restricting the claiming of the service within 24 hours of items 55757 or 55758.

Billing requirement:

- Item 55709 cannot be performed in the same pregnancy as item 55706.
- Item 55709 cannot be performed within 24 hours of a service mentioned in item 55757 or 55758.
- Item 55709 can only be performed once per pregnancy.

MBS fee: \$39.50 (no change)

Private Health Insurance Classifications: (no change)

- **Clinical Category:** Support list (DI)
- **Procedure Type:** Type C

Amended item – 55707 – Pelvic ultrasound for nuchal translucency (R)

Overview: The descriptor has been amended to restrict item 55707 being performed within 24 hours of another item in Subgroup 5 of Group I1. Minor administrative changes have also been made to the descriptor.

Descriptor:

- 55707 Pelvis or abdomen, pregnancy-related or pregnancy complication, fetal development and anatomy, ultrasound (the **current ultrasound**) scan of, by any or all approaches, if:
- (a) the pregnancy (as confirmed by the current ultrasound) is dated by a fetal crown rump length of 45 to 84 mm; and
 - (b) nuchal translucency measurement is performed to assess the risk of fetal abnormality; and
 - (c) the current ultrasound is not performed on the same patient within 24 hours of a service mentioned in another item in this Subgroup (R)

Indication:

- Minor changes to the descriptor have been made to make it clear that the item is referring to the current ultrasound and also restricting the claiming of the service within 24 hours of another item in Subgroup 5 of Group I1.

Billing requirement:

- Item 55707 cannot be performed within 24 hours of a service mentioned in another item in Subgroup 5 of Group I1.
- Item 55707 can only be performed once per pregnancy.

MBS fee: \$72.85 (no change)

Private Health Insurance Classifications: (no change)

- **Clinical Category:** Support list (DI)
- **Procedure Type:** Type C

Amended item – 55708 – Pelvic ultrasound for nuchal translucency (NR)

Overview: The descriptor has been amended to restrict item 55708 being performed within 24 hours of another item in Subgroup 5 of Group I1. Minor administrative changes have also been made to the descriptor.

Descriptor:

- 55708 Pelvis or abdomen, pregnancy-related or pregnancy complication, fetal development and anatomy, ultrasound (the **current ultrasound**) scan of, by any or all approaches, if:
- (a) the pregnancy (as confirmed by the current ultrasound) is dated by a fetal crown rump length of 45 to 84 mm; and
 - (b) nuchal translucency measurement is performed to assess the risk of fetal abnormality; and
 - (c) the current ultrasound is not performed on the same patient within 24 hours of a service mentioned in another item in this Subgroup (NR)

Indication:

- Minor changes to the descriptor have been made to make it clear that the item is referring to the current ultrasound and also restricting the claiming of the service within 24 hours of another item in Subgroup 5 of Group I1.

Billing requirement:

- Item 55708 cannot be performed within 24 hours of a service mentioned in another item in Subgroup 5 of Group I1.
- Item 55708 can only be performed once per pregnancy.

MBS fee: \$36.35 (no change)

Private Health Insurance Classifications: (no change)

- **Clinical Category:** Support list (DI)
- **Procedure Type:** Type C

Amended item – 55712 – Pelvic ultrasound for further examination at 17 to 22 weeks gestation (R)

Overview: The descriptor has been amended to restrict item 55712 being performed within 24 hours of items 55757 (R) or 55758 (NR). Minor administrative changes have also been made to the descriptor.

Descriptor:

- 55712 Pelvis or abdomen, pregnancy-related or pregnancy complication, fetal development and anatomy, ultrasound (the **current ultrasound**) scan of, by any or all approaches, with measurement of all parameters for dating purposes, if:
- (a) the current ultrasound is requested by a medical practitioner who:
 - (i) is a Member or a Fellow of the Royal Australian and New Zealand College of Obstetricians and Gynaecologists; or
 - (ii) has a Diploma of Obstetrics; or
 - (iii) has a qualification recognised by the Royal Australian and New Zealand College of Obstetricians and Gynaecologists as being equivalent to a Diploma of Obstetrics; or
 - (iv) has obstetric privileges at a non-metropolitan hospital; and
 - (b) the dating of the pregnancy (as confirmed by the current ultrasound) is 17 to 22 weeks of gestation; and
 - (c) further examination is clinically indicated after performance, in the same pregnancy, of a scan mentioned in item 55706 or 55709; and
 - (d) the current ultrasound is not performed on the same patient within 24 hours of a service mentioned in item 55757 or 55758 (R)

Indication:

- Minor changes to the descriptor have been made to make it clear that the item is referring to the current ultrasound and also restricting the claiming of the service within 24 hours of item 55757 or 55758.

Billing requirement:

- Item 55706 or 55709 should be performed prior to item 55712.
- Item 55712 cannot be performed within 24 hours of a service mentioned in item 55757 or 55758.
- Item 55712 can be performed as often as clinically required.

MBS fee: \$119.65 (no change)

Private Health Insurance Classifications: (no change)

- **Clinical Category:** Support list (DI)
- **Procedure Type:** Type C

Amended item – 55715 – Pelvic ultrasound for further examination at 17 to 22 weeks gestation (NR)

Overview: The descriptor has been amended to restrict item 55715 being performed within 24 hours of items 55757 (R) or 55758 (NR). Minor administrative changes have also been made to the descriptor.

Descriptor:

- 55715 Pelvis or abdomen, pregnancy-related or pregnancy complication, fetal development and anatomy, ultrasound (the **current ultrasound**) scan of, by any or all approaches, with measurement of all parameters for dating purposes, performed by or on behalf of a medical practitioner who is a Member or a Fellow of the Royal Australian and New Zealand College of Obstetricians and Gynaecologists, if:
- (a) the dating of the pregnancy (as confirmed by the current ultrasound) is 17 to 22 weeks of gestation; and
 - (b) further examination is clinically indicated after performance, in the same pregnancy, of a scan mentioned in item 55706 or 55709; and
 - (c) the current ultrasound is not performed on the same patient within 24 hours of a service mentioned in item 55757 or 55758 (NR)

Indication:

- Minor changes to the descriptor have been made to make it clear that the item is referring to the current ultrasound and also restricting the claiming of the service within 24 hours of item 55757 or 55758.

Billing requirement:

- Item 55706 or 55709 should be performed prior to item 55715.
- Item 55715 cannot be performed within 24 hours of a service mentioned in item 55757 or 55758.
- Item 55715 can be performed up to three times per pregnancy, provided no other NR item has been performed.

MBS fee: \$41.60 (no change)

Private Health Insurance Classifications: (no change)

- **Clinical Category:** Support list (DI)
- **Procedure Type:** Type C

Amended item – 55718 – Pelvic ultrasound after 22 weeks gestation (R)

Overview: The descriptor has been amended to restrict item 55718 being performed within 24 hours of items 55757 (R) or 55758 (NR). Minor administrative changes have also been made to the descriptor.

Descriptor:

- 55718 Pelvis or abdomen, pregnancy-related or pregnancy complication, fetal development and anatomy, ultrasound (the **current ultrasound**) scan of, by any or all approaches, if:
- (a) the dating of the pregnancy (as confirmed by the current ultrasound) is after 22 weeks of gestation; and
 - (b) the current ultrasound:
 - (i) is not performed in the same pregnancy as item 55723; and
 - (ii) is not performed on the same patient within 24 hours of a service mentioned in item 55757 or 55758 (R)

Indication:

- Minor changes to the descriptor have been made to make it clear that the item is referring to the current ultrasound and also restricting the claiming of the service within 24 hours of item 55757 or 55758.

Billing requirement:

- Item 55718 cannot be performed within the same pregnancy as item 55723.
- Item 55718 cannot be performed within 24 hours of a service mentioned in item 55757 or 55758.
- Item 55718 can only be performed once per pregnancy.

MBS fee: \$104.05 (no change)

Private Health Insurance Classifications: (no change)

- **Clinical Category:** Support list (DI)
- **Procedure Type:** Type C

Amended item – 55723 – Pelvic ultrasound after 22 weeks gestation (NR)

Overview: The descriptor has been amended to restrict item 55723 being performed within 24 hours of items 55757 (R) or 55758 (NR). Minor administrative changes have also been made to the descriptor.

Descriptor:

- 55723 Pelvis or abdomen, pregnancy-related or pregnancy complication, fetal development and anatomy, ultrasound (the **current ultrasound**) scan of, by any or all approaches, if:
- (a) the dating of the pregnancy (as confirmed by the current ultrasound) is after 22 weeks of gestation; and
 - (b) the current ultrasound:
 - (i) is not performed in the same pregnancy as item 55718; and
 - (ii) is not performed on the same patient within 24 hours of a service mentioned in item 55757 or 55758 (NR)

Indication:

- Minor changes to the descriptor have been made to make it clear that the item is referring to the current ultrasound and also restricting the claiming of the service within 24 hours of item 55757 or 55758.

Billing requirement:

- Item 55723 cannot be performed in the same pregnancy as item 55718.
- Item 55723 cannot be performed within 24 hours of a service mentioned in item 55757 or 55758.
- Item 55723 can only be performed once per pregnancy.

MBS fee: \$39.50 (no change)

Private Health Insurance Classifications: (no change)

- **Clinical Category:** Support list (DI)
- **Procedure Type:** Type C

Amended item – 55721 – Pelvic ultrasound further examination after 22 weeks gestation (R)

Overview: The descriptor has been amended to restrict item 55721 being performed within 24 hours of items 55757 (R) or 55758 (NR). Minor administrative changes have also been made to the descriptor.

Descriptor:

- 55721 Pelvis or abdomen, pregnancy-related or pregnancy complication, fetal development and anatomy, ultrasound (the **current ultrasound**) scan of, by any or all approaches, if:
- (a) the current ultrasound is requested by a medical practitioner who:
 - (i) is a Member or a Fellow of the Royal Australian and New Zealand College of Obstetricians and Gynaecologists; or
 - (ii) has a Diploma of Obstetrics; or
 - (iii) has a qualification recognised by the Royal Australian and New Zealand College of Obstetricians and Gynaecologists as being equivalent to a Diploma of Obstetrics; or
 - (iv) has obstetric privileges at a non-metropolitan hospital; and
 - (b) the dating of the pregnancy (as confirmed by the current ultrasound) is after 22 weeks of gestation; and
 - (c) further examination is clinically indicated in the same pregnancy to which item 55718 or 55723 applies; and
 - (d) the current ultrasound is not performed on the same patient within 24 hours of a service mentioned in item 55757 or 55758 (R)

Indication:

- Minor changes to the descriptor have been made to make it clear that the item is referring to the current ultrasound and also restricting the claiming of the service within 24 hours of item 55757 or 55758.

Billing requirement:

- Item 55718 or 55723 should be performed in the same pregnancy as item 55721.
- Item 55721 cannot be performed within 24 hours of a service mentioned in item 55757 or 55758.
- Item 55721 can be performed as often as clinically required.

MBS fee: \$119.65 (no change)

Private Health Insurance Classifications: (no change)

- **Clinical Category:** Support list (DI)
- **Procedure Type:** Type C

Amended item – 55725 – Pelvic ultrasound further examination after 22 weeks gestation (NR)

Overview: The descriptor has been amended to restrict item 55725 being performed within 24 hours of items 55757 (R) or 55758 (NR). Minor administrative changes have also been made to the descriptor.

Descriptor:

- 55725 Pelvis or abdomen, pregnancy-related or pregnancy complication, fetal development and anatomy, ultrasound (the **current ultrasound**) scan of, by any or all approaches, performed by or on behalf of a medical practitioner who is a Member or a Fellow of the Royal Australian and New Zealand College of Obstetricians and Gynaecologists, if:
- (a) the dating of the pregnancy (as confirmed by the current ultrasound) is after 22 weeks of gestation; and
 - (b) further examination is clinically indicated in the same pregnancy to which item 55718 or 55723 applies; and
 - (c) the current ultrasound is not performed on the same patient within 24 hours of a service mentioned in item 55757 or 55758 (NR)

Indication:

- Minor changes to the descriptor have been made to make it clear that the item is referring to the current ultrasound and also restricting the claiming of the service within 24 hours of item 55757 or 55758.

Billing requirement:

- Item 55718 or 55723 should be performed in the same pregnancy as item 55725.
- Item 55725 cannot be performed within 24 hours of a service mentioned in item 55757 or 55758.
- Item 55725 can be performed up to three times per pregnancy, provided no other NR item has been performed.

MBS fee: \$41.60 (no change)

Private Health Insurance Classifications: (no change)

- **Clinical Category:** Support list (DI)
- **Procedure Type:** Type C

Amended item – 55759 – Pelvic ultrasound for multiple pregnancy 17 to 22 weeks gestation (R)

Overview: The descriptor has been amended to restrict item 55759 being performed within 24 hours of items 55757 (R) or 55758 (NR). Minor administrative changes have also been made to the descriptor.

Descriptor:

- 55759 Pelvis or abdomen, pregnancy-related or pregnancy complication, fetal development and anatomy, ultrasound (the **current ultrasound**) scan of, by any or all approaches, with measurement of all parameters for dating purposes, if:
- (a) an ultrasound of the same pregnancy confirms a multiple pregnancy; and
 - (b) the dating of the pregnancy (as confirmed by the current ultrasound) is 17 to 22 weeks gestation; and
 - (c) the service mentioned in item 55706, 55709, 55712, 55715 or 55762 is not performed in conjunction with the current ultrasound during the same pregnancy; and
 - (d) the current ultrasound is not performed on the same patient within 24 hours of a service mentioned in item 55757 or 55758 (R)

Indication:

- Minor changes to the descriptor have been made to make it clear that the item is referring to the current ultrasound and also restricting the claiming of the service within 24 hours of item 55757 or 55758.

Billing requirement:

- Item 55759 cannot be performed in conjunction with item 55706, 55709, 55712, 55715 or 55762.
- Item 55759 cannot be performed within 24 hours of a service mentioned in item 55757 or 55758.
- Item 55759 can only be performed once per pregnancy.

MBS fee: \$156.05 (no change)

Private Health Insurance Classifications: (no change)

- **Clinical Category:** Support list (DI)
- **Procedure Type:** Type C

Amended item – 55762 – Pelvic ultrasound for multiple pregnancy 17 to 22 weeks gestation (NR)

Overview: The descriptor has been amended to restrict item 55762 being performed within 24 hours of items 55757 (R) or 55758 (NR). Minor administrative changes have also been made to the descriptor.

Descriptor:

- 55762 Pelvis or abdomen, pregnancy-related or pregnancy complication, fetal development and anatomy, ultrasound (the **current ultrasound**) scan of, by any or all approaches, with measurement of all parameters for dating purposes, if:
- (a) an ultrasound of the same pregnancy confirms a multiple pregnancy; and
 - (b) the dating of the pregnancy (as confirmed by the current ultrasound) is 17 to 22 weeks gestation; and
 - (c) the service mentioned in item 55706, 55709, 55712, 55715 or 55759 is not performed in conjunction with the current ultrasound during the same pregnancy; and
 - (d) the current ultrasound is not performed on the same patient within 24 hours of a service mentioned in item 55757 or 55758 (NR)

Indication:

- Minor changes to the descriptor have been made to make it clear that the item is referring to the current ultrasound and also restricting the claiming of the service within 24 hours of item 55757 or 55758.

Billing requirement:

- Item 55762 cannot be performed in conjunction with item 55706, 55709, 55712, 55715 or 55759.
- Item 55762 cannot be performed within 24 hours of a service mentioned in item 55757 or 55758.
- Item 55762 can only be performed once per pregnancy.

MBS fee: \$62.45 (no change)

Private Health Insurance Classifications: (no change)

- **Clinical Category:** Support list (DI)
- **Procedure Type:** Unlisted

Amended item – 55764 – Pelvic ultrasound for further examination of multiple pregnancy 17 to 22 weeks gestation (R)

Overview: The descriptor has been amended to restrict item 55764 being performed within 24 hours of items 55757 (R) or 55758 (NR). Minor administrative changes have also been made to the descriptor.

Descriptor:

55764 Pelvis or abdomen, pregnancy-related or pregnancy complication, fetal development and anatomy, ultrasound (the **current ultrasound**) scan of, by any or all approaches, with measurement of all parameters for dating purposes, if:

- (a) the service is requested by a medical practitioner who:
 - (i) is a Member or Fellow of the Royal Australian and New Zealand College of Obstetricians and Gynaecologists; or
 - (ii) has a Diploma of Obstetrics; or
 - (iii) has a qualification recognised by the Royal Australian and New Zealand College of Obstetricians and Gynaecologists as equivalent to a Diploma of Obstetrics; or
 - (iv) has obstetric privileges at a non-metropolitan hospital; and
- (b) an ultrasound of the same pregnancy confirms a multiple pregnancy; and
- (c) the dating of the pregnancy (as confirmed by the current ultrasound) is 17 to 22 weeks gestation; and
- (d) further examination is clinically indicated in the same pregnancy in which item 55759 or 55762 has been performed; and
- (e) the service mentioned in item 55706, 55709, 55712 or 55715 is not performed in conjunction with the current ultrasound during the same pregnancy; and
- (f) the current ultrasound is not performed on the same patient within 24 hours of a service mentioned in item 55757 or 55758 (R)

Indication:

- Minor changes to the descriptor have been made to make it clear that the item is referring to the current ultrasound and also restricting the claiming of the service within 24 hours of item 55757 or 55758.

Billing requirement:

- Item 55759 or 55762 should be performed in the same pregnancy as item 55764.
- Item 55764 cannot be performed in conjunction with item 55706, 55709, 55712 or 55715.
- Item 55764 cannot be performed within 24 hours of a service mentioned in item 55757 or 55758.
- Item 55764 can be performed as often as clinically required.

MBS fee: \$166.45 (no change)

Private Health Insurance Classifications: (no change)

- **Clinical Category:** Support list (DI)
- **Procedure Type:** Unlisted

Amended item – 55766 – Pelvic ultrasound for further examination of multiple pregnancy 17 to 22 weeks gestation (NR)

Overview: The descriptor has been amended to restrict item 55766 being performed within 24 hours of items 55757 (R) or 55758 (NR). Minor administrative changes have also been made to the descriptor.

Descriptor:

- 55766 Pelvis or abdomen, pregnancy-related or pregnancy complication, fetal development and anatomy, ultrasound (the **current ultrasound**) scan of, by any or all approaches, with measurement of all parameters for dating purposes, performed by or on behalf of a medical practitioner, who is a Member or Fellow of the Royal Australian and New Zealand College of Obstetricians and Gynaecologists, if:
- (a) an ultrasound of the same pregnancy confirms a multiple pregnancy; and
 - (b) the dating of the pregnancy (as confirmed by the current ultrasound) is 17 to 22 weeks of gestation; and
 - (c) further examination is clinically indicated in the same pregnancy in which item 55759 or 55762 has been performed; and
 - (d) the service mentioned in item 55706, 55709, 55712 or 55715, is not performed in conjunction with the current ultrasound during the same pregnancy; and
 - (e) the current ultrasound is not performed on the same patient within 24 hours of a service mentioned in item 55757 or 55758 (NR)

Indication:

- Minor changes to the descriptor have been made to make it clear that the item is referring to the current ultrasound and also restricting the claiming of the service within 24 hours of item 55757 or 55758.

Billing requirement:

- Item 55759 or 55762 should be performed in the same pregnancy as item 55766.
- Item 55759 cannot be performed in conjunction with item 55706, 55709, 55712 or 55715.
- Item 55766 cannot be performed within 24 hours of a service mentioned in item 55757 or 55758.
- Item 55766 can be performed up to three times per pregnancy, provided no other NR item has been performed.

MBS fee: \$67.60 (no change)

Private Health Insurance Classifications: (no change)

- **Clinical Category:** Support list (DI)
- **Procedure Type:** Unlisted

Amended item – 55768 – Pelvic ultrasound for multiple pregnancy after 22 weeks gestation (R)

Overview: The descriptor has been amended to restrict item 55768 being performed within 24 hours of items 55757 (R) or 55758 (NR). Minor administrative changes have also been made to the descriptor.

Descriptor:

- 55768 Pelvis or abdomen, pregnancy-related or pregnancy complication, fetal development and anatomy, ultrasound (the **current ultrasound**) scan of, by any or all approaches, if:
- (a) dating of the pregnancy (as confirmed by the current ultrasound) is after 22 weeks of gestation; and
 - (b) an ultrasound confirms a multiple pregnancy; and
 - (c) the service is not performed in the same pregnancy as item 55770; and
 - (d) the service mentioned in item 55718, 55721, 55723 or 55725 is not performed in conjunction with the-current ultrasound during the same pregnancy; and
 - (e) the current ultrasound is not performed on the same patient within 24 hours of a service mentioned in item 55757 or 55758 (R)

Indication:

- Minor changes to the descriptor have been made to make it clear that the item is referring to the current ultrasound and also restricting the claiming of the service within 24 hours of item 55757 or 55758.

Billing requirement:

- Item 55770 cannot be performed in the same pregnancy as item 55770.
- Item 55768 cannot be performed in conjunction with item 55718, 55721, 55723 or 55725.
- Item 55768 cannot be performed within 24 hours of a service mentioned in item 55757 or 55758.
- Item 55768 can only be performed once per pregnancy.

MBS fee: \$156.05 (no change)

Private Health Insurance Classifications: (no change)

- **Clinical Category:** Support list (DI)
- **Procedure Type:** Unlisted

Amended item – 55770 – Pelvic ultrasound for multiple pregnancy after 22 weeks gestation (NR)

Overview: The descriptor has been amended to restrict item 55770 being performed within 24 hours of items 55757 (R) or 55758 (NR). Minor administrative changes have also been made to the descriptor.

Descriptor:

- 55770 Pelvis or abdomen, pregnancy-related or pregnancy complication, fetal development and anatomy, ultrasound (the **current ultrasound**) scan of, by any or all approaches, if:
- (a) dating of the pregnancy (as confirmed by the current ultrasound) is after 22 weeks of gestation; and
 - (b) an ultrasound confirms a multiple pregnancy; and
 - (c) the service is not performed in the same pregnancy as item 55768; and
 - (d) the service mentioned in item 55718, 55721, 55723 or 55725 is not performed in conjunction with the-current ultrasound during the same pregnancy; and
 - (e) the current ultrasound is not performed on the same patient within 24 hours of a service mentioned in item 55757 or 55758 (NR)

Indication:

- Minor changes to the descriptor have been made to make it clear that the item is referring to the current ultrasound and also restricting the claiming of the service within 24 hours of item 55757 or 55758.

Billing requirement:

- Item 55770 cannot be performed in the same pregnancy as item 55768.
- Item 55770 cannot be performed in conjunction with item 55718, 55721, 55723 or 55725.
- Item 55770 cannot be performed within 24 hours of a service mentioned in item 55757 or 55758.
- Item 55770 can only be performed once per pregnancy.

MBS fee: \$62.45 (no change)

Private Health Insurance Classifications: (no change)

- **Clinical Category:** Support list (DI)
- **Procedure Type:** Unlisted

Amended item – 55772 – Pelvic ultrasound for further examination of multiple pregnancy after 22 weeks gestation (R)

Overview: The descriptor has been amended to restrict item 55772 being performed within 24 hours of items 55757 (R) or 55758 (NR). Minor administrative changes have also been made to the descriptor.

Descriptor:

- 55772 Pelvis or abdomen, pregnancy-related or pregnancy complication, fetal development and anatomy, ultrasound (the **current ultrasound**) scan of, by any or all approaches, if:
- (a) dating of the pregnancy as confirmed by the ultrasound is after 22 weeks of gestation; and
 - (b) the service is requested by a medical practitioner who:
 - (i) is a Member or Fellow of the Royal Australian and New Zealand College of Obstetricians and Gynaecologists; or
 - (ii) has a Diploma of Obstetrics; or
 - (iii) has a qualification recognised by the Royal Australian and New Zealand College of Obstetricians and Gynaecologists as equivalent to a Diploma of Obstetrics; or
 - (iv) has obstetric privileges at a non-metropolitan hospital; and
 - (c) further examination is clinically indicated in the same pregnancy to which item 55768 or 55770 has been performed; and
 - (d) the pregnancy as confirmed by an ultrasound is a multiple pregnancy; and
 - (e) the service mentioned in item 55718, 55721, 55723 or 55725 is not performed in conjunction with the current ultrasound during the same pregnancy; and
 - (f) the current ultrasound is not performed on the same patient within 24 hours of a service mentioned in item 55757 or 55758 (R)

Indication:

- Minor changes to the descriptor have been made to make it clear that the item is referring to the current ultrasound and also restricting the claiming of the service within 24 hours of item 55757 or 55758.

Billing requirement:

- Item 55768 or 55770 should be performed in the same pregnancy as item 55772.
- Item 55772 cannot be performed in conjunction with item 55718, 55721, 55723 or 55725.
- Item 55772 cannot be performed within 24 hours of a service mentioned in item 55757 or 55758.
- Item 55772 can be performed as often as clinically required.

MBS fee: \$166.45 (no change)

Private Health Insurance Classifications: (no change)

- **Clinical Category:** Support list (DI)
- **Procedure Type:** Unlisted

Amended item – 55774 – Pelvic ultrasound for further examination of multiple pregnancy after 22 weeks gestation (NR)

Overview: The descriptor has been amended to restrict item 55774 being performed within 24 hours of items 55757 (R) or 55758 (NR). Minor administrative changes have also been made to the descriptor.

Descriptor:

55774 Pelvis or abdomen, pregnancy-related or pregnancy complication, fetal development and anatomy, ultrasound (the **current ultrasound**) scan of, by any or all approaches, performed by or on behalf of a medical practitioner who is a Member or a Fellow of the Royal Australian and New Zealand College of Obstetricians and Gynaecologists, if:

- (a) dating of the pregnancy as confirmed by the current ultrasound is after 22 weeks of gestation; and
- (b) further examination is clinically indicated in the same pregnancy to which item 55768 or 55770 has been performed; and
- (c) the pregnancy as confirmed by an ultrasound is a multiple pregnancy; and
- (d) the service mentioned in item 55718, 55721, 55723 or 55725 is not performed in conjunction with the-current ultrasound during the same pregnancy; and
- (e) the current ultrasound is not performed on the same patient within 24 hours of a service mentioned in item 55757 or 55758 (NR)

Indication:

- Minor changes to the descriptor have been made to make it clear that the item is referring to the current ultrasound and also restricting the claiming of the service within 24 hours of item 55757 or 55758.

Billing requirement:

- Item 55768 or 55770 should be performed in the same pregnancy as item 55774.
- Item 55774 cannot be performed in conjunction with item 55718, 55721, 55723 or 55725.
- Item 55774 cannot be performed within 24 hours of a service mentioned in item 55757 or 55758.
- Item 55774 can be performed up to three times per pregnancy, provided no other NR item has been performed.

MBS fee: \$67.60 (no change)

Private Health Insurance Classifications: (no change)

- **Clinical Category:** Support list (DI)
- **Procedure Type:** Unlisted

Amended item – 61333 – PET Lung study for use during Tc-99m supply disruptions (R)

Overview: Item 61333 has been made permanently available and the item descriptor amended to update wording to align with current clinical practice. New requirements for when the item can be used have been introduced.

Descriptor:

61333 Lung ventilation study using Galligas and lung perfusion study using gallium-68 macro aggregated albumin (⁶⁸Ga MAA), with PET, if the service is performed because the service to which item 61348 applies cannot be performed due to unavailability of technetium-99m (R).

Indication:

- The item can now be used when the preferred nuclear medicine service is unavailable due to a Tc-99m supply disruption.

Other requirements:

Items 61333, 61336 and 61341 can only be used if items 61348, 61402, 61421 or 61425 have been requested and:

1. the requested service is not available due to a supply disruption of technetium-99m; and
2. the patient's clinical condition requires the service to be performed before the resumption of normal isotope supply is anticipated; and
3. the report of the service performed includes a justification for the substitute service and the unavailability of the original item.

MBS fee: \$443.35 (no change)

Proposed Private Health Insurance Classifications:

- **Proposed Clinical Category:** Support list (DI)
- **Proposed Procedure Type:** Type C

Amended item – 61336 – PET Cerebral study for use during Tc-99m supply disruptions (R)

Overview: Item 61336 has been made permanently available and the item descriptor amended to update wording to align with current clinical practice. New requirements for when the item can be used have been introduced.

Descriptor:

61336 Cerebral study, with PET, if the service is performed because the service to which item 61402 applies cannot be performed due to unavailability of technetium-99m (R).

Indication:

- The item can now be used when the preferred nuclear medicine service is unavailable due to a Tc-99m supply disruption.

Other requirements:

Items 61333, 61336 and 61341 can only be used if items 61348, 61402, 61421 or 61425 have been requested and:

1. the requested service is not available due to a supply disruption of technetium-99m; and
2. the patient's clinical condition requires the service to be performed before the resumption of normal isotope supply is anticipated; and
3. the report of the service performed includes a justification for the substitute service and the unavailability of the original item.

MBS fee: \$605.05 (no change)

Proposed Private Health Insurance Classifications:

- **Proposed Clinical Category:** Support list (DI)
- **Proposed Procedure Type:** Type C

Amended item – 61341 – PET Bone study for use during Tc-99m supply disruptions (R)

Overview: Item 61341 has been made permanently available and the item descriptor amended to update wording to align with current clinical practice. New requirements for when the item can be used have been introduced.

Descriptor:

61341 Bone study – whole body with PET, with delayed imaging when undertaken, if the service is performed because the services to which items 61421 or 61425 apply cannot be performed due to unavailability of technetium-99m (R).

Indication:

- The item can now be used when the preferred nuclear medicine service is unavailable due to a Tc-99m supply disruption.

Other requirements:

Items 61333, 61336 and 61341 can only be used if items 61348, 61402, 61421 or 61425 have been requested and:

1. the requested service is not available due to a supply disruption of technetium-99m; and
2. the patient's clinical condition requires the service to be performed before the resumption of normal isotope supply is anticipated; and
3. the report of the service performed includes a justification for the substitute service and the unavailability of the original item.

MBS fee: \$600.70 (no change)

Proposed Private Health Insurance Classifications:

- **Proposed Clinical Category:** Support list (DI)
- **Proposed Procedure Type:** Type C

Amended item – 63454 – MRI of the pelvis or abdomen for suspected fetal abnormality (R)

Overview: Item 63454 has been amended following a recommendation from MSAC to expand access to patients with suspected fetal abnormalities. The previous item descriptor was confined to patients with central nervous system anomalies only.

Descriptor:

- 63454 MRI – scan of the pelvis or abdomen, for a patient who is pregnant, if:
- (a) the pregnancy is at, or after, 18 weeks gestation; and
 - (b) fetal abnormality is suspected; and
 - (c) an ultrasound has been performed and is provided by, or on behalf of, or at the request of, a specialist who is practising in the specialty of obstetrics; and
 - (d) the diagnosis of fetal abnormality as a result of the ultrasound is indeterminate or requires further examination; and
 - (e) the MRI service is requested by a specialist practising in the specialty of obstetrics
- (R) (Anaes.) (Contrast)

Indication:

- Item 63454 can only be requested by a specialist practising in the specialty of obstetrics and applies to patients with a suspected fetal abnormality.

Other requirements:

Clinical Notes and Diagnostic Imaging Request

For item 63454 the requesting specialist practising in the specialty of obstetrics **is to record** in their clinical notes and the imaging request:

- the pregnancy is at, or after, 18 weeks gestation; and
- fetal abnormality is suspected; and
- an ultrasound has been previously performed and diagnosis of fetal abnormality is indeterminate or requires further examination.

Billing requirement:

- For item 63454, “at or after 18 weeks gestation” means from 18 weeks 0 days of pregnancy onwards as confirmed by an ultrasound.
- Item 63454 can be performed as often as clinically required.

MBS fee: \$1,219.20 (no change)

Private Health Insurance Classifications: (no change)

- **Clinical Category:** Support list (DI)
- **Procedure Type:** Type C

Amended item – 63464 – Breast MRI for asymptomatic patients at high risk of developing breast cancer aged under 60 years (R)

Overview: The descriptor has been amended following a recommendation from MSAC to extend the patient age from less than 50 years to less than 60 years.

Descriptor:

- 63464 MRI—scan of both breasts for the detection of cancer in a patient, if:
- (a) a dedicated breast coil is used; and
 - (b) the request for the scan identifies that the patient is asymptomatic and is younger than 60 years of age; and
 - (c) the request for the scan identifies that the patient is at high risk of developing breast cancer due to one or more of the following:
 - (i) genetic testing has identified the presence of a high risk breast cancer gene mutation in the patient or in a first degree relative of the patient;
 - (ii) both:
 - (A) one of the patient's first or second degree relatives was diagnosed with breast cancer at age 45 years or younger; and
 - (B) another first or second degree relative on the same side of the patient's family was diagnosed with bone or soft tissue sarcoma at age 45 years or younger;
 - (iii) the patient has a personal history of breast cancer before the age of 50 years;
 - (iv) the patient has a personal history of mantle radiation therapy;
 - (v) the patient has a lifetime risk estimation greater than 30% or a 10 year absolute risk estimation greater than 5% using a clinically relevant risk evaluation algorithm; and
 - (d) the service is not performed in conjunction with item 55076 or 55079

Applicable not more than once in a 12 month period (R) (Anaes) (Contrast)

Indication:

- Item 63464 can be requested by a specialist or consultant physician and applies to asymptomatic patients at high risk of developing breast cancer aged under 60 years.

Other requirements:

Clinical Notes and Diagnostic Imaging Request

For item 63464 the requesting specialist or consultant physician **is to record** in their clinical notes and the imaging request:

- The patient is asymptomatic; and
- The patient is younger than 60 years of age; and
- The patient is at a high risk of developing breast cancer due to one or more of the clinical indicators contained in the item descriptor. Reference the relevant clinical indicator/s in the clinical notes and request.

Clinically Relevant Evaluation Algorithm

A clinically relevant evaluation algorithm referenced in item 63464(c)(v) is considered to be the [Tyrer-Cuzick \(IBIS Risk Evaluator\) algorithm version 8](#) (or later version). The lifetime risk estimation is one of a number of clinical indicators contained in the item descriptor which can support a patient being eligible to claim item 63464.

Age requirements

The age references in item 63464 are as follows:

- Younger than 60 years of age refers to a patient who has not yet turned 60 years of age.
- Before the age of 50 years refers to the patient being up to and including 49 years of age.
- At age 45 years or younger refers to the patient being up to and including 45 years of age.

Billing requirement:

- Item 63464 cannot be performed in conjunction with item 55076 or 55079.
- Item 63464 can only be performed once in any 12-month period.

MBS fee: \$701.05 (no change)

Private Health Insurance Classifications: (no change)

- **Clinical Category:** Support list (DI)
- **Procedure Type:** Type C

Amended item – 63545 – MRI of the liver for the evaluation of hepatic metastases for initial staging or restaging prior to treatment using interventional techniques (R)

Overview: The descriptor has been amended following a recommendation from MSAC to allow MRI of the liver for patients with any oncological indication, other than hepatocellular carcinoma, with suspected hepatic metastases. MRI MBS item 63546 can be performed for patients with known or suspected hepatocellular carcinoma.

Descriptor:

- 63545 MRI – multiphase scans of liver (including delayed imaging, if performed) with a contrast agent, for staging where surgical resection or interventional techniques are under consideration to treat any liver metastases detected, if:
- (a) the patient has a confirmed extra-hepatic primary malignancy (other than hepatocellular carcinoma), with no persistent extra-hepatic disease; and
 - (b) computed tomography of the patient's liver is negative or inconclusive for metastatic disease; and
 - (c) the identification of liver metastases would change the patient's treatment planning
- Applicable not more than once in a 12 month period (R) (Anaes.) (Contrast)

Indication: Item 63545 can only be requested by a specialist or consultant physician and applies to patients with any cancer type with suspected or proven liver metastases (other than hepatocellular carcinoma), for the evaluation of liver metastases for initial staging or restaging before treatment.

Other requirements:

Clinical Notes and Diagnostic Imaging Request

For item 63545 the requesting specialist or consultant physician **is to record** in their clinical notes and the imaging request:

- the patient has a confirmed extra-hepatic primary malignancy (other than hepatocellular carcinoma), with no persistent extra-hepatic disease and
- computed tomography of the patient's liver is negative or inconclusive for metastatic disease; and
- the identification of liver metastases would change the patient's treatment planning.

Billing requirement:

- Item 63545 can only be performed once in any 12 month period.

MBS fee: \$558.80 (no change)

Private Health Insurance Classifications: (no change)

- **Clinical Category:** Support list (DI)
- **Procedure Type:** Type C

Deleted items – 61311, 61332, 61365, 61377, 61380, 61418 and 61422 – Myocardial perfusion study using PET, for use during Tc-99m supply disruptions

These items have been deleted as stakeholder feedback and utilisation data indicated that these items are of limited use during Tc-99m supply disruptions.

Deleted item – 61337 – Bone study with PET for use during Tc-99m supply disruptions

This item has been deleted as it functionally duplicates item 61341, which is the substitute service for items 61421 and 61425. Where item 61337 may have previously been claimed, item 61341 can be used.

Deleted item – 61344 – CT attenuation correction or anatomic localisation for use during Tc-99m supply disruptions

This item has been deleted as it is now obsolete. Where a CT scan for attenuation correction or anatomic localisation is required to be claimed with items 61333, 61336 or 61341, item 61505 can be used.

To view previous item descriptors and deleted items, visit MBS Online at www.mbsonline.gov.au, navigate to 'Downloads' and then select the relevant time period at the bottom of the page. The old items can then be viewed by downloading the MBS files published in the month before implementation of the changes.

For questions and feedback regarding the proposed PHI classifications, please email PHI@health.gov.au.

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 sheet is current as of the Last updated date shown above, and does not account for MBS changes since that date.