



Changes to eligibility for magnetic resonance imaging (MRI) equipment from 1 November 2022

Last updated: 19 September 2022

- From 1 November 2022, any MRI equipment located at accredited comprehensive practices in Modified Monash (MM) 2-7 areas will be able to provide Medicare eligible MRI services. Prior to this date, only machines subject to a Deed of Undertaking (often referred to as a licence) can provide Medicare eligible services. These licencing arrangements will remain for machines located in MM 1 areas.
- Other Medicare requirements for MRI services still need to be met such as accreditation and comprehensive practice requirements and the need for most services to be requested by a specialist or consultant physician.

What are the changes?

An amendment will be made to the [Health Insurance \(Diagnostic Imaging Services Table\) Regulations \(No.2\) 2020](#) to remove the requirement for the equipment used for MRI services in regional, remote and rural areas (MM 2 to 7) to have a Deed of Undertaking with the Commonwealth to be Medicare eligible with effect from 1 November 2022. Equipment located in MM1 will continue to require a Deed of Undertaking to provide Medicare eligible services.

Existing Deeds of Undertaking for practices in MM 2 to 7 areas will be revoked from 1 November 2022 as they will no longer be required. Existing Deeds of Undertaking for practices in MM 1 will remain in place.

Practices can determine which MM area they are in using the Department's [Health Workforce Locator](#). The relevant version of MM is the current -2019 – or any future version. That is, practices in MM 2 to 7 areas under the 2019 classification will not lose their eligibility if there are changes in future versions.

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

- 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).

Existing legislative requirements surrounding which practitioners can request MRI services, and which practitioners can provide the MRI service and any restrictions relating to individual items will continue to apply. The Medicare eligible services are listed in the Medicare Benefits Schedule (MBS) and are available to search on [MBS Online](#).

Why are the changes being made?

Enabling Medicare funding for services performed on MRI machines in MM 2-7 areas will improve regional, rural and remote patient access to timely and affordable MRI services closer to home.

What does this mean for providers?

Existing legislative requirements surrounding which practitioners can request MRI services, and which practitioners can provide the MRI service and any restrictions relating to individual items will continue to apply.

The Medicare eligible services are listed in the MBS and are available to search on [MBS Online](#).

How will these changes affect patients?

Patients seeking MRI services in MM 2-7 areas will have improved access to Medicare-eligible machines closer to home.

The Department publishes a [complete list](#) of Medicare eligible MRI units that is searchable by state and territory.

Where can I find more information?

Information can be found on the MBS Online website at www.mbsonline.gov.au about overarching Medicare eligibility requirements for MRI services via explanatory note IN.0.18 as well as full item descriptor(s) and information on other changes to the MBS. You can also subscribe to future MBS updates by visiting [MBS Online](#) and clicking 'Subscribe'.

The Department of Health and Aged Care provides an email advice service for providers seeking advice on interpretation of the MBS items and rules and the Health Insurance Act and associated regulations. If you have a query relating exclusively to interpretation of the Schedule, you should email askMBS@health.gov.au.

Subscribe to '[News for Health Professionals](#)' on the Services Australia website and you will 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 sheet is current as of the Last updated date shown in the footer below and does not account for MBS changes since that date.



Attachment A

Existing definition of Modified Monash 2 to 7

Practices can determine which MM they are in using the Department's [Health Workforce Locator](#). The current 2019 MM classification or any future MM classification will apply.

The [Health Insurance \(General Medical Services Table\) Regulations 2021](#) provides the following definition which is used by the [Health Insurance \(Diagnostic Imaging Services Table\) Regulations \(No. 2\) 2020](#):

Modified Monash category	Inclusions
MM 1	All areas categorised ASGS-RA1.
MM 2	Areas categorised ASGS-RA 2 and ASGS-RA 3 that are in, or within 20km road distance, of a town with a population greater than 50,000.
MM 3	Areas categorised ASGS-RA 2 and ASGS-RA 3 that are not in MM 2 and are in, or within 15km road distance, of a town with a population between 15,000 and 50,000.
MM 4	Areas categorised ASGS-RA 2 and ASGS-RA 3 that are not in MM 2 or MM 3 and are in, or within 10km road distance, of a town with a population between 5,000 and 15,000.
MM 5	All other areas in ASGS-RA 2 and 3.
MM 6	All areas categorised ASGS-RA 4 that are not on a populated island that is separated from the mainland in the ABS geography and is more than 5km offshore. Islands that have an MM 5 classification with a population of less than 1,000 (2019 Modified Monash Model classification only).
MM 7	All other areas; that being ASGS-RA 5 and areas on a populated island that is separated from the mainland in the ABS geography and is more than 5km offshore.

The Department has released a [Fact Sheet](#) with further information about the Modified Monash Model geographical classification.

There are no changes proposed to this definition of Modified Monash to implement this change.



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.
- 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 this definition of accredited imaging practice to implement this change.

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 this definition of comprehensive practice to implement this change.

Existing definition of Location Specific Practice Number Register

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

Practices that provide diagnostic imaging or radiation oncology 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 Location Specific Practice Number Register to implement this change.



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 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



Column 1	Column 2
MRI or MRA service	Person
A service to which any of items 63395 to 63397 apply	A person who is: (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 this change.