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Diagnostic Imaging Section  
Diagnostic Imaging and Pathology Branch  
Medicare Benefits and Digital Health Division | Health Resourcing Group  
Australian Government Department of Health and Aged Care  
GPO Box 9848, Canberra ACT 2601, Australia

By email: [radiology@health.gov.au](mailto:radiology@health.gov.au)

Dear Ms Warner

### **Review of Medicare Funded Diagnostic Breast Imaging Services**

Thank you for the opportunity to make a submission to the Australian Government, Department of Health and Aged Care, Review of Medicare Funded Diagnostic Breast Imaging Services.

The Australasian Sonographers Association (ASA) is the professional organisation for Australasian sonographers, who are the experts in ultrasound. We represent over 7,000 members and more than 70 % of Australasia's sonographers.

We acknowledge the significance of this review, and believe it is timely given the importance of medical diagnostic ultrasound examinations in supporting women's health and the need to rectify some clear challenges which includes historical fee inequalities and MBS funding that does not reflect the complexity of the examinations and the time required for the procedure.

We have provided detailed feedback in Appendix 1 attached, in response to the consultation questions. Our response focuses on sonography clinical practice, and unless otherwise stated our response refers to the role of sonographers.

In addition, as the experts in ultrasound and the highly skilled health professionals who undertake the majority of medical diagnostic ultrasound examinations, we would also like to request the opportunity to be involved in the initial stages of any future consultations where ultrasound examinations are being considered, to add to the feedback provided by other medical professionals and ensure the voice of sonographers is captured.

If you wish to discuss any aspect of our submission, please contact Elissa Campbell, General Manager Policy and Advocacy, at [elissa.campbell@sonographers.org](mailto:elissa.campbell@sonographers.org).

Yours sincerely,

**Tony Coles**  
**Chief Executive Officer**



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## **Appendix 1 – ASA Feedback to the Review of Medicare Funded Diagnostic Breast Imaging Services**

### **Complexity Based Ultrasound Items (page 6)**

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

Currently, there is no provision for different rebates based on the complexity of the scan for breast ultrasound.

The ASA supports the need to restructure the items to better represent the time and complexity for each scan. The time involved in scanning both breasts is double what is needed for one side. Further, complex or difficult breast structures to scan – for instance, breasts with multiple lesions take an hour to examine.

We support the suggested complexity structure in Table 1.

### **Price differential for imaging one or both breasts (page 7)**

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

Conducting an ultrasound scan of both breasts is double the time and work involved in scanning one breast.

Therefore, the ASA considers it very important for the additional time and work involved in scanning both breasts to be appropriately recognised in the MBS schedule.

This is not reflected in the current MBS schedule fee for \$110.20 for one breast compared to \$122.40 for two. ASA members report that – due to this arrangement - some clinics book just one breast on one day and the other breast for the next.

Similarly, if a single breast is complex, then a double breast exam is doubly so, which therefore should be reflected in the fee for double breast ultrasounds. There is a need to scan both breasts because the pathology is often found in the contralateral breast. This also contributes to screening call back times – for example, annual/biannual screen for right breast due January but left breast due June.



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

Yes, the ASA supports new items being added in each modality to image the second breast as an additional service.

### **Claiming Restrictions and Multiple Services Rule (page 8)**

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

Yes, the restriction should be lifted. In the ASA's view, it is appropriate to scan both the chest wall and breast on the same day. Often, there is chest wall for a unilateral mastectomy and the remaining contralateral breast. Currently, sonographers perform ultrasound for a chest wall for no cost as they cannot also charge bilateral for these circumstances.

The ASA considers it is not appropriate or reasonable for mastectomy patients to return on another day for a chest wall scan or alternatively be charged for bilateral breast ultrasound when they no longer have a bilateral breast. It can also be upsetting for patients if there is a claim or potential MBS claim for two breasts if one has been removed.

For patients in rural areas, this presents further difficulties given they often must travel long distances and face additional costs to stay overnight for further imaging the next day

The scanning time would not be as long so a reduced fee would be appropriate, which can be claimed together with single side breast ultrasound. The alternative would be to allow single breast and chest wall to be billed as bilateral breast at 150% of the cost for a single side.

We also note that there is a higher MBS item for a thyroid scan or an obstetric growth scan than a morphology scan despite differences in complexity.

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

Yes, the restriction should be lifted. MRI is increasingly being used as an alternative imaging modality to mammography so ultrasound, if indicated, should be able to be performed and claimed at the same visit.



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

Yes. Each imaging item still takes a set amount of time, including sonographer and radiologist reporting times even if the patient has more items performed. This means that there are no "efficiency savings" as perceived by Medicare.

### **'7-day rule' for rendering requested services (page 9)**

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

The ASA considers that the 7 day rule should not apply for imaging requests which indicate +/- biopsy as it may take more than 7 days to receive a report and prepare the next steps. Patients should not have to return to their GP in this situation as this can delay diagnosis.

However, we do consider that the 7 day rule should apply to any related additional services.

### **Contrast Enhanced Mammography (page 10)**

*Should a new item for CEM be implemented?*

Yes, the ASA considers that a new MBS item should be added as contrast enhanced mammography (CEM) takes longer to perform and involves extra time and costs.

When CEM is required, we recommend that a fee be added to the mammography fee. The fee should cover the expertise of the mammographer in running the examination, consumables, pump, contrast, any equipment required in case of reaction, the radiologists' expertise in reading the contrast images along with the conventional mammography images. This includes the cost of having radiologist on site for contrast injections in case of patient reaction.

*Should there be a new item for contrast that can be claimed in addition to current imaging procedures, whenever contrast is required?*

Yes, the ASA supports a new MBS item for contrast for whenever contrast is required.



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

Yes, the ASA agrees a new DBT item should be included. This is because this item would then be an option to use tomographic mammography to guide biopsies for those facilities that use interventional techniques. We already have the use of ultrasound in conjunction with a surgical procedure.

**Clip insertion Item 31537 (page 12)**

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

The ASA considers that if a clip is inserted in an isolated procedure or if it is included with a breast core biopsy procedure, it should have the clip insertion item number applied.

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

We believe that this Item 31537 should be included in the DIST as it is never undertaken without ultrasound or imaging guidance.