

SUBMISSION

Friday, 6 December 2024

AMA submission to the reviews of Diagnostic Breast Imaging Services and Diagnostic Imaging Ultrasound Services

By email: radiology@health.gov.au

Introduction

The Australian Medical Association (AMA) strongly supports improving access to healthcare for Australian women. As such, we are supportive of the objectives of this consultation and broadly support the changes. The current structure of ultrasound and breast imaging Medicare Benefits Schedule (MBS) items creates inequity of access for women in comparison to the broader population seeking general medical imaging, an issue exacerbated by years of no and under-indexation of the MBS. Adjustments to service provision should be implemented through amended requirements and remuneration in line with comparable services.

The AMA supports amended fee structures which better reflect service complexity, practitioner expertise, and the time required to perform the various ultrasound and breast scanning procedures in question. We support streamlining the MBS for patients and clinicians navigating the system to improve access for consumers in genuine need of the service.

Inconsistent fee structures exist between male-focused urological items and those for women. However, it is challenging to directly compare ultrasound procedures between sexes when factors like the need for a specialist or consultant physician to perform urological and vascular ultrasounds, rather than a sonographer, can influence the cost. Additionally, the complexity and duration of the scans can vary, making a straightforward comparison difficult. As a broad indication, the number of images to be interpreted is a reasonable starting point for determining the complexity of an Item.

Noting the number of items in this consultation, this submission will focus on the proposed amendments that will promote the desired outcomes. It is important to note there are issues in other parts of the MBS that should be amended to improve equity. We hope this review represents the first in a series of consultations on gendered disparities in the MBS. We provide examples of other issues we recommend for review at the end of this submission.

Policy options — specific item changes

The AMA believes procedures should receive reimbursement commensurate with complexity and the time required to deliver the service. This is important to ensure healthcare providers are not disincentivised from offering necessary services.

MBS item 55048 and MBS item 55706

In this instance the scheduled fees are skewed, based both on the time required and the complexity of performing the scan. The number of images taken by the sonographer and reviewed by the radiologist is substantially more for MBS item 55706 (pregnancy 17–22 weeks gestation) than for MBS item 55048 (scrotal ultrasound). The obstetric 17–22-week morphology scans can be quite time-consuming to report as it involves viewing all the images taken by the sonographer of the foetus as well as reviewing the measurements (e.g. head circumference) which act as a baseline to compare with the future third trimester growth scans.

MBS item 55048 in general takes less time to perform (10–30 minutes) and the estimated complexity is low. In contrast, the estimated time for conducting ultrasounds under MBS item 55706 is between 20–60 minutes. The estimated complexity is moderate, yet the schedule fee is less than item 55048 (\$122.80 compared with \$112.15).

The AMA supports amending the fee relativity for these items to ensure it is reflective of the complexity and time required to perform the scans.

MBS item 55065 pelvic ultrasound (R)

Item 55065 (pelvic ultrasound) encompasses a wide range of complexities, from standard procedures to more intricate diagnostic assessments for conditions like endometriosis. Standard procedures generally taking up to 15 minutes (urinary symptoms/ lost intrauterine device) are using the same item as much more complex diagnostic procedures such as for endometriosis, infertility, pelvic mass and fibroid tumours.

The government is now investing in further support to women with endometriosis, including new MBS items, various research grants and the establishment of 22 specialised endometriosis and pelvic pain clinics offering multidisciplinary care and early intervention.

Given this item is also claimed almost exclusively by female patients (99.3 per cent), it may be appropriate to consider a dedicated ultrasound item for scans of the pelvis for women's health procedures. The AMA is open to the creation of an endometriosis specific version of this item provided it is rebated at a rate that is commensurate with the time and complexity required to perform the ultrasound. Items should acknowledge the indication on the referrer's request form but allow for the billing code to change once a scan has commenced if a more complex issue is identified.

Vascular ultrasound subgroup — MBS items 55282, 55284 and 55706

The AMA can support the consolidation of MBS items 55282 and 55284 (duplex scanning of the penis) into a single service, however, as with other items we recommend these ultrasound scans be revised to ensure the items reflect the complexity and the time required for the procedure. In comparing these services with item 55706, fee relativity should reflect a fair allocation of resources based on service complexity rather than gender-specific conditions. The three items in question all relate to services of moderate complexity, and subsidisation should therefore be similar.

Urological ultrasound subgroup — MBS items 55600 and 55603

For consistency with the commitment to simplifying the MBS and avoiding items pertaining to condition-specific items, the AMA supports combining these items into one. Based on Appendix C and

current to ideal relativity, the item 55706 scheduled fee should again be comparable with these items (relativity 1.09), reflective of average service fees and service complexity.

Obstetric and gynaecological ultrasound subgroup

The AMA notes trends in pregnancy have changed. The average age for a first-time mother in Australia is now 29.8 years old (2022). The proportion of women giving birth aged 35 and over has increased to 27 per cent. Increased supports for early and ongoing scans for the timely identification of complications and treatment pathways must be prioritised to promote women's reproductive health. MBS item rebates for patients undergoing obstetric and gynaecological ultrasounds should be increased to improve access and encourage patients to make sure appointments are not deferred or missed.

In the case of multiple births, the principle of relative complexity applies once again. The AMA supports amendments to MBS items to ensure monochorionic multiple pregnancy scans receive subsidisation in line with their potential complexity and length of consultations and scans required. The AMA questions whether a financial discrepancy should exist between some of these items. Particularly, between items 55740 and 55741, given there is little difference in the substantive service. Finally, where there is significant overlap, items should be streamlined.

The AMA is supportive of introducing a new MBS item to identify monochorionic multiple pregnancies due to the increased risk of complications. Monochorionic twins face a worse prognosis than dichorionic twins due to unique complications such as twin transfusion syndrome, which affects 15–20 per cent of cases and can lead to high mortality rates if untreated. Additionally, monochorionic twins have an increased risk of foetal loss, preterm delivery, and other rare issues like cord entanglement in monoamniotic twins, with recent studies indicating a perinatal mortality rate ranging from 10–21 per cent.¹

First trimester scans

If there are no major safety concerns, the review should consider allowing items 55707 and 55708 to be claimed on the same day as items 55704, 55705 and 55757. Due to the increasing average age for pregnancies, we support incentivising and supporting first trimester scans to ensure potential problems are identified early. The AMA would therefore support increasing items 55700 and 55703 schedule fees relative to the average fee per services in line with complexity and time required.

MBS item 55736 is a highly complex ultrasound for which the current scheduled fee is 25 per cent of market cost for the service. The AMA agrees this fee structure should be revised to reflect the expertise and resources required for the procedure. This should extend to an assessment of the various uses of the item. Where the processes and equipment are more demanding of time and

¹ <https://www.sciencedirect.com/topics/immunology-and-microbiology/monochorionic-twins#:~:text=Monochorionic%20twins%20have%20a%20worse,than%20singletons%20or%20dizygotic%20twins.>

resources for specific use cases, subsidies should reflect that to ensure there is no financial barrier to patients requiring the service.

Breast imaging MBS items

As with ultrasound MBS items, breast imaging items should be revised according to a complexity-based item structure. If this rationale were followed, the structure would support services with commensurate schedule fees, whether one or both breasts were to be imaged. The fee differential for these scans does not seem sufficient to cover the additional work required to scan two breasts.

The AMA supports altering the multiple services rule in consideration of time and travel costs for patients without a local imaging service. Our preferred option would be to remove the '7-day rule' for all procedures as it is an access issue for men and women across a range of services. This is an issue for patients when an extra appointment is required for a new referral, taking time from GPs who often perform this task as unpaid administrative work.

Removal of the rule would enable better access for women travelling greater distances to the regional centres where services are provided. These changes would also alleviate the unintended consequences of the rule for rendering requested services, where some women are forced to spend additional time and money seeing their GP for renewed referrals due to time constraints.

Contrast enhanced mammography (CEM)

CEM represents a significant advancement in breast imaging, offering a more accessible alternative to breast MRI for many patients. While it is still in its early stages, numerous sites have already adopted this technology extensively. The introduction of an MBS item number will necessitate considerations for the use of intravenous contrast, including monitoring for potential contrast allergies, increased workload for nursing and radiographer staff, and the interpretation of results.

The AMA is supportive of alternative and proven efficacious diagnostic methods which receive endorsement from the sector and are adopted via the Medical Services Advisory Committee's rigorous review. Medical technologies that can save lives should be implemented when sufficient testing is completed to ensure their safety and effectiveness.

Other issues in the MBS

While we acknowledge the issues below are outside the scope of this consultation, we would like it noted that there are many outstanding issues with MBS items outside ultrasound and breast imaging. The AMA has raised some of these in the [Submission to Senate Inquiry into Issues related to Menopause and Perimenopause](#), in direct correspondence to the Minister for Health and Aged Care, through participation in National Women's Health Advisory Council, and directly with the Department of Health and Aged Care. Noting the working group established for this project includes obstetricians and gynaecologists, we recommend addressing the following issues the AMA has previously raised with the department. We acknowledge there is a plan to consider some of these issues as part of the

post-implementation review process, however we do not believe it is necessary to wait to address known issues impacting women's access to healthcare.

Fee relativity issue between MBS item 35632 (complicated operative laparoscopy — without hysterectomy) and 35753 (complex laparoscopic hysterectomy)

The scheduled fees for MBS items 35632 for *complicated operative laparoscopy without hysterectomy* and 35753 for *complex laparoscopically assisted hysterectomy* have been skewed. MBS item 35632 *complex laparoscopic without hysterectomy*, holds a schedule fee of \$940.20, higher than MBS item 35753 for *complex laparoscopic with hysterectomy*, which holds a fee of \$917.20.

The AMA is seeking the fee for MBS item 35753 to be rebased to correct the fee relativity between the two services. Clinical feedback suggests the fee for MBS item 35753 should be rebased to equal \$940.20 (35632) + \$829.45 (35751 — for *non-complex total laparoscopic hysterectomy*) x 50 per cent for multiple operations rule = \$1,354.925.

Anaesthesia fee removed for colposcopy service (MBS item 35614)

The AMA recommends the restoration of access for anaesthesia to be payable under MBS item 35614 for *examination of the lower genital tract (colposcopy)*. We are aware of a small but important subgroup of patients (e.g. those with a physical or mental disability and victims of sexual assault) require this procedure under general anaesthetic.

Co-claiming restriction for item 35631 (operative laparoscopy) and 35632 (complex operative laparoscopy)

The AMA recommends amending the co-claiming restrictions under the MBS items 35631 for operative laparoscopy and 35632 for complicated operative laparoscopy. As part of the 1 March 2022 update to the MBS gynaecology services, MBS item 35638 for complicated operative laparoscopy was deleted and split into two new MBS items: 35631 for operative laparoscopy and 35632 for complicated operative laparoscopy.

As a result of the change, both items exclude other intra or retroperitoneal procedures. This removes the potential for a woman to have more than one concurrent procedure. For example, the possibility for a woman to have her appendix removed as a concurrent procedure by the same surgeon is excluded. This could result in a patient having a second procedure or a procedure performed by another surgeon (which would be billed at 100 per cent and not subject to the 100/50/25 rule).

Importantly women with early-stage gynaecologic malignancies who are potentially suitable for fertility sparing procedures often require formal staging with omentectomy and lymphadenectomy. The co-claiming restriction therefore prevents them from accessing formal staging performed via a minimally invasive approach. As a contrast there is no co-claiming restriction should these women have the procedure performed by an open laparotomy — this acts as a disincentive for women to undergo modern minimally invasive laparoscopic surgery with its benefits in shorted hospital stay and recovery over laparotomy.

Similar co-claiming restrictions do not exist for males with similar procedures. This is to the detriment of women and should be amended.

The AMA proposes that the items be amended whereby item 35631 should only exclude 35632, 35637, 35641 and any hysterectomy; and 35632 should only exclude 35631, 35637, 35641 and any

hysterectomy. This would then allow, for example, a woman to have removal of an ovarian cyst and appendix or appropriate staging of malignancy performed on the same occasion.

Inappropriate co-claiming restrictions item 35503

On 1 March 2022, MBS item 35502 for *intra-uterine device for control of idiopathic menorrhagia* was deleted and merged with MBS item 35503 for *intra-uterine contraceptive device*. The change to the two MBS items has resulted in an unintended consequence where there is no longer an MBS rebate for insertion of an IUD while performing complicated operative laparoscopy (35632), when this is clinically appropriate and convenient for patients requiring both procedures. The AMA requests MBS item 35503 be amended to remove the co-claiming restriction with item 35632.

Contact

president@ama.com.au