

# Changes to MBS Cardiac Imaging Services – ECGs affecting General Practice – 1 August 2020

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#### **Revised Structure**

 Restructure electrocardiography (ECG) items (11700, 11701 and 11702) to reduce low value care, and create new items 11704, 11705 and 11707

### **Patient impacts**

- Patients will receive Medicare rebates for cardiac services that are clinically appropriate and reflect modern clinical practice.
- The cardiac changes ensures patients only undergo cardiac diagnostic tests when there is a clinical need.

## **Restrictions or requirements**

- Providers should familiarise themselves with the changes to cardiac services MBS items and any associated rules and/or explanatory notes. Providers have a responsibility to ensure that any services they bill to Medicare fully meet the eligibility require3mnets outlined in the legislation.
- The cardiac changes ensures patients only undergo cardiac diagnostic tests when there is a clinical need.

## **Electrocardiography (ECG) changes**

Deleted Items	New items
11700- Twelve-lead electrocardiography, tracing	11704- Twelve-lead electrocardiography, tracing
and report	and report
11701- Twelve-lead electrocardiography, report	11705- Twelve-lead electrocardiography, report
only	only
11702- Twelve-lead electrocardiography, tracing	11707- Twelve-lead electrocardiography, tracing
only	only



## **New Items and descriptors**

## 11704 - Twelve-lead electrocardiography, tracing and report

Overview: Introduced as part of the restructure of ECG items to promote high value clinical use and to clarify that the item is intended for use by third party providers and is not to be claimed in association with a consultation or within the hospital setting. This item can only be claimed by a specialist of consultant physician. This item supersedes item 11700.

**Descriptor:** Twelve-lead electrocardiography, to produce a trace and a formal report, by a specialist or a consultant physician, if:

- (a) There service is requested by a requesting practitioner; and
- (b) A copy of the trace and formal report are provided to the requesting practitioner.
- (c) A service in item 11704 does not apply if the patient is an admitted patient.
- (d) A service in item 11704 does not apply if the patient is attending a hospital for the purposes of routine pre-operative assessment.
- (e) A service in item 11704 does not apply if requested practitioner has a financial relationship with the medical practitioner who renders the service.
- (f) A service in item 11704 does not apply if the service is performed on the same day as the day on which an attendance is performed on the patient by the medical practitioner.

Not claimable same day as a specialist or consultant physician consultation item by the same provider or providers in the same group practice.

**Explanatory notes:** The formal report is separate to any letter and entails interpretation of the trace commenting on the significance of the trace findings and their relationship to clinical decision making for the patient in their clinical context, in addition to any measurements of automatically generated.

# 11705 – Twelve-lead electrocardiography, report only where the tracing has been forwarded to a specialist or consultant physician, not in association with a consultation on the same occasion

Overview: Introduced as part of the restructure of ECG items to promote best practice care and to provide clarity on the appropriate use of this item. This item can only be claimed by a specialist or consultant physician. This item supersedes item 11701.

### 11707 – Twelve-lead electrocardiography, tracing only

Overview: Introduced as part of the restructure of ECG items to clarify the use of this item and allow access for medical practitioners, other than specials and consultant physicians to a trace item. This item supersedes item 11702.

**Descriptor:** Twelve-lead electrocardiography to produce a trace and a formal report, by a medical practitioner if the trace:

- (a) Is required to inform clinical decision making; and
- (b) Is reviewed in a clinically appropriate timeframe to identify potentially serious or life threatening abnormalities, and
- (c) Does not need to be fully interpreted or reported on.

The services in not applicable more than twice on the same day for different traces on the same patient.