



## Changes to MBS Cardiac Imaging Services - electrocardiography services

Changes are subject to the passage of legislation and may differ to final version

**Date of change: 1 August 2020**

New items: **11704 11705 11707 11714 11716 11717 11723 11729 11730**  
**11731**

Deleted items: **11700 11701 11702 11708 11709 11710 11711 11712 11722**

### Revised structure

- Restructured electrocardiography (ECG) items (11700, 11701 and 11702) to reduce low value care, and created new items 11704, 11705 and 11707.
- Created a new item (11714) for ECG trace and interpretation for specialists and consultant physicians.
- Created a new item (11716) for continuous ECG recording of a patient for 12 or more hours.
- Created two new items (11717 and 11723) for ambulatory electrocardiography (AECG) to promote high value use and align with contemporary technologies.
- Restructured ECG stress testing, creating two new items one for persons 17 years and over (item 11729) and one item for persons under 17 years (item 11730).
- Created a new item (11731) for implanted ECG loop recording with a 4 week restriction to promote high value care.

### Patient impacts

- Patients will receive Medicare rebates for cardiac services that are clinically appropriate and reflect modern clinical practice.
- The cardiac changes ensure 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 requirements outlined in the legislation.



- A consultation may only be claimed with AECG, echocardiography, ECG stress testing, stress echocardiography, myocardial perfusion studies (nuclear medicine) items under the following circumstances.
  - i. both the consultation and the service were specifically and separately requested by another provider; or
  - ii. the consultation was specifically requested by another provider and the decision to perform the service was made during a consultation with the service provider on the same day as the service; or
  - iii. the provider claiming both services is responsible for the ongoing care of the patient and provides a consultation after the service where clinical management decisions are made.
- The only exception to this rule is for specialist paediatric cardiologists who will be able to co-claim a consultation with AECG, echocardiography, ECG stress testing items when not specifically requested by the referrer.

## Contents

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# 1. Electrocardiography (ECG) changes

## Deleted item 11700 – Twelve-lead electrocardiography, tracing and report

This item is now deleted and services under this item are expected to be claimed under item 11704.

## Deleted item 11701 – Twelve-lead electrocardiography, report

This item is now deleted and services under this item are expected to be claimed under item 11705.

## Deleted item 11702 – Twelve-lead electrocardiography, tracing only

This item is now deleted and services under this item are expected to be claimed under item 11707.



## New item 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 or 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) the 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 requesting 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 taken or automatically generated.

**MBS fee:** \$32.25 (no change)

**Benefit:** No change



## New item 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.

**Descriptor:** Preparing a formal report only on an ECG trace by a specialist or a consultant physician, if:

- (a) the service is requested by a requesting practitioner; and
- (b) the formal report uses a trace provided from twelve-lead electrocardiography for the patient which has:
  - (i) been provided with the request from the requesting practitioner; and
  - (ii) not been previously reported on; and
- (c) the formal report is provided to the requesting practitioner; and
- (d) the service is not applicable more than twice on the same day for different traces on the same patient.
- (e) A service in item 11705 does not apply if the patient is attending a hospital for the purposes of routine pre-operative assessment.
- (f) A service in item 11705 does not apply if requesting practitioner has a financial relationship with the medical practitioner who renders the service.
- (g) A service in item 11705 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.

**MBS fee:** \$19.00 (increase)

**Benefit:** 85% = \$16.15      75% = \$14.25

## New item 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 specialists and consultant physicians to a trace item. This item supersedes item 11702.

**Descriptor:** Twelve-lead electrocardiography to produce a trace only, 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 service is not applicable more than twice on the same day for different traces on the same patient.



A service in item 11707 does not apply if the patient is an admitted patient.

A service in item 11707 does not apply if the patient is attending a hospital for the purposes of routine pre-operative assessment.

**MBS fee:** \$19.00

**Benefit: 85%** = \$16.15

## New item 11714 – Twelve-lead electrocardiography, performing a trace and interpretation.

**Overview:** Introducing a new item for specialist and consultant physician use for performing an ECG trace and reporting, which can be claimed in conjunction with a consultation if clinically required.

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

- (a) the clinical report is provided back to the requesting practitioner; and
- (b) a service in item 11714 does not apply if the patient is an admitted patient.

A service in item 11714 does not apply if the patient is attending a hospital for the purposes of routine pre-operative assessment.

The service is not applicable more than twice on the same day for different traces on the same patient.

**MBS fee:** \$25.00

**Benefit: 85%** = \$19.55

## Item mapping

Deleted item	New Item
<b>ECG items</b>	
11700- Twelve-lead electrocardiography, tracing and report	11704- Twelve-lead electrocardiography, tracing and report
11701- Twelve-lead electrocardiography, report only	11705- Twelve-lead electrocardiography, report only
11702- Twelve-lead electrocardiography, tracing only	11707- Twelve-lead electrocardiography, tracing only



## 2. Ambulatory electrocardiography (AECG) changes

### Deleted item 11708 – Continuous electrocardiography recording of ambulatory patient

This item is now obsolete and services under this item are expected to be claimed under item 11716.

### Deleted item 11709 – Continuous electrocardiography recording of a patient for 12 or more hours

Services for this item have been amended and are expected to be claimed under items 11716.

### Deleted item 11710 – Ambulatory electrocardiography monitoring

Services for this item have been restructured into two new items and are expected to be claimed under items 11717 and 11723.

### Deleted item 11711 – Ambulatory electrocardiography monitoring

This item is obsolete and services for this item are expected to be claimed under items 11717 and 11723.

### Deleted item 11712 – Multi-channel ECG monitoring and recording during exercise

Services for this item have been restructured into two new items, one item for patients 17 years and over and one item for patients under 17 years of age. Services are now expected to be claimed under items 11729 and 11730.

### New item 11716 – Continuous electrocardiography recording of a patient for 12 or more hours

**Overview:** Introduced as part of the restructure of ambulatory ECG items to better describe the specific clinical indications for use of this item and better align with current best practice. This item supersedes item 11709

**Descriptor:** Continuous ECG recording of ambulatory patient for 12 or more hours with interpretation and report by a specialist or consultant physician if the service:

(a) is indicated for the evaluation of a patient for:



- (i) syncope; or
  - (ii) pre-syncopal episodes; or
  - (iii) palpitations where episodes are occurring greater than once a week; or
  - (iv) another asymptomatic arrhythmia is suspected with an expected frequency of greater than once a week; or
  - (v) surveillance following cardiac surgical procedures that have an established risk of causing dysrhythmia; and
- (b) utilises a system capable of superimposition and full disclosure printout of at least 12 hours of recorded ECG data, (including resting ECG and the recording of parameters) microprocessor based scanning analysis; and
- (c) is not in association with ambulatory blood pressure monitoring; and
- (d) is other than a service on a patient in relation to whom this item and any of the items 11704, 11705, 11707 or 11714 are rendered by a single medical practitioner on a single patient on a single day; and
- (e) is applicable once in a 4 week period; and
- (f) a service in item 11716 does not apply if the patient is an admitted patient.
- (g) A service in item 11716 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, unless:
- (i) the patient was referred to the medical practitioner by a referring practitioner, and:
    - i. separately the service was requested by a requesting practitioner; or
    - ii. an attendance with the patient is provided after the service where clinical management decisions are made; or
- (h) the decision to perform the service was made during the attendance with the medical practitioner on the same day as the service.

**Explanatory notes:** The following indications would be considered appropriate even in patients who may not experience symptoms more often than once a week.

- (a) For the detection of asymptomatic atrial fibrillation (AF) following a transient ischaemic attack (TIA) or cryptogenic stroke.
- (b) For the surveillance of paediatric patients following cardiac surgeries that have an established risk of causing dysrhythmia.
- (c) For babies, young children and other patients where there is a demonstrable benefit for the documentation of heart rate or if a cardiac dysrhythmia is suspected, but due to the patient's age, cognitive capacity or expressive language impairment, it is not possible to accurately assess symptom frequency based on medical history.

Discussions of the results, findings or interpretation of a study are reasonably expected to be part of a formal report. Discussion of these findings with a patient does not constitute a consult. Similarly, discussion(s) during the course of a study or to determine the safety or appropriateness of the study is part of the service and should not be claimed as a consult.



The paediatric co-claiming exception should not be applied to cardiologists treating or investigating adult congenital heart disease.

**MBS fee:** \$172.75

**Benefit:** 85% = \$146.85

**New item 11717 – Ambulatory ECG monitoring, patient activated, single or multiple event recording, utilising a memory recording device which is connected continuously to the patient for between 7 and 30 days.**

**Overview:** Restructure of ambulatory ECG items to align with modern practice and promote high value use. This new item provides for technology that can capture cardiac events between 7 and 30 days. The fee has been increased from the deleted item 11710 to reflect the longer time for monitoring and additional data collection for reporting.

**Descriptor:** Ambulatory ECG monitoring of a patient by a medical practitioner, if the service:

- (a) utilises a patient activated, single or multiple event memory recording device which is connected continuously to the patient for between 7 and 30 days and is capable of recording for at least 20 seconds prior to each activation and for 15 seconds after each activation; and
- (b) includes transmission, analysis, interpretation and reporting (including the indication for the investigation); and
- (c) a service in item 11717 does not apply if the patient is an admitted patient; and
- (d) a service in item 11717 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, unless:
  - (i) the patient was referred to the medical practitioner by a referring practitioner, and:
    - i. separately the service was requested by a requesting practitioner; or
    - ii. an attendance with the patient is provided after the service where clinical management decisions are made; or
  - (ii) the decision to perform the service was made during the attendance with the medical practitioner on the same day as the service: and
- (e) is for investigation of recurrent episodes of:
  - (i) unexplained syncope; or
  - (ii) palpitation; or
  - (iii) other symptoms where a cardiac rhythm disturbance is suspected and where episodes are infrequent has occurred; and





(f) is applicable once in a 3 month period.

**MBS fee:** \$101.50

**Benefit:** 85% = \$82.30

## Deleted item 11722 – Implanted ECG loop recording

Services for this item have been amended and are expected to be claimed under items 11731.

**New item 11723 – Ambulatory electrocardiography monitoring, patient activated, single or multiple event recording, utilising a memory recording device which is connected continuously to the patient for up to 7 days.**

**Overview:** Restructure of the ambulatory electrocardiography (ECG) items to align with modern practice and promote high value use. This new item provides for technology that can capture cardiac events up to 7 days.

**Descriptor:** Conducting ambulatory ECG monitoring of a patient by a medical practitioner if the service:

- (a) utilises a patient activated, single or multiple event recording, on a memory recording device which is connected continuously to the patient for up to 7 days and is capable of recording for at least 20 seconds prior to each activation and for 15 seconds after each activation; and
- (b) includes transmission, analysis, interpretation and formal report (including the indication for the investigation); and
- (c) a service in item 11723 does not apply if the patient is an admitted patient; and
- (d) a service in items 11716, 11717, 11723 and 11729 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, unless:
  - (i) the patient was referred to the medical practitioner by a referring practitioner, and:
    - i. separately the service was requested by a requesting practitioner; or
    - ii. an attendance with the patient is provided after the service where clinical management decisions are made; or
    - iii. the decision to perform the service was made during the attendance with the medical practitioner on the same day as the service; and
- (e) is for investigation of recurrent episodes of:
  - (i) unexplained syncope; or
  - (ii) palpitation; or



- (f) other symptoms where a cardiac rhythm disturbance is suspected and where episodes are infrequent has occurred; and
- (g) is applicable once in a 3 month period.

**MBS fee:** \$53.55

**Benefit:** 85% = \$45.50

## New item 11729 – Multi-channel electrocardiography monitoring and recording during exercise

**Overview:** Introduced as part of the restructure of ambulatory electrocardiography (ECG) items to better clarify the clinical indications for use of this item and to promote high value care. This item is restricted to once every 2 years, but the restriction also includes myocardial perfusion studies (nuclear medicine studies) and stress echocardiogram tests in the 2 year period. The item is only claimable for persons 17 years and over.

**Descriptor:** Multi channel ECG monitoring and recording during exercise (motorised treadmill or cycle ergometer capable of quantifying external workload in watts) or pharmacological stress, if:

- (a) the investigation involves the continuous attendance by a medical practitioner trained in exercise testing; and
- (b) for a patient who is aged 17 years or more, and
  - (i) has symptoms consistent with cardiac ischemia; or
  - (ii) has other cardiac disease which may be exacerbated by exercise; or
  - (iii) has a first degree relatives with suspected heritable arrhythmia; and
- (c) the service:
  - (i) is not less than 20 minutes in duration; and
  - (ii) includes resting ECG; and
  - (iii) is reported on with reference to the clinical indications for the patient; and
  - (iv) has a second medical practitioner trained in exercise testing who is immediately available for emergency call situations; and
  - (v) is performed on premises equipped with standard resuscitation equipment; and
  - (vi) is other than a service on a patient in relation to whom this item or any of items 55141, 55143, 55145, 55146, 61324, 61329, 61345, 61349 or 61357 has applied in the preceding 24 months; and
  - (vii) is other than a service on a patient in relation to whom this item and any of the items 11704, 11705, 11707 or 11714 has applied by a single medical practitioner on a single patient on a single occasion; and
- (d) is applicable once in a 24 month period; and



- (e) a service in item 11729 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, unless:
  - (i) the patient was referred to the medical practitioner by a referring practitioner, and;
  - (ii) separately the service was requested by a requesting practitioner; or
  - (iii) an attendance with the patient is provided after the service where clinical management decisions are made; or
  - (iv) the decision to perform the service was made during the attendance with the medical practitioner on the same day as the service; and
- (f) a service in item 11729 does not apply, if the service is:
  - (i) screening; or
  - (ii) a patient who is asymptomatic and have a normal cardiac examination; or
  - (iii) performed where body habitus, or other physical condition is such that the test is unlikely to provide adequate information; or
  - (iv) for a patient that is predicted to be unable to exercise sufficiently; and
- (g) a service in item 11729 does not apply, if the service is:
  - (i) monitoring of known disease in the absence of symptom evolution; or
  - (ii) for a patient who has an abnormal resting ECG which would prevent the interpretation of results.

**Explanatory notes:** A consultation may be claimed with this service where

- (i) both the consultation and the service were specifically and separately requested by another provider; or
- (ii) the consultation was specifically requested by another provider and the decision to perform the service was made during a consultation with the service provider on the same day as the service; or
- (iii) the provider claiming both services is responsible for the ongoing care of the patient and provides a consultation after the service where clinical management decisions are made.

Heritable arrhythmias include those defined in the CSANZ guidelines for the diagnosis and management of catecholaminergic polymorphic ventricular tachycardia, familial long QT syndrome and genetic investigation of young sudden unexplained death and resuscitated out of hospital cardiac arrest.

A calcium score of zero is normal and clinician judgement should be applied for scores of 0–10.

Discussions of the results, findings or interpretation of a study are reasonably expected to be part of a formal report. Discussion of these findings with a patient does not constitute a consult. Similarly, discussion(s) during the course of a study or to determine the safety or appropriateness of the study is part of the service and should not be claimed as a consult.

**MBS fee:** \$156.95



**Benefit:** 85% = \$133.40      75% = \$117.70

## New item 11730 – Multi- channel electrocardiography monitoring and recording during exercise for persons under 17 years.

**Overview:** Introduced as part of the restructure of ambulatory electrocardiography (ECG) items to better clarify the clinical indications for use of this item and to promote high value care. The item is only claimable for persons under 17 years.

**Descriptor:** Multi channel ECG monitoring and recording during exercise (motorised treadmill or cycle ergometer capable of quantifying external workload in watts), if:

- (a) the investigation involves the continuous attendance by a medical practitioner trained in exercise testing; and
- (b) for a patient who is aged under 17 years; and:
  - (i) has symptoms consistent with cardiac ischemia; or
  - (ii) has other cardiac disease which may be exacerbated by exercise; or
  - (iii) has a first degree relatives with suspected heritable arrhythmia; and
- (c) the service:
  - (i) is not less than 20 minutes in duration; and
  - (ii) includes resting ECG; and
  - (iii) is reported on with reference to the patient symptoms; and
  - (iv) has a second medical practitioner trained in exercise testing who is immediately available for emergency call situations; and
  - (v) is performed on premises equipped with standard resuscitation equipment; and
  - (vi) is other than a service on a patient in relation to whom this item and any of the items 11704, 11705, 11707 or 11714 has applied by a single medical practitioner on a single patient on a single occasion; and
- (d) a service in item 11730 does not apply, if the service is:
  - (i) screening; or
  - (ii) a patient who is asymptomatic and have a normal cardiac examination; or
  - (iii) performed where body habitus, or other physical condition is such that the test is unlikely to provide adequate information; or
- (e) for a patient that is predicted to be unable to exercise sufficiently.

**MBS fee:** \$156.95

**Benefit:** 85% = \$133.40      75% = \$117.70



## New item 11731 – Implanted ECG loop recording

**Overview:** This item was introduced to promote high value care, a new 4 week restriction has been added to the superseded item 11722.

**Descriptor:** Implanted ECG loop recording by a medical practitioner, including reprogramming when required; retrieval of stored data, analysis, interpretation and report by a medical practitioner, if the service is:

- (a) an investigation for a patient with:
  - (i) cryptogenic stroke; or
  - (ii) recurrent unexplained syncope; and
- (b) not a service to which item 38285 of the general medical services table applies; and
- (c) applicable once in a 4 week period.

**Explanatory Note:** Also permissible for babies, young children and other patients, due to the patient’s age, cognitive capacity or expressive language impairment, where symptoms have not been satisfactorily investigated by other methods.

Discussions of the results, findings or interpretation of a study are reasonably expected to be part of a formal report. Discussion of these findings with a patient does not constitute a consult. Similarly, discussion(s) during the course of a study or to determine the safety or appropriateness of the study is part of the service and should not be claimed as a consult.

The paediatric co-claiming exception should not be applied to cardiologists treating or investigating adult congenital heart disease.

**MBS fee:** \$35.85

**Benefit:** 85% = \$30.50

## Item mapping

Deleted item	New Item/s
<b>AECG Items</b>	
11709- Continuous electrocardiography recording of a patient for 12 or more hours	11716- Continuous electrocardiography recording of a patient for 12 or more hours
11712- Multi-channel electrocardiography monitoring and recording during exercise	11729- Multi-channel electrocardiography monitoring and recording during exercise for persons 17 years and over



	11730- Multi-channel electrocardiography monitoring and recording during exercise for persons under 17 years
11722- Implanted ECG loop recording	11731- Implanted ECG loop recording

To view previous item descriptors and deleted items, visit MBS Online at [www.mbsonline.gov.au](http://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.

*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.*