

## **Bone Densitometry Services under Medicare - Questions & Answers for Providers**

### **What are the current Medicare Benefits Schedule (MBS) bone densitometry (BD) items?**

The MBS currently has seven BD items: 12306, 12309, 12312, 12315, 12318, 12321 and 12323.

Medicare benefits are payable for:

- the diagnosis and monitoring of bone loss if a patient has certain specific medical conditions or is undergoing particular treatments likely to cause rapid bone loss;
- the confirmation of clinically suspected low bone mineral density, usually following a fracture;
- the subsequent monitoring of established low bone mineral density; and
- the measurement of bone density in patients aged 70 years or over.

### **Are there any limits on the frequency of BD testing under Medicare?**

For Medicare purposes, most bone density testing is subject to a restriction on the time interval between tests, from one every 12 to 24 months, depending on the MBS item. For those specific medical conditions or for patients undergoing particular treatments that may cause more rapid bone loss, a rebate is available for repeat testing at 12 monthly intervals.

### **Why are there restrictions on the frequency of BD testing?**

Bone density loss is considered to be a relatively slow process. Changes in bone loss cannot be reliably measured by yearly testing. Repeat testing within 24 months is unlikely to assist in clinical decision making.

### **Why are MBS bone densitometry items changing?**

An expert, clinician-led Medicare Benefits Schedule (MBS) Review Taskforce was established in April 2015 under the Government's Healthier Medicare initiative, to lead a programme of MBS reviews aiming to align MBS funded services with contemporary clinical evidence and improve health outcomes for patients.

The Taskforce has made a number of recommendations to date including some changes to the MBS bone densitometry items. The Government has decided, as announced on 22 August 2017 by Professor Bruce Robinson, the Taskforce Chair, to implement the recommended bone densitometry changes to come into effect from 1 November 2017.

### **What are the MBS BD changes?**

From 1 November 2017, the following changes recommended by the Taskforce will be made:

- specifying that the person performing the DEXA items (12306, 12312, 12315, 12321 and the two new items 12320 & 12322) holds a radiation license, as required by State or Territory law and the scan is performed under the supervision of an appropriate specialist or consultant physician;

- specifying that an appropriate specialist or consultant physician must be available to monitor and influence the conduct of the Quantitative Computed Tomography (QCT) scan (i.e. 12320 and 12322, when performed using QCT) and personally attend the patient if required;
- introducing the requirement that the interpretation and report for all MBS bone densitometry services will be provided by a specialist or consultant physician;
- replacing item 12323 for people aged 70 years or over with two time-restricted items (new items 12320 & 12322) based on patient bone mineral density t-scores. Item 12320 continues to make available an initial bone densitometry service for those patients aged 70 years or over who have not already had this service; and
- deleting the QCT items 12309 and 12318 from the MBS.

From 1 November 2017, the MBS bone densitometry items with the changes outlined above, will be included in the *Health (General Medical Services) Table Regulation 2017* in conjunction with their removal from the *Health Insurance (Bone Densitometry) Determination 2012*.

### **How will the changes affect patients aged 70 years or over?**

From 1 November 2017, two new MBS items will apply for BD testing for patients aged 70 years or over.

Patients 70 years or over will continue to be eligible for an initial screening study (item 12320).

Patients with a bone mineral density t-score of -1.5 or above will be eligible for one scan every 5 years (item 12320).

Patients with a bone mineral density t-score of less than -1.5 and above -2.5 will be eligible for one scan every two years (item 12322).

The MBS Review Taskforce found these testing frequencies to be clinically appropriate. A testing interval of one year is not considered reliable in detecting change attributable to actual bone loss in the screening setting.

### **What about patients diagnosed with osteoporosis?**

Patients diagnosed with osteoporosis will continue to be able to use the existing clinically appropriate bone densitometry MBS items. The Taskforce did not recommend changes to eligibility and time restrictions for these items.

### **Will there be changes to Medicare services for people already diagnosed with specific health conditions affecting their bone density?**

The current MBS items for people with a range of specified conditions that affect their bone mineral density will continue to have access to the same items. The Taskforce did not recommend changes to eligibility and time restrictions for these items.

### **What are the changes to the dual energy X-Ray absorptiometry (DEXA) bone densitometry services?**

Provider qualifications for the DEXA BD testing items 12306; 12312; 12315, and new items 12320 & 12322, will specify that these items must be performed by:

- (a) a specialist or consultant physician; or
- (b) a person who holds a radiation license under a law of a State or Territory, who is under the supervision of, a specialist or consultant physician.

The item descriptors for these items will be amended to specify that the interpretation and report for a bone densitometry service must be provided by a specialist or consultant physician.

This change allows appropriately licensed and qualified technicians to perform DEXA services under appropriate supervision, in line with common practice in Australia and overseas.

This change in the MBS item descriptor also formalises the already existing qualification and licensing requirements of states and territories for DEXA practitioners.

### **What are the changes to the quantitative computed tomography (QCT) bone densitometry services?**

The Taskforce recommended that provider qualifications for QCT items when performed under items 12320 and 12322 will be amended to specify that these items must be:

- (a) performed under the professional supervision of an appropriate specialist or consultant physician who is available:
  - (i) to monitor and influence the conduct and diagnostic quality of the examination; and
  - (ii) if necessary, to attend on the patient personally; and
- (b) reported by an appropriate specialist or consultant physician.

The Taskforce recommended the removal of MBS QCT items 12309 and 12318 on the basis that QCT provides lower value care in comparison to DEXA, which is considered to be the superior test for bone densitometry.

### **Are Medicare recommended fees and benefits changing?**

There are no changes to the MBS recommended fees and benefits as part of the Taskforce recommendations. The MBS schedule fees and benefits for the two new items, 12320 & 12322, are the same as the item (12323) they replace.

It remains the case that medical and health practitioners, including diagnostic imaging providers, are free to set their own fees for the services they provide and to determine their own billing practices. Consumers are responsible for any difference between the applicable Medicare benefit and the fee set by the provider. Where a provider chooses to bulk bill there should be no out-of-pocket cost.