



Medicare Benefits Schedule Review Taskforce

Final Report on the MBS Items for Breast Imaging

2018



Important note

This Addendum Report contains the final recommendations from the MBS Review Taskforce following consultation with the clinical committee and stakeholders. Updates made to clinical committee recommendations are based on consultation feedback and are outlined in the table below.

The recommendations contained in this report have been forwarded to the Government for consideration.

The Taskforce welcomes ongoing feedback on this or any MBS Review report via: mbsreviews@health.gov.au.

Original recommendation	Updated recommendation
<ul style="list-style-type: none"> Three items should be created. 	<ul style="list-style-type: none"> Four items should be created.
<ul style="list-style-type: none"> The committee made four recommendation relating to image-guided biopsy of the breast – Recommendations 6, 7, 8 and 9. 	<ul style="list-style-type: none"> The committee made five recommendation relating to image-guided biopsy of the breast – Recommendations 6, 7, 8, 9 and 10.
<ul style="list-style-type: none"> Nil 	<ul style="list-style-type: none"> Recommendation 10: Create a new item preoperative radionuclide localisation of an occult lesion (ROLL) of the breast.
<ul style="list-style-type: none"> Recommendation 3 (iii) Symptoms or indications of breast disease found on an examination of the patient by a medical practitioner. Services must be undertaken on full-field digital mammographic (FFDM) equipment. Benefits are payable once only in any 6 month period. 	<ul style="list-style-type: none"> Recommendation 3 (iii) Symptoms or signs of breast disease found on an examination of the patient by a medical practitioner. Services must be undertaken on digital mammographic (FFDM) equipment.
<ul style="list-style-type: none"> Recommendation 7 - <i>It is proposed the explanatory note would be:</i> <i>Breast abnormalities requiring biopsy should be assessed by core biopsy or vacuum-assisted core biopsy.</i> <i>If a service has access to high-quality cytology with immediate reporting, then FNA may be used in addition to mechanical device biopsy, but not instead of it.</i> <i>In exceptional cases FNA may be used alone if mechanical device biopsy is not possible, or is not appropriate.</i> 	<ul style="list-style-type: none"> Recommendation 7 - <i>It is proposed the explanatory note would be:</i> <i>Breast abnormalities requiring biopsy should be assessed by core biopsy or vacuum-assisted core biopsy.</i> <i>If a service has access to high-quality cytology with immediate reporting, then FNA may be used in addition to mechanical device biopsy, but not instead of it.</i> <i>In exceptional cases FNA may be used alone if mechanical device biopsy is not possible.</i>



Original recommendation	Updated recommendation
<ul style="list-style-type: none"> Recommendation 8 - <i>It is proposed the new item descriptor would be:</i> 3153X <i>Breast, the insertion of a marker clip, following aa breast biopsy, using interventional imaging techniques – including imaging. To only be used in conjunction with 31548.</i> The Committee recognises that any fee would require further economic modelling prior to a price point being settled on. 	<ul style="list-style-type: none"> Recommendation 8 - <i>It is proposed the new item descriptor would be:</i> 3153X <i>Breast, the insertion of a marker clip, using interventional imaging techniques – including imaging.</i> The Committee recognises that any fee would require further economic modelling prior to a price point being settled on.



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1. Executive summary

The Medicare Benefits Schedule (MBS) Review Taskforce (the Taskforce) is undertaking a program of work that considers how more than 5,700 items on the MBS can be aligned with contemporary clinical evidence and practice and improve health outcomes for patients. The Taskforce will also seek to identify any services that may be unnecessary, outdated or potentially unsafe.

The Taskforce is committed to providing recommendations to the Minister for Health (the Minister) that will allow the MBS to deliver on each of these four key goals:

- Affordable and universal access
- Best practice health services
- Value for the individual patient
- Value for the health system.

The Taskforce has endorsed a methodology whereby the necessary clinical review of MBS items is undertaken by clinical committees and working groups.

The Diagnostic Imaging Clinical Committee (the Committee) was established in 2015 to make recommendations to the Taskforce on the review of MBS items in its area of responsibility, based on rapid evidence review and clinical expertise.

The Breast Imaging Working Group (the Working Group) is one of six clinical working groups that have been established to support the work of the Committee. It was established to review 39 breast imaging and breast biopsy MBS items and assist the Committee in drafting recommendations.

The recommendations from the clinical committees are released for stakeholder consultation. The clinical committees consider feedback from stakeholders then provide recommendations to the Taskforce in a Review Report. The Taskforce considers the Review Reports from clinical committees and stakeholder feedback before making recommendations to the Minister for consideration by Government.



1.1 Key recommendations

The Committee, with the assistance of the Breast Imaging Working Group (the Working Group), reviewed 32 breast imaging MBS items. In addition, seven breast biopsy MBS items were reviewed.

The Committee's recommendations for stakeholder consultation were that:

- five items should be deleted from the MBS;
- four new items should be created;
- four items should be amended;
- 13 items should remain unchanged; and
- two items should be referred to the MSAC Executive for their consideration.

The recommendations developed during this review are detailed below. Recommendations included in this paper relate to:

- ultrasound of the breast;
- x-ray of the breast (mammography);
- magnetic resonance imaging (MRI) of the breast; and
- breast biopsy.

The complete recommendations (and the accompanying rationales) for all items can be found in Section 4.

Breast ultrasound

Breast ultrasound is the examination of breast tissue using an ultrasound scan. Ultrasound uses high frequency soundwaves to produce images of the body that are displayed on a screen. Ultrasound of the breast helps to distinguish fluid-filled lumps in the breast (cysts) from solid lumps which may be cancerous or benign. It is often useful for the examination of the breasts of younger women because the breast tissue is much denser than it is in older women. Higher breast density can make it difficult or impossible to detect an abnormality using mammography.

Breast ultrasound services funded under Medicare are listed as MBS items 55070, 55073, 55076 and 55079.

The Committee made one recommendation related to breast ultrasound relating to the creation of a new breast ultrasound item incorporating ultrasound-guided breast biopsy which can be performed at the same time as a diagnostic breast ultrasound.

Recommendation 1: Create an ultrasound-guided breast biopsy item.



Mammography

A diagnostic mammogram is an x-ray examination of the breast/s, performed when a patient experiences abnormal breast symptoms or their doctor (or another health professional) identifies abnormal signs in one or both breasts (e.g. a lump, tenderness, nipple discharge or skin changes).

Diagnostic mammography services are funded under Medicare and are listed as MBS items 59300 (both breasts) and 59303 (one breast).

The Committee made two recommendations relating to mammography services provided under the MBS with a third recommendation to delete a specialised breast x-ray (mammary ductogram), now considered obsolete.

Recommendation 2: *Amend the clinical indications in the item descriptor for bilateral mammography item 59300 to encourage appropriate use of BreastScreen services.*

Recommendation 3: *Create a new bilateral mammography item with an increased fee to encourage uptake of digital radiography mammography.*

Recommendation 4: *Delete mammary ductogram items 59306 and 59309 from the MBS.*

Breast MRI

An MRI scan of the breasts is a diagnostic test where magnetic fields and an advanced computer are used to produce detailed images of breasts without using x-rays.

In Australia, breast MRI is usually performed to detect early breast cancer in women identified as being at high risk of developing breast cancer (e.g. those with a history of breast cancer at a young age, strong family history of breast cancer or known genetic mutation).

The Committee made one recommendation relating to MRI of the breast.

MBS breast MRI services are provided under items 63464, 63467, 63487 and 63489.

Recommendation 5: *Amend the item descriptor for breast MRI item 63464 and refer proposed changes to the Medical Services Advisory Committee Executive for consideration.*

Breast biopsy

A breast biopsy is performed to remove some cells, with or without a sample of tissue, from a suspicious area in the breast so they can be examined under a microscope to determine a diagnosis.

Image-guided biopsy is performed by taking samples of an abnormality guided by ultrasound, MRI or mammography.



Mammography-guided biopsy services are funded under Medicare and are listed as MBS items 31530, 31533, 31536, 31539, 31542, 31545 and 31548.

The Committee made five recommendations relating to image-guided biopsy of the breast.

Recommendation 6: Delete bore-enbloc stereotactic biopsy breast biopsy items 31539, 31542 and 31545 from the MBS.

Recommendation 7: Create an explanatory note for breast biopsy items 31533 and 31548 to encourage use of mechanical breast biopsy over FNA, except in exceptional clinical circumstances.

Recommendation 8: Create a new item and explanatory note for the insertion of a breast biopsy localisation marker clip and refer the proposed item to the Medical Services Advisory Committee for consideration.

Recommendation 9: Increase the fee for mechanical breast biopsy item 31548.

Recommendation 10: Create a new item for preoperative radionuclide localisation of an occult lesion (ROLL) of the breast.

1.2 Consumer impact

All recommendations have been summarised for consumers in Appendix A – Summary for consumers. The summary describes the medical service, the recommendation of the clinical experts and rationale behind the recommendations. A full consumer impact statement is available in Section 5.

The Committee believes it is important to find out from consumers if they will be helped or disadvantaged by the recommendations – and how, and why. Following targeted consultation, the Committee will assess the advice from consumers in order to make sure that all the important concerns are addressed. The Taskforce will then provide the recommendations to Government.

Both patients and providers are expected to benefit from these recommendations because they address concerns regarding patient safety and quality of care, and because they take steps to simplify the MBS through the deletion of services which are considered obsolete in contemporary medical practice. In addition, these recommendations seek to ensure more equitable fees are paid through Medicare for the provision of breast imaging services.



2. About the Medicare Benefits Schedule (MBS) Review

2.1 Medicare and the MBS

2.1.1 What is Medicare?

Medicare is Australia's universal health scheme that enables all Australian residents (and some overseas visitors) to have access to a wide range of health services and medicines at little or no cost.

Introduced in 1984, Medicare has three components:

- free public hospital services for public patients
- subsidised drugs covered by the Pharmaceutical Benefits Scheme (PBS)
- subsidised health professional services listed on the MBS.

2.2 What is the MBS?

The MBS is a listing of the health professional services subsidised by the Australian Government. There are more than 5,700 MBS items that provide benefits to patients for a comprehensive range of services, including consultations, diagnostic tests and operations.

2.3 What is the MBS Review Taskforce?

The Government established the Taskforce as an advisory body to review all of the 5,700 MBS items to ensure they are aligned with contemporary clinical evidence and practice and improve health outcomes for patients. The Taskforce will also modernise the MBS by identifying any services that may be unnecessary, outdated or potentially unsafe. The Review is clinician-led with ongoing consumer input, and there are no targets for savings attached to the Review.

2.3.1 What are the goals of the Taskforce?

The Taskforce is committed to providing recommendations to the Minister that will allow the MBS to deliver on each of these four key goals:

- **Affordable and universal access**—the evidence demonstrates that the MBS supports very good access to primary care services for most Australians, particularly in urban Australia. However, despite increases in the specialist workforce over the last decade, access to many specialist services remains problematic, with some rural patients being particularly under-served.
- **Best practice health services**—one of the core objectives of the Review is to modernise the MBS, ensuring that individual items and their descriptors are consistent with contemporary



best practice and the evidence base when possible. Although the Medical Services Advisory Committee (MSAC) plays a crucial role in thoroughly evaluating new services, the vast majority of existing MBS items pre-date this process and have never been reviewed.

- **Value for the individual patient**—another core objective of the Review is to have an MBS that supports the delivery of services that are appropriate to the patient’s needs, provide real clinical value and do not expose the patient to unnecessary risk or expense.
- **Value for the health system**—achieving the above elements of the vision will go a long way to achieving improved value for the health system overall. Reducing the volume of services that provide little or no clinical benefit will enable resources to be redirected to new and existing services that have proven benefit and are underused, particularly for patients who cannot readily access those services currently.

2.4 The Taskforce’s approach

The Taskforce is reviewing existing MBS items, with a primary focus on ensuring that individual items and usage meet the definition of best practice. Within the Taskforce’s brief, there is considerable scope to review and provide advice on all aspects that would contribute to a modern, transparent and responsive system. This includes not only making recommendations about adding new items or services to the MBS, but also about an MBS structure that could better accommodate changing health service models.

The Taskforce has made a conscious decision to be ambitious in its approach, and to seize this unique opportunity to recommend changes to modernise the MBS at all levels, from the clinical detail of individual items, to administrative rules and mechanisms, to structural, whole-of-MBS issues. The Taskforce will also develop a mechanism for an ongoing review of the MBS once the current review has concluded.

As the MBS Review is clinician-led, the Taskforce decided that clinical committees should conduct the detailed review of MBS items. The committees are broad-based in their membership, and members have been appointed in an individual capacity, rather than as representatives of any organisation.

The Taskforce asked the committees to review MBS items using a framework based on Professor Adam Elshaug’s *Appropriate Use Criteria* (1). The framework consists of seven steps:

1. Develop an initial fact base for all items under consideration, drawing on the relevant data and literature.



2. Identify items that are obsolete, are of questionable clinical value¹, are misused² and/or pose a risk to patient safety. This step includes prioritising items as “priority 1”, “priority 2”, or “priority 3”, using a prioritisation methodology (described in more detail below).
3. Identify any issues, develop hypotheses for recommendations and create a work plan (including establishing working groups, when required) to arrive at recommendations for each item.
4. Gather further data, clinical guidelines and relevant literature in order to make provisional recommendations and draft accompanying rationales, as per the work plan. This process begins with priority 1 items, continues with priority 2 items and concludes with priority 3 items. This step also involves consultation with relevant stakeholders within the committee, working groups, and relevant colleagues or Colleges. For complex cases, full appropriate use criteria were developed for the item’s explanatory notes.
5. Review the provisional recommendations and the accompanying rationales, and gather further evidence as required.
6. Finalise the recommendations in preparation for broader stakeholder consultation.
7. Incorporate feedback gathered during stakeholder consultation and finalise the Review Report, which provides recommendations for the Taskforce.

All MBS items will be reviewed during the course of the MBS Review. However, given the breadth of and timeframe for the Review, each clinical committee has to develop a work plan and assign priorities, keeping in mind the objectives of the Review. Committees use a robust prioritisation methodology to focus their attention and resources on the most important items requiring review. This was determined based on a combination of two standard metrics, derived from the appropriate use criteria:

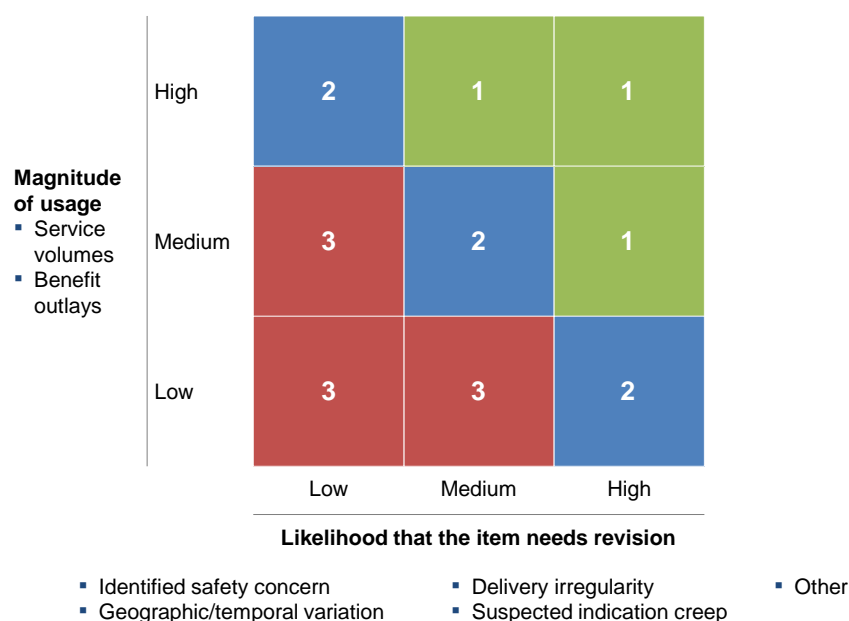
- Service volume.
- The likelihood that the item needed to be revised, determined by indicators such as identified safety concerns, geographic or temporal variation, delivery irregularity, the potential misuse of indications or other concerns raised by the clinical committee (such as inappropriate co-claiming).

¹ The use of an intervention that evidence suggests confers no or very little benefit on patients; or where the risk of harm exceeds the likely benefit; or, more broadly, where the added costs of the intervention do not provide proportional added benefits.

² The use of MBS services for purposes other than those intended. This includes a range of behaviours, from failing to adhere to particular item descriptors or rules through to deliberate fraud.



Figure 1: Prioritisation matrix



For each item, these two metrics were ranked high, medium or low. These rankings were then combined to generate a priority ranking ranging from one to three (where priority 1 items are the highest priority and priority 3 items are the lowest priority for review), using a prioritisation matrix (Figure 1). Clinical committees use this priority ranking to organise their review of item numbers and apportion the amount of time spent on each item.



3. About the Diagnostic Imaging Clinical Committee

The Committee is part of the first tranche of clinical committees. It was established in 2015 to make recommendations to the Taskforce on the review of MBS items within its remit, based on rapid evidence review and clinical expertise.

3.1 Diagnostic Imaging Clinical Committee members

The Committee consists of 11 members whose names, positions, organisations and declared conflicts of interest are listed in Table 1.

Table 1: Diagnostic Imaging Clinical Committee members

Name	Position/organisation	Declared conflict of interest
Dr David Brazier (Chair)	Radiologist, Royal North Shore Hospital	User of MBS services Provider of MBS services
Professor Alexander Pitman	Director of Nuclear Medicine and PET, Lake Imaging; Adjunct Professor, Medical Imaging, University of Notre Dame	User of MBS services Provider of MBS services
Dr William Macdonald	Head, Nuclear Medicine, Fiona Stanley Hospital and Royal Perth Hospital; Past President, Australasian Association of Nuclear Medicine Specialists	User of MBS services Provider of MBS services
Dr Richard Ussher	Director of Training, Radiology, Ballarat Health Services; Director, Grampians BreastScreen	User of MBS services Provider of MBS services
Clinical Associate Professor Sanjay Jeganathan	Managing Partner & Lead Radiologist, Perth Radiological Clinic, Bentley Hospital; Consultant Radiologist, Fiona Stanley Hospital; Councillor, Faculty of Clinical Radiology, Royal Australian and New Zealand College of Radiologists	User of MBS services Provider of MBS services
Associate Professor Michael Yelland	Associate Professor of Primary Health Care, School of Medicine, Griffith University, General and Musculoskeletal Medicine Practitioner	User of MBS services Provider of MBS services
Dr Walid Jammal	Clinical Lecturer, Faculty of Medicine, University of Sydney; Conjoint Senior Lecturer, School of Medicine, University of Western Sydney; Private practice	User of MBS services Provider of MBS services



Associate Professor Rachael Moorin	Associate Professor, Health Policy & Health Economics, School of Public Health, Curtin University	User of MBS services
Dr Jeremy Price	Radiologist, Universal Medical Imaging, Canberra; Visiting Medical Officer, BreastScreen ACT	User of MBS services Provider of MBS services
Ms Geraldine Roberston	Consumer Representative, Consumers Health Forum & Breast Cancer Network Australia	User of MBS services
Dr Matthew Andrews	MBS Review Taskforce (ex-officio)	User of MBS services Provider of MBS services

3.2 About the Breast Imaging Working Group

The Breast Imaging Working Group is one of six clinical working groups that have been established to support the work of the Diagnostic Imaging Clinical Committee. It was established to review breast imaging items and make recommendations to the Committee based on rapid evidence review and clinical expertise.

3.3 Breast Imaging Working Group members

The Working Group consists of seven members, whose names, positions, organisations and declared conflicts of interest are listed in Table 2 below:

Table 2: Breast Imaging Working Group members

Name	Position/organisation	Declared conflict of interest
Dr Walid Jammal, Chair (appointed November 2017)	Clinical Lecturer, Faculty of Medicine, University of Sydney; Conjoint Senior Lecturer, School of Medicine, University of Western Sydney; General Practitioner, private practice	User of MBS services Provider of MBS services
Professor Jenny Doust (Former Chair, resigned October 2017)	Professor of Clinical Epidemiology, Centre for Research in Evidence Based Practice, Bond University; General Practitioner	User of MBS services
Dr Jeremy Price	Radiologist, Universal Medical Imaging, Canberra; Visiting Medical Officer, BreastScreen ACT	User of MBS services Provider of MBS services
Mrs Geraldine Robertson	Consumer Representative, Consumers Health Forum and Breast Cancer Network Australia	User of MBS services



Professor Nehmat Houssami	Professor of Public health and NBCF Breast Cancer Research Leadership Fellow, Sydney School of Public Health, Faculty of Medicine and Health, University of Sydney; Consultant Breast Physician, NSW Women's Breast Centre, Royal Hospital for Women	User of MBS services
		Provider of MBS services
Dr Helen Frazer	Clinical Director, BreastScreen and St Vincent's Hospital	User of MBS services
		Provider of MBS services
Dr Nuwan Dharmaratne	General Practitioner, private practice; Medical Educator, GP Synergy	User of MBS services
		Provider of MBS services
Dr David Walters	Staff Specialist, Breast and Endocrine Surgical Unit, The Queen Elizabeth Hospital; Executive Member, Breast Surgeons of Australia and New Zealand; Visiting Specialist, BreastScreen South Australia; Senior Lecturer, University of Adelaide	User of MBS services

3.4 Conflicts of interest

All members of the Taskforce, clinical committees and working groups are asked to declare any conflicts of interest at the start of their involvement and are reminded to update their declarations periodically. A complete list of declared conflicts of interest can be viewed in Tables 1 and 2 above.

It is noted that the majority of the Committee members share a common conflict of interest in reviewing items that are a source of revenue for them (i.e. Committee members claim the items under review). This conflict is inherent in a clinician-led process and having been acknowledged by the Committee and the Taskforce, it was agreed that this should not prevent a clinician from participating in the review.

3.5 Areas of responsibility of the Committee

The Committee, with the assistance of the Working Group was tasked with reviewing 32 items relating to imaging of the breast. These consist of items relating to breast ultrasound, plain radiography and magnetic resonance imaging (MRI) items.

At its teleconference in February 2018, the MBS Taskforce endorsed the re-allocation of seven breast biopsy items from the General Surgery Clinical Committee to the Committee, on the basis that the bulk of these items are claimed by radiologists.

Table 3 shows those breast imaging MBS items that were initially identified for review by the Committee, with the assistance of the Working Group, along with corresponding service volumes



for the 2016-17 financial year (FY). Please note, NK items (imaging performed on old equipment) have been removed from this list due to low service volumes.

**Table 3: Breast imaging MBS items allocated to the Committee for review**

MBS Item	Short Item Descriptor	Services 2016-17
55070	Ultrasound Breast (one) (R)	148,912
55073	Ultrasound Breast (one) (NR)	5,309
55076	Ultrasound Breast (both) (R)	485,142
55079	Ultrasound Breast (both) (NR)	1,629
59300	Mammogram - both breasts	346,310
59303	Mammogram - one breast	51,643
59306	Mammary ductogram (galactography) - 1 breast	26
59309	Mammary ductogram (galactography) - 2 breasts	8
59312	Radiographic examination of both breasts (surgical procedure)	230
59314	Radiographic examination of 1 breast (surgical procedure)	4,971
59318	Radiographic examination of excised breast tissue	7,038
63464	MRI of both breasts	4,506
63467	MRI of both breasts – follow up service	275
63487	MRI of the breast/s (occult breast cancer)	41
63489	MRI guided breast biopsy (occult breast cancer)	71

During the 2016-17 FY, these items accounted for approximately \$96 million in benefits.

Table 4 shows the seven additional breast biopsy items listed in the MBS (Category 3 – Therapeutic Procedures) that were re-allocated to the Committee for review.

Table 4: Breast biopsy items re-allocated to the Committee for review

MBS Item	Short Item Descriptor	Services 2016-17
31530	Breast, biopsy of solid tumour or tissue of, using a vacuum-assisted breast biopsy device under imaging guidance.	4261
31533	Fine needle aspiration of an impalpable breast lesion	39,831



31536	Breast, preoperative localisation of lesion of, by hookwire or similar device, using interventional imaging techniques.	9597
31539	Breast, biopsy of solid tumour or tissue of, using a bore-enbloc stereotactic biopsy.	0
31542	Breast, initial guidewire localisation of lesion, by hookwire or similar device.	0
31545	Breast, biopsy of solid tumour or tissue of, using a bore-enbloc stereotactic biopsy.	0
31548	Breast, biopsy of solid tumour or tissue of, using mechanical biopsy device.	37,907

During the 2016-17 FY, these items accounted for approximately \$12 million in benefits.

3.6 Summary of the Committee's review approach

The Working Group completed its review of its items across one face-to-face meeting, supplemented by out-of-session correspondence, during which it developed the recommendations and rationales contained in this report. The Committee then considered – and ultimately endorsed – the recommendations from the Working Group at its meeting in March 2018.

The principal purpose of this review was to consider whether:

1. current items reflect contemporary best clinical practice;
2. patients have access to breast imaging services that have the potential to improve health outcomes through improved diagnostic accuracy and decision-making and/or harm minimisation; and
3. amendments to item descriptors would support evidence-based practice and more appropriate utilisation or would allow more accurate evaluation of utilisation patterns.

The review drew on various types of MBS data, including data on utilisation of items (services, benefits, patients, providers and growth rates); service provision (type of provider, geography of service provision); patients (demographics and services per patient); co-claiming or episodes of services (same-day claiming and claiming with specific items over time); and additional provider and patient-level data, when required.



The review also drew on data presented in the relevant literature and clinical guidelines, all of which are referenced in the report. Guidelines and literature were sourced from medical journals and professional societies.



4. Recommendations

The Committee's recommendations for public consultation are that:

- five items should be deleted from the MBS;
- four new items should be created;
- four items should be amended;
- 13 items should remain unchanged; and
- two items should be referred to the MSAC Executive for their consideration.

The changes focus on encouraging best practice, modernising the MBS to reflect contemporary practice and ensuring that MBS services provide value for the patient and the healthcare system.

The recommendations are presented by imaging modality group.

4.1 Breast Ultrasound: Items 55070, 55073, 55076 and 55079

Breast ultrasound is the examination of breast tissue using an ultrasound scan. Ultrasound uses high frequency soundwaves to produce images of the body that are displayed on a screen.

Ultrasound of the breast helps to distinguish fluid-filled lumps in the breast (cysts) from solid lumps which may be cancerous or benign. It is often useful for the examination of the breasts of younger women because the breast tissue is much denser than it is in older women. Higher breast density can make it difficult or impossible to detect an abnormality using mammography.

Ultrasound is also used to diagnose problems such as complications from mastitis (an infection that occurs most often during breastfeeding), to assess abnormal nipple discharge, to assess problems with breast implants and to guide the placement of a needle during biopsies (2).

Breast ultrasound services funded under Medicare are listed as MBS items 55070, 55073, 55076 and 55079. The standard Medicare service data for these ultrasound items is shown in Table 5 below.



Table 5: Medicare service and benefits data for MBS breast ultrasound items 55070, 55073, 55076 and 55079, 2016-17.

Item	Long item descriptor	Schedule fee	Services FY 2016–17	Benefits FY 2016–17	5-year benefits change (CAGR)
55070	BREAST, one, ultrasound scan of, where: (a) the patient is referred by a referring practitioner; and (b) the service is not associated with a service to which an item in Subgroup 2 or 3 of this group applies; and (c) the referring practitioner is not a member of a group of practitioners of which the providing practitioner is a member (R)	\$98.25	148,912	\$13,331,100	1%
55073	BREAST, one, ultrasound scan of, where: (a) the patient is not referred by a medical practitioner; and (b) the service is not associated with a service to which an item in Subgroup 2 or 3 of this group applies (NR)	\$34.05	5,309	\$165,518	-4%
55076	BREASTS, both, ultrasound scan of, where: (a) the patient is referred by a referring practitioner; and (b) the service is not associated with a service to which an item in Subgroup 2 or 3 of this group applies; and (c) the referring practitioner is not a member of a group of practitioners of which the providing practitioner is a member (R)	\$109.10	485,142	\$48,915,689	4%
55079	BREASTS, both, ultrasound scan of, where: (a) the patient is not referred by a medical practitioner; and (b) the service is not associated with a service to which an item in Subgroup 2 or 3 of this group applies (NR)	\$37.85	1,629	\$57,350	8%

Recommendation 1: Create an ultrasound-guided breast biopsy item.

The Committee recommends the creation of a new ultrasound-guided breast biopsy item.

The new item would include both the breast ultrasound and breast biopsy within the one service. It is aimed at allowing a diagnostic breast ultrasound to be immediately followed by an ultrasound-guided breast biopsy. This would avoid the patient having to go back to their doctor for a new referral for a biopsy, after the initial ultrasound.



At present, it is not feasible for the biopsy to be done at the same time as the ultrasound due to existing co-claiming restrictions.

This change would allow patients same-day access to a Medicare-eligible ultrasound-guided breast biopsy following an initial diagnostic breast ultrasound, within the one service.

It is proposed that the new item descriptor would be:

BREAST ULTRASOUND, in conjunction with a surgical procedure using interventional techniques, inclusive of a diagnostic breast ultrasound service, where:

- (a) the referring practitioner has indicated on a referral for a breast ultrasound that an ultrasound-guided breast intervention be performed if clinically indicated; and*
- (b) the service is not performed in conjunction with any other item in this Group.*

The fee for the proposed item would require further economic modelling prior to being decided upon.

Rationale 1:

Patients requiring ultrasound-guided breast biopsy can follow a variety of clinical pathways:

1. Patient attends a radiology practice for a diagnostic mammogram and/or ultrasound and a lesion is identified on the imaging report. The patient's medical practitioner advises the patient to return for an image-guided breast biopsy and provides the patient with a new request form for the biopsy.
2. Patient attends a radiology practice for an image-guided biopsy of an abnormality or lesion detected via physical examination.
3. Patient attends a radiology practice for a diagnostic mammogram and/or ultrasound and a lesion is identified. The radiologist determines that a biopsy is required. The radiologist undertakes the biopsy under image guidance without sending the patient back to their medical practitioner.

Via clinical pathway 1 and 2, all relevant MBS items can be claimed. However via clinical pathway 3, due to MBS co-claiming restrictions, the image guidance MBS item/s cannot be claimed.

There is evidence that patients have been asked to return to their medical practitioner for a biopsy request in order to circumnavigate the co-claiming restrictions. The recommended change removes this incentive.

The proposed new ultrasound-guided breast biopsy item will allow breast ultrasound to be immediately followed by an ultrasound-guided breast biopsy. This is a more efficient process and serves to minimise the distress and inconvenience caused to patients when they have to return for a biopsy on a separate day to their breast ultrasound.



4.2 Diagnostic Mammography: Items 59300 and 59303

A diagnostic mammogram is an x-ray examination of the breast/s. This is performed when a patient experiences abnormal breast symptoms or their doctor (or another health professional) identifies abnormal signs in one or both breasts (e.g. a lump, tenderness, nipple discharge or skin changes). The mammogram may indicate the likelihood of these changes being due to the presence of a breast cancer and whether further tests and treatment are required (2).

Diagnostic mammography is distinct from screening mammography, which is used to detect breast cancer before any symptoms are evident. This allows for early detection and treatment. In Australia, free breast screening is available to women aged 40 years and older through BreastScreen Australia (2).

Diagnostic mammography services are funded under Medicare and are listed as MBS items 59300 (both breasts) and 59303 (one breast).

Table 6 shows the standard Medicare service data for these mammography MBS items.

Table 6: Medicare service and benefits data for mammography MBS items 59300 and 59303, 2016-17.

Item	Long item descriptor	Schedule fee	Services FY 2016–17	Benefits FY 2016–17	5-year benefits change (CAGR)
59300	MAMMOGRAPHY OF BOTH BREASTS, if there is a reason to suspect the presence of malignancy because of: (i) the past occurrence of breast malignancy in the patient or members of the patient's family; or (ii) symptoms or indications of malignancy found on an examination of the patient by a medical practitioner. Unless otherwise indicated, mammography includes both breasts	\$89.50	346,310	\$27,348,857	0.04%
59303	MAMMOGRAPHY OF ONE BREAST, if: (a) the patient is referred with a specific request for a unilateral mammogram; and (b) there is reason to suspect the presence of malignancy because of: (i) the past occurrence of breast malignancy in the patient or members of the patient's family; or (ii) symptoms or indications of malignancy found on an examination of the patient by a medical practitioner	\$53.95	51,643	\$2,360,918	2%



Recommendation 2: Amend the clinical indications in the item descriptor for bilateral mammography item 59300 to encourage appropriate use of BreastScreen services.

The Committee recommends the bilateral mammography (59300) item descriptor be amended to encourage patients to utilise BreastScreen services appropriately.

The proposed new item descriptor specifies that, if mammography is performed solely due to the presence of a positive family history of breast or ovarian cancer, the family history should be *significant*. For asymptomatic patients with a less significant family history of these cancers, BreastScreen services are appropriate and should be used in place of Medicare-funded diagnostic mammography.

The new item descriptor also replaces the requirement for symptoms or indications of breast *malignancy*, with symptoms or indications of breast *disease* (including non-malignant breast pathology), to access the test.

The current item descriptor for this item is:

59300 - Radiographic Examination of Breasts

(Note: These items are intended for use in the investigation of a clinical abnormality of the breast/s and NOT for individual, group or opportunistic screening of asymptomatic patients)

MAMMOGRAPHY OF BOTH BREASTS, if there is a reason to suspect the presence of malignancy because of:

- (i) the past occurrence of breast malignancy in the patient or members of the patient's family; or*
- (ii) symptoms or indications of malignancy found on an examination of the patient by a medical practitioner. Unless otherwise indicated, mammography includes both breasts*

It is proposed the new item descriptor would be:

59300 - Radiographic Examination of Breasts

(Note: These items are intended for use in the investigation of a clinical abnormality of the breast/s and NOT for individual, group or opportunistic screening of asymptomatic patients)

MAMMOGRAPHY OF BOTH BREASTS, if there is a reason to suspect the presence of malignancy because of:

- (i) the past occurrence of breast malignancy in the patient; or*
- (ii) significant history of breast or ovarian malignancy in the patient's family; or*



(iii) *symptoms or indications of breast disease found on an examination of the patient by a medical practitioner.*

Rationale 2:

MBS Item 59300 is intended for patients who:

- have symptoms of breast cancer or non-cancerous breast disease; and/or
- a significant family history of breast and/or ovarian cancer; and/or
- a previous diagnosis of breast cancer within the last five years.

The MBS is not intended to be used for population-based screening of large numbers of asymptomatic women. During the development of this recommendation, the Committee considered appropriate indications for diagnostic mammography. It agreed this MBS item should be reserved for women identified at particularly increased risk of breast cancer, such as those with symptoms or a personal history of breast cancer.

Research undertaken by BreastScreen Australia has estimated that of the total number of patients aged 50 to 69 years who claimed MBS Item 59300 from 1 Jan 2014 to 30 December 2015, 28% (90,000) were estimated to have undergone the test for non-diagnostic (i.e. screening) purposes (3).

The Committee considered the relevance of family history of breast or ovarian cancer in the setting of diagnostic mammography. It agreed that the age of the affected family member is of great importance in determining the relevance of a positive family history of breast cancer (with younger age of onset being associated with a greater personal risk). Therefore, rather than the item descriptor for item 59300 including *any* family history as an indication for the test, the Committee agreed that only *significant* family history should enable use of the item. Women with a less significant family history (including a first diagnosis of breast cancer in an elderly first degree family member) should utilise BreastScreen services for screening mammography.

The Committee also considered the role of mammography in the setting of non-cancerous breast pathology. It agreed that mammography may be of value in the investigation of some benign breast conditions. It therefore recommended the item descriptor be changed from *symptoms or indications of malignancy found on an examination* to *symptoms or indications of breast disease found on an examination*.

The proposed amendments to MBS item 59300 are expected to encourage patients to utilise BreastScreen services appropriately.

Recommendation 3: *Create a new bilateral mammography item with an increased fee to encourage uptake of digital radiography mammography.*



The Committee recommends the creation of a new bilateral mammography item for services undertaken using digital radiography equipment with a higher fee than the current item 59300. The new item would also include an interval restriction of six months between services.

It is proposed the new item descriptor would be:

5930X - Radiographic Examination of Breasts

(Note: These items are intended for use in the investigation of a clinical abnormality of the breast/s and NOT for individual, group or opportunistic screening of asymptomatic patients)

MAMMOGRAPHY OF BOTH BREASTS, if there is a reason to suspect the presence of malignancy because of:

- (i) the past occurrence of breast malignancy in the patient; or*
- (ii) there is significant history of breast or ovarian malignancy in the patient's family; or*
- (iii) symptoms or signs of breast disease found on an examination of the patient by a medical practitioner.*

Services must be undertaken on digital mammographic (FFDM) equipment.

The fee for the proposed item would require further economic modelling prior to being decided upon.

Rationale 3:

As digital technology is accepted as the standard of mammography for the future, this recommendation serves to modernise the MBS. The BIWG recommended that uptake of digital radiography mammography be mandated among mammography providers. However, in considering this advice, the Committee agreed that the older technology, computed radiography (CR) mammography should remain on the MBS so that patients who cannot access digital equipment can still access mammography services.

During the development of this recommendation, the Committee discussed the difference between older techniques in mammography, including screen film, CR mammography and digital radiography (DR) mammography. The Committee agreed full-field DR mammography is superior to older techniques in the imaging of the breasts, a view supported by scientific literature (4, 5).

The Committee agreed that, in order to encourage providers to upgrade their equipment from CR to DR mammography, the fee for the new DR mammography-specific item should be increased relative to that of the current item (59300).



Advice was provided by the Department that clinical committees can suggest fee changes to MBS items if supported by evidence that the change would improve quality, safety and access to the service.

The Committee acknowledged that the proposed fee would require further economic modelling prior to a Schedule fee being decided upon.

4.3 Other Mammography: Items 59306, 59309, 59312, 59314 and 59318

Diagnostic mammogram images may indicate abnormalities in the breast that require further testing. Most commonly, this involves a biopsy being performed. Mammography is often used to guide the insertion of biopsy equipment, especially when the abnormality cannot be palpated clinically.

Abnormalities involving the mammary ducts can be further visualised by undertaking a mammary ductogram. Mammary ductograms use mammography and an injection of contrast material to visualise the inside of the breast's milk ducts. It is most commonly used when a woman has experienced bleeding or discharge from the nipple (6).

Mammography-guided biopsy and mammary ductogram services are funded under Medicare and listed as MBS items 59306, 59309, 59312, 59314 and 59318. Standard Medicare service and benefits data for these items is shown in Table 7.

Table 7: Medicare service and benefits data for mammary ductogram items 59306, 59309, 59312, 59314 and 59318, 2016-17.

Item	Long item descriptor	Schedule fee	Services FY 2016–17	Benefits FY 2016–17	5-year benefits change (CAGR)
59306	MAMMARY DUCTOGRAM (galactography) - 1 breast	\$100.30	26	\$2,298	-20%
59309	MAMMARY DUCTOGRAM (galactography) - 2 breasts	\$200.60	8	\$1,476	-8%
59312	RADIOGRAPHIC EXAMINATION OF BOTH BREASTS, in conjunction with a surgical procedure on each breast, using interventional techniques	\$87.00	230	\$17,424	22%
59314	RADIOGRAPHIC EXAMINATION OF 1 BREAST, in conjunction with a surgical procedure using interventional techniques	\$52.50	4,971	\$182,442	3%
59318	RADIOGRAPHIC EXAMINATION OF EXCISED BREAST TISSUE to confirm satisfactory excision of 1 or more lesions in 1 breast or both following pre-operative localisation in	\$47.05	7,038	\$248,192	8%



Item	Long item descriptor	Schedule fee	Services FY 2016–17	Benefits FY 2016–17	5-year benefits change (CAGR)
	conjunction with a service under item 31536				

Recommendation 4: Delete mammary ductogram items 59306 and 59309 from the MBS.

The Committee recommends the deletion of the mammary ductogram items 59306 and 59309 from the MBS as these services are considered obsolete.

Rationale 4:

The Committee reviewed service data for MBS Items 59306 and 59309 (mammary ductogram), noting the low service volumes for these items. The Committee agreed these services are considered clinically obsolete and recommended their removal from the MBS.

4.4 Breast MRI: Items 63464, 63467, 63487 and 63489

A magnetic resonance imaging (MRI) scan of the breasts is a diagnostic test where magnetic fields and an advanced computer are used to produce detailed images of breasts without using x-rays.

In Australia, breast MRI is usually performed to detect early breast cancer in women identified as being at high risk of developing breast cancer (e.g. those with a history of breast cancer at a young age, strong family history of breast cancer or known genetic mutation) (7).

Compared to other modalities used to image the breasts, MRI is a valuable tool for the screening of such high risk patients due to its superior sensitivity in identifying potentially cancerous lesions (8).

Since 1 February 2009, Medicare funding has been provided for MRI scans of the breast for:

- patients less than 50 years of age;
- with no signs or symptoms of breast cancer; and
- who are at high risk of breast cancer due to family history or genetic mutation.

Since 1 November 2016, Medicare funding has been provided for MRI of the breast for:

- patients with occult breast cancer (where cancer has spread without an identified primary breast tumour; and
- MRI-guided biopsy for patients with suspected breast cancer, where the lesion is only identifiable by MRI.

Table 8 shows the standard Medicare service and benefits data for MBS breast MRI items 63464, 63467, 63487 and 63489.

Table 8: Medicare service and benefits data for MBS breast MRI items 63464, 63467, 63487 and 63489, 2016-17.



Item	Long item descriptor	Schedule fee	Services FY 2016–17	Benefits FY 2016–17	5-year benefits change (CAGR)
63464	<p>MAGNETIC RESONANCE IMAGING performed under the professional supervision of an eligible provider at an eligible location where the patient is referred by a specialist or by a consultant physician and where:</p> <p>(a) a dedicated breast coil is used; and</p> <p>(b) the request for scan identifies that the person is asymptomatic and is less than 50 years of age; and</p> <p>(c) the request for scan identifies either:</p> <p>(i) that the patient is at high risk of developing breast cancer, due to 1 of the following:</p> <p>(A) 3 or more first or second degree relatives on the same side of the family diagnosed with breast or ovarian cancer;</p> <p>(B) 2 or more first or second degree relatives on the same side of the family diagnosed with breast or ovarian cancer, if any of the following applies to at least 1 of the relatives:</p> <ul style="list-style-type: none"> - has been diagnosed with bilateral breast cancer; - had onset of breast cancer before the age of 40 years; - had onset of ovarian cancer before the age of 50 years; - has been diagnosed with breast and ovarian cancer, at the same time or at different times; - has Ashkenazi Jewish ancestry; - is a male relative who has been diagnosed with breast cancer; <p>(C) 1 first or second degree relative diagnosed with breast cancer at age 45 years or younger, plus another first or second degree relative on the same side of the family with bone or soft tissue sarcoma at age 45 years or younger; or</p> <p>(ii) that genetic testing has identified the presence of a high risk breast cancer gene mutation.</p> <p>Scan of both breasts for:</p> <ul style="list-style-type: none"> - detection of cancer 	\$690.00	4,506	\$3,030,682	9%



63467	<p>MAGNETIC RESONANCE IMAGING performed under the professional supervision of an eligible provider at an eligible location where the patient is referred by a specialist or by a consultant physician and where:</p> <p>(a) a dedicated breast coil is used; and</p> <p>(b) the person has had an abnormality detected as a result of a service described in item 63464 performed in the previous 12 months</p> <p>Scan of both breasts for:</p> <p>- detection of cancer (R)</p> <p>NOTE 1: Benefits are payable on one occasion only in any 12 month period</p> <p>NOTE 2: This item is intended for follow-up imaging of abnormalities diagnosed on a scan described by item 63464</p>	\$690.00	275	\$185,971	4%
63487	<p>MRI—performed under the professional supervision of an eligible provider at an eligible location, if:</p> <p>(a) the patient is referred by a specialist or a consultant physician; and</p> <p>(b) a dedicated breast coil is used; and</p> <p>(c) the request for the scan identifies that:</p> <p>(i) the patient has been diagnosed with metastatic cancer restricted to the regional lymph nodes; and</p> <p>(ii) clinical examination and conventional imaging have failed to identify the primary cancer</p>	\$690.00	41	\$26,920	N/A
63489	<p>MRI-guided biopsy, performed under the professional supervision of an eligible provider at an eligible location, if:</p> <p>(a) the patient is referred by a specialist or a consultant physician; and</p> <p>(b) a dedicated breast coil is used; and</p> <p>(c) the request for the scan identifies that:</p> <p>(i) the patient has a suspicious lesion seen on MRI but not on conventional imaging; and</p> <p>(ii) the lesion is not amenable to biopsy guided by conventional imaging; and</p> <p>(d) a repeat ultrasound scan of the affected breast is performed:</p> <p>(i) before the guided biopsy is performed; and</p> <p>(ii) as part of the service under this item</p>	\$690.00	71	\$97,671	N/A



Recommendation 5: Amend the item descriptor for breast MRI item 63464 and refer proposed changes to the Medical Services Advisory Committee Executive for consideration.

The Committee recommends significant changes to the item descriptor for breast MRI item 63464. The amendments will widen some subsets of the eligible patient population while restricting others. As such, the Committee recommends the proposed amendments be referred to the Medical Services Advisory Committee (MSAC) Executive for its consideration.

The current item descriptor for item 63464 is:

MAGNETIC RESONANCE IMAGING performed under the professional supervision of an eligible provider at an eligible location where the patient is referred by a specialist or by a consultant physician and where:

- (a) a dedicated breast coil is used; and*
- (b) the request for scan identifies that the person is asymptomatic and is less than 50 years of age; and*
- (c) the request for scan identifies either:*

- (i) that the patient is at high risk of developing breast cancer, due to one of the following:*

- (A) three or more first or second degree relatives on the same side of the family diagnosed with breast or ovarian cancer;*
 - (B) two or more first or second degree relatives on the same side of the family diagnosed with breast or ovarian cancer, if any of the following applies to at least one of the relatives:*
 - has been diagnosed with bilateral breast cancer;*
 - had onset of breast cancer before the age of 40 years;*
 - had onset of ovarian cancer before the age of 50 years;*
 - has been diagnosed with breast and ovarian cancer, at the same time or at different times;*
 - has Ashkenazi Jewish ancestry;*
 - is a male relative who has been diagnosed with breast cancer;*

- (C) one first or second degree relative diagnosed with breast cancer at age 45 years or younger, plus another first or second degree relative on the same side of the family with bone or soft tissue sarcoma at age 45 years or younger; or*

- (ii) that genetic testing has identified the presence of a high risk breast cancer gene mutation.*

Scan of both breasts for: - detection of cancer (R)



NOTE: Benefits are payable on one occasion only in any 12 month period

It is proposed that the following amended item descriptor for item 63464 be referred to the MSAC Executive:

BREAST MAGNETIC RESONANCE IMAGING performed under the professional supervision of an eligible provider at an eligible location where the patient is referred by a specialist, consultant physician or BreastScreen service clinical coordinator; and

(i) a dedicated breast coil is used; and

(ii) the request for scan identifies that the person is asymptomatic; and

(iii) the patient is aged 60 years or less; and

(iv) that the patient is at high risk of developing breast cancer, due to one of the following:

(A) genetic testing has identified the presence of a high risk breast cancer gene mutation either in them or in their first degree relative; or

(B) has a first or second degree relative diagnosed with breast cancer before age 45 years, plus another first or second degree relative on the same side of the family with bone or soft tissue sarcoma at age 45 years or younger; or

(C) has a personal history of breast cancer prior to age 50 years; or

(D) has a personal history of mantle radiation therapy; or

(E) has a lifetime risk estimation of > 30% or a 10-year absolute risk estimation > 5% using the Tyrer-Cuzick (IBIS Risk Evaluator) algorithm version 8 or later.

The service cannot be performed in conjunction with 55076 or 55079.

Rationale 5:

The Committee reviewed the standard Medicare data for breast MRI MBS items and agreed significant changes to the item descriptor for item 63464 are necessary as the current descriptor no longer reflects contemporary best practice.

This recommendation focuses on encouraging best practice, modernising the MBS to reflect contemporary practice and ensuring that MBS services provide value for the patient and the healthcare system.

The Committee discussed the agreed upon age cut off of 60 years. The Committee agreed evidence suggests that statistically, breast MRI is most valuable for patients aged less than 60 years. Beyond this age, in the presence of a high-risk breast cancer gene mutation, the vast majority of cancers



would have become apparent by this age. Therefore, the Committee agreed that 60 is the appropriate age to restrict access to this procedure (8, 9).

For patients who are carriers of BRCA1 and BRCA2 tumour suppressor gene mutations, international evidence has demonstrated incidence rates of breast cancer up to 80 years to be 72% for BRCA1 and 69% for BRCA2 carriers. A large prospective cohort study indicated the incidence of breast cancer for carriers of both mutations increased rapidly in early adulthood with peak incidence shown to occur in the 41- to 50-year age group for BRCA1 and 51- to 60-year age group for BRCA2 (10).

In addition, the Committee noted that risk profiling also indicates that the relative cost-effectiveness of breast MRI decreases after this age. The Committee acknowledged the reduction in breast density that occurs after age 60 which is associated with increased sensitivity of mammography, making it a comparatively more appropriate test (11).

The Committee agreed that, for patients who undergo an annual MRI, it is not clinically necessary to have a routine bilateral ultrasound at the same time. Ultrasound should be reserved as a targeted examination in the event that an abnormality is detected.

4.5 Breast Biopsy: Items 31530,31533,31536,31539,31542,31545 and 31548

Abnormalities in the breast are often detected by physical examination, mammography or other imaging studies. However, it is not always possible to tell conclusively from these imaging tests whether a growth is benign or malignant. Further testing through cytology, histology and/or biochemical and molecular testing of a sample can generate additional information which can be used to guide management.

A breast biopsy is performed to remove some cells, with or without a sample of tissue, from a suspicious area in the breast so they can be examined under a microscope to determine a diagnosis. This can be performed surgically or, more commonly, by a radiologist using a less invasive procedure that involves a hollow needle and image-guidance.

Image-guided biopsy is performed by taking samples of an abnormality guided by ultrasound, MRI or mammography.

Mammography-guided biopsy services are funded under Medicare and are listed as MBS items 31530, 31533, 31536, 31539, 31542, 31545 and 31548. Table 9 shows the standard Medicare service and benefits data for breast biopsy MBS items.

Table 9: Standard Medicare service and benefits data for breast biopsy MBS items 31530, 31533, 31536, 31539, 31542, 31545 and 31548, 2016-17.



Item	Long item descriptor	Schedule fee	Services FY 2016–17	Benefits FY 2016–17	5-year benefits change (CAGR)
31530	Breast, biopsy of solid tumour or tissue of, using a vacuum-assisted breast biopsy device under imaging guidance, for histological examination, where imaging has demonstrated:(a) microcalcification of lesion; or(b) impalpable lesion less than 1cm in diameter- including pre-operative localisation of lesion where performed, not being a service to which items 31539, 31545 or 31548 apply	\$595.65	4261	\$2,125,173.00	19%
31533	Fine needle aspiration of an impalpable breast lesion detected by mammography or ultrasound, imaging guided - but not including imaging (Anaes.)	\$137.90	39,831	\$4,493,039.00	3%
31536	Breast, preoperative localisation of lesion of, by hookwire or similar device, using interventional imaging techniques - but not including imaging, not being a service to which item 31539, 31542 or 31545 applies (Anaes.)	\$189.40	9597	\$1,355,655.00	9%
31539	Breast, biopsy of solid tumour or tissue of, using a bore-enbloc stereotactic biopsy, for histological examination, when conducted by a surgeon as determined by the Royal Australasian College of Surgeons, and where imaging has demonstrated an impalpable lesion of less than 15mm in diameter, not being a service to which item 31530, 31536 or 31548 applies (Anaes.)	\$398.80	0	\$0.00	0%
31542	Breast, initial guidewire localisation of lesion, by hookwire or similar device, when conducted by a radiologist as determined by the Royal Australian and New Zealand College of Radiologists, using interventional imaging techniques prior to using a bore-enbloc stereotactic biopsy - including imaging not being a service associated with a service to which item 31536 applies (Anaes.)	\$196.95	0	\$0.00	0%



31545	Breast, biopsy of solid tumour or tissue of, using a bore-enbloc stereotactic biopsy, for histological examination, when conducted by a surgeon as determined by the Royal Australasian College of Surgeons; where imaging has demonstrated an impalpable lesion of less than 15mm in diameter, including initial guidewire localisation of lesion, by hookwire or similar device, using interventional imaging techniques and including imaging not being a service associated with a service to which item 31530, 31536 or 31548 applies (Anaes.)	\$595.65	0	\$0.00	0%
31548	Breast, biopsy of solid tumour or tissue of, using mechanical biopsy device, for histological examination, not being a service to which items 31530, 31539 or 31545 apply (Anaes.)	\$137.90	37,907	\$3,998,765.00	9%

Recommendation 6: Delete bore-enbloc stereotactic breast biopsy items 31539, 31542, 31545 from the MBS.

The Committee recommends the deletion of bore-enbloc stereotactic breast biopsy items 31539, 31542, 31545 from the MBS, as these services are considered clinically obsolete.

Rationale 6:

There are three breast biopsy services listed in the MBS that specifically relate to the use of the Advanced Breast Biopsy Instrumentation (ABBI®) System (a bore-enbloc stereotactic system). The introduction of this technology resulted from MSAC Application 1037.

The ABBI® procedure, which is conducted by a surgeon and a diagnostic radiologist, involves the removal of a core of breast tissue (5–20 mm in size) using stereotactic localisation and an advanced biopsy device. The equipment involves the use of a prone stereotactic localisation table together with an ABBI® device for core biopsy.

After reviewing the Medicare service data for these items, the Committee recommended that these items be deleted as the ABBI® technology is now considered obsolete and the equipment needed to perform the procedure is no longer available in Australia.

Recommendation 7: Create an explanatory note for breast biopsy items 31533 and 31548 to encourage use of mechanical breast biopsy over FNA, except in exceptional clinical circumstances.



The Committee recommends an explanatory note be added to breast biopsy items 31533 (fine needle aspiration) and 31548 (mechanical device breast biopsy) to state that mechanical biopsy is recognised as best practice and fine needle aspiration (FNA) should only be performed in exceptional situations. However, FNA is still appropriate in selected circumstances and is not clinically obsolete.

It is proposed the explanatory note would be:

Breast abnormalities requiring biopsy should be assessed by core biopsy or vacuum-assisted core biopsy.

If a service has access to high-quality cytology with immediate reporting, then FNA may be used in addition to mechanical device biopsy, but not instead of it.

In exceptional cases FNA may be used alone if mechanical device biopsy is not possible, or is not appropriate.

Rationale 7:

Recent high-level discussions by the BreastScreen governance committees regarding breast biopsy have been based on the *NHS Breast Screening Programme Clinical guidance for breast cancer screening assessment* (2016), which advises that:

- Significant breast abnormalities should be assessed by core biopsy or vacuum assisted core biopsy (VACB).
- Wide bore needle biopsy provides information on invasive status, tumour subtype, histological grade and receptor status; and aids the definitive diagnosis of benign lesions and reduces repeat operations.
- If a service has access to high quality cytology with immediate reporting, then fine needle aspiration cytology (FNAC) may be used in addition to core biopsy, but not instead of it.
- In exceptional cases FNAC may be used alone if core biopsy is not possible.
- Ultrasound is the technique of choice for guided needle sampling.
- A permanent record of images showing the biopsy needle in the target lesion should be made.
- VACB should be used for re-biopsy and in the investigation of B3 lesions (11).

The proposed new explanatory note is aimed at encouraging the use of mechanical breast biopsy (31548) in line with these clinical guidelines and highlighting that FNA should be reserved for those clinical cases that specifically warrant its use.



Recommendation 8: Create a new item and explanatory note for the insertion of a breast biopsy localisation marker clip and refer the proposed item to the Medical Services Advisory Committee for consideration.

The Committee recommends the creation of a new item for the insertion of a marker clip following a breast biopsy, to permit accurate preoperative localisation of the lesion and to facilitate follow-up investigation of the lesion.

It is proposed the new item descriptor would be:

3153X

Breast, the insertion of a marker clip, using interventional imaging techniques – including imaging.

The Committee recognises that any fee would require further economic modelling prior to a price point being settled on.

Rationale 8:

The Committee discussed the purpose of the marker clip to serve as a marker for future investigations and interventions. It is now best practice to deploy radiographic marker clips at breast biopsy sites to facilitate location of the target when additional surgery, neoadjuvant systemic therapy, follow up imaging or radiation therapy may be required.

The clip is inserted under local anaesthetic. If the lesion is found to be benign, it remains in the patient and if the lesion is excised, the clip is removed by the surgeon during surgery.

The Committee noted that currently, the cost of insertion of a marker clip following a mechanical breast biopsy is not remunerated under the MBS and the patient may be charged for the service. The proposed new item is expected to address this.

The Committee also noted that GP education would need to be undertaken regarding how the clip is used, prior to the addition of the new item to the MBS.

Recommendation 9: Increase the fee for mechanical breast biopsy item 31548.

The Committee recommends the Schedule fee for the mechanical breast biopsy MBS item (31548) be increased. The higher fee would reflect the higher costs, clinical superiority and technical difficulty of mechanical breast biopsy compared to that performed using FNA (31533).

The Committee recommend the fee for item 31548 should be increased relative to that of 31533. However, it recognises that any fee increase would require further economic modelling prior being decided upon.



Rationale 9:

At present, MBS items 31533 (FNA) and 31548 (mechanical breast biopsy) have the same Schedule fee (\$137.90). This does not reflect the higher costs, clinical superiority and technical difficulty associated with performing mechanical breast biopsy compared to FNA. Neither does it encourage providers for performing the more difficult, but most often clinically superior, mechanical biopsy technique.

Increasing the fee for the mechanical breast biopsy item is aimed at complementing Recommendation 7 of this review, by further encouraging the use of mechanical breast biopsy over FNA and remunerating providers appropriately.

The Committee agreed upon a fee increase such that core biopsy remuneration is significantly higher than for FNA item. Increasing the fee for this item would avoid the creation of any perverse incentives and would likely not increase revenue for service providers. However, it should result in lower out-of-pocket costs to patients.

The Committee recognises that any fee increase would require further economic modelling prior to a level being decided upon.

Recommendation 10: Create a new item for preoperative radionuclide localisation of an occult lesion (ROLL) of the breast.

The Committee recommends the creation of a new item for ROLL, which incorporates radio-guided occult lesion localisation using iodine 125 seeds (ROLLIS) for the preoperative localisation of palpable breast lesions.

It is proposed the new item descriptor would be:

Breast Imaging Guided Lesion Localisation using Radionuclide (R)

XXXXX

BREAST, preoperative radionuclide localisation of lesion of, using interventional imaging techniques - but not including imaging, not being a service to which item 31536, 31539, 31542 or 31545 applies.

Rationale 10:

The use of radio-guided occult lesion localisation is emerging as an alternative to hookwire localisation prior to surgery for clinically palpable breast lesions. Approximately one-third of breast cancers are palpable and require pre-operative image-guided localisation. ROLLIS is an alternative technique to hookwire localisation. A small seed containing a very low dose of radioactive tracer (iodine-125) is placed into the breast lesion by the radiologist. The surgeon uses a hand held probe in theatre to accurately localise the lesion, plan the most appropriate incision and then remove the lesion together with a margin of surrounding normal tissue. The ROLLIS technique



can be applied to all lesions, malignant or benign, which are impalpable and therefore require preoperative localisation.

The Committee noted the distinction between ROLL (which includes ROLLIS) and ROLLIS which specifies the use of an iodine-125 seed. Evolving technology now favours the placement of an iodine seed and the use of ROLLIS can result in improved outcomes for patients. Currently there is no MBS item for either ROLLIS or ROLL. Members noted there may be scope for the creation of two new items (one each for ROLL and ROLLIS). The Committee noted the iodine seeds used in ROLLIS have a significant associated cost so if the new item were to incorporate the cost of the seed, it should have a higher fee than the corresponding item for ROLL. The wire used for hookwire localisation is not currently funded.

The Committee agreed the MSAC Executive should consider the possibility of two new items for this purpose.

Out of pocket costs for breast cancer patients

As a component of its review of breast imaging items, the Committee discussed the high out-of-pocket costs associated with a diagnosis of breast cancer. Members noted breast cancer is now the most common cancer affecting women in Australia. Diagnostic imaging forms an integral component of the diagnosis and monitoring of breast cancer and can be associated with a significant financial burden for patients and their families. In some cases, multiple follow up tests using mammography or breast ultrasound are required, as well as more expensive tests such as CT and MRI.

Members noted concern among cancer-specific stakeholder groups that some women may choose not to undergo regular follow up mammograms and ultrasounds due to the out-of-pocket costs associated with these tests. Members agreed additional work should be undertaken to address this important issue to ensure all patients with a diagnosis of breast cancer receive high-quality, clinically-appropriate care and access to cost-effective diagnostic imaging services.



5. Impact statement

The recommendations detailed in this report serve to positively impact both patients and providers alike. They aim to modernise the portion of the MBS associated with diagnostic imaging and biopsy of the breast as well as improving the safety, quality and appropriateness of services provided.

Recommendations relating to the creation of new items are based upon an established clinical need. These include a new item for a breast biopsy localisation marker clip which is considered contemporary best practice and seeks to improve the provision of future diagnostic and therapeutic services for the patient. The inclusion of this service on the MBS will remunerate providers for performing this service which benefits patients by reducing the time and discomfort associated with subsequent investigations and procedures on an identified breast lesion.

Recommendations relating to the deletion of items from the MBS serve to simplify and streamline the Schedule through the removal of items that are considered obsolete. In the case of en-bloc stereotactic biopsy, the test is no longer considered best clinical practice and relies on the availability of specific equipment no longer available in Australia.

Some recommendations, such as the recommended new item which combines breast ultrasound and breast biopsy, aim to minimise the likelihood of distress and inconvenience caused to patients by enabling both tests to be performed during the one attendance. This improves efficiency in the diagnosis of breast pathology which benefits both patients and providers.

Some of the recommendations seek to increase the Schedule fee associated with items. These recommendations are aimed at ensuring equitable Medicare rebates for diagnostic tests and procedures while simultaneously minimising perverse incentives among providers. These recommendations are also expected to reduce out-of-pocket costs to consumers.

In instances where there are similar alternative tests that may be provided (such as mammography services funded under Medicare and those provided by BreastScreen Australia), the recommendations seek to ensure the most appropriate use of the each test for the specific clinical scenario in question.

Several recommendations are aimed at encouraging uptake of newer, superior diagnostic imaging technologies, particularly for the diagnosis of breast cancer. Providing incentives for providers to upgrade their equipment to digital radiography mammography is one such example. Patients stand to benefit significantly by this change through improved access to the best available imaging test. Similarly, the recommendation to amend the item descriptor of the breast MRI item seeks to ensure



the test is available to the patient population who stand to benefit most from the investigation and minimise low-value care.

Overall, the recommendations are expected to benefit patients by ensuring improved access to superior diagnostic imaging and breast biopsy services. They are expected to benefit providers through a more streamlined and modern Schedule with more equitable fees that better reflect the service being provided.



6. References

This contains references to sources and materials referenced in this report.

1. Elshaug, A (2016), *Appropriate Use Criteria*..
2. InsideRadiology. (2018). *Breast Ultrasound - InsideRadiology*. [online] Available at: <https://www.insideradiology.com.au/breast-ultrasound/> [Accessed 3 Apr. 2018].
3. Webarchive.nla.gov.au. (2018). *NLA Australian Government Web Archive*. [online] Available at: <http://webarchive.nla.gov.au/gov/20140411191217/http://www.cancerscreening.gov.au/internet/screening/publishing.nsf/Content/br-evaluation-report-cnt> [Accessed 3 Apr. 2018].
4. Séradour, B., Heid, P. and Estève, J. (2014). Comparison of Direct Digital Mammography, Computed Radiography, and Film-Screen in the French National Breast Cancer Screening Program. *American Journal of Roentgenology*, 202(1), pp.229-236.
5. Mackenzie, A., Warren, L., Wallis, M., Cooke, J., Given-Wilson, R., Dance, D., Chakraborty, D., Halling-Brown, M., Looney, P. and Young, K. (2015). Breast cancer detection rates using four different types of mammography detectors. *European Radiology*, 26(3), pp.874-883.
6. (ACR), R. (2018). *Galactography (Ductography, Galactogram)*. [online] Radiologyinfo.org. Available at: <https://www.radiologyinfo.org/en/info.cfm?pg=galactogram> [Accessed 3 Apr. 2018].
7. InsideRadiology (2018). *Breast MRI - InsideRadiology*. [online] Available at: <https://www.insideradiology.com.au/breast-mri/> [Accessed 3 Apr. 2018].
8. Dietzel, M. and Baltzer, P. (2018). How to use the Kaiser score as a clinical decision rule for diagnosis in multiparametric breast MRI: a pictorial essay. *Insights into Imaging*.
9. Grindedal, E., Heramb, C., Karsrud, I., Ariansen, S., Mæhle, L., Undlien, D., Norum, J. and Schlichting, E. (2017). Current guidelines for BRCA testing of breast cancer patients are insufficient to detect all mutation carriers. *BMC Cancer*, 17(1).
10. Kuchenbaecker, K., Hopper, J., Barnes, D., Phillips, K., Mooij, T., Roos-Blom, M., Jervis, S., Van Leeuwen, F., Milne, R., Andrieu, N., Goldgar, D., Terry, M., Rookus, M., Easton, D., Antoniou, A.; and the BRCA1 and BRCA2 Cohort Consortium. (2017). Risks of breast, ovarian and contralateral breast cancer for BRCA1 and BRCA2 mutation carriers. *Journal of the American Medical Association*, 317(23): 2402-16.
11. Bcna.org.au. (2018). *Mammographic density and screening | Breast health and awareness - Breast Cancer Network Australia*. [online] Available at: <https://www.bcna.org.au/breast-health-awareness/mammographic-density-and-screening/> [Accessed 9 Apr. 2018].
12. Gov.uk. (2018). *Breast screening: clinical guidelines for screening assessment - GOV.UK*. [online] Available at: <https://www.gov.uk/government/publications/breast-screening-clinical-guidelines-for-screening-management> [Accessed 3 Apr. 2018].



7. Glossary

Term	Description
CAGR	Compound annual growth rate or the average annual growth rate over a specified time period.
Change	When referring to an item, 'change' describes when the item and/or its services will be affected by the recommendations. This could result from a range of recommendations, such as: (i) specific recommendations that affect the services provided by changing item descriptors or explanatory notes; (ii) the consolidation of item numbers; and (iii) splitting item numbers (for example, splitting the current services provided across two or more items).
CR	Computed radiography
Delete	Describes when an item is recommended for removal from the MBS and its services will no longer be provided under the MBS.
Department, The	Australian Government Department of Health
DHS	Australian Government Department of Human Services
DR	Digital radiography
FY	Financial year
GP	General Practitioner
High-value care	Services of proven efficacy reflecting current best medical practice, or for which the potential benefit to consumers exceeds the risk and costs.
Inappropriate use / misuse	The use of MBS services for purposes other than those intended. This includes a range of behaviours, from failing to adhere to particular item descriptors or rules through to deliberate fraud.
Low-value care	Services that evidence suggests confer no or very little benefit to consumers; or for which the risk of harm exceeds the likely benefit; or, more broadly, where the added costs of services do not provide proportional added benefits.
MBS	Medicare Benefits Schedule



MBS item	An administrative object listed in the MBS and used for the purposes of claiming and paying Medicare benefits, consisting of an item number, service descriptor and supporting information, schedule fee and Medicare benefits.
MBS service	The actual medical consultation, procedure or test to which the relevant MBS item refers.
Misuse (of MBS item)	The use of MBS services for purposes other than those intended. This includes a range of behaviours, from failing to adhere to particular item descriptors or rules through to deliberate fraud.
MSAC	Medical Services Advisory Committee
New service	Describes when a new service has been recommended, with a new item number. In most circumstances, new services will need to go through the MSAC. It is worth noting that implementation of the recommendation may result in more or fewer item numbers than specifically stated.
No change or leave unchanged	Describes when the services provided under these items will not be changed or affected by the recommendations. This does not rule out small changes in item descriptors (for example, references to other items, which may have changed as a result of the MBS Review or prior reviews).
Obsolete services / items	Services that should no longer be performed as they do not represent current clinical best practice and have been superseded by superior tests or procedures.
PBS	Pharmaceutical Benefits Scheme
PLAC	Prosthesis List Advisory Committee
Services average annual growth	The average growth per year, over five years to 2014/15, in utilisation of services. Also known as the compound annual growth rate (CAGR).
The Committee	The Diagnostic Imaging Clinical Committee of the MBS Review
The Taskforce	The MBS Review Taskforce
Total benefits	Total benefits paid in 2014/15 unless otherwise specified.



Appendix A Summary for consumers

Summary description of the medical service, the recommendations of the clinical experts and why the recommendations have been made.

Recommendation 1: *Create an ultrasound-guided breast biopsy item.*

Item	What it does	Committee recommendation	What would be different	Why
XXXXX	Breast biopsy is the insertion of a hollow needle into the breast to collect a sample of either cells alone or within body tissue. This sample is then examined under a microscope to make a diagnosis. Ultrasound-guided biopsy is where an ultrasound machine is used to guide the insertion of the needle to the correct part of the breast (for example, into an identified lump).	That a new item be created that includes both a diagnostic breast ultrasound and ultrasound-guided biopsy of the breast.	At present, there are four MBS items for diagnostic ultrasound of the breast (55070, 55073, 55076 and 55079). However, if an abnormality is found during the ultrasound that requires a biopsy, the patient may be required to go back to their doctor for a new request form for the biopsy. The new item would allow the radiologist to perform the biopsy (if one is required) at the same time as the diagnostic ultrasound, using one item number.	If a patient had a diagnostic ultrasound and a lump is found that requires biopsy, it may cause them inconvenience, distress and added expense if they are required to go back to their doctor to get a new request form for the biopsy. Combining both the ultrasound and biopsy into one item number allows for more efficient provision of these services, greater convenience for patients and serves to modernise the MBS.



Recommendation 2: *Amend the clinical indications in the bilateral mammography item 59300 item descriptor to encourage appropriate use of BreastScreen services.*

Item	What it does	Committee recommendation	What would be different	Why
59300	Mammogram (x-ray) of both breasts.	That the item descriptor be changed so that, if the test is done because of a family history of breast or ovarian cancer, the family history must be <i>significant</i> . Also, instead of only being for confirmed or suspected breast cancer, the item descriptor will say the test can also be used for benign breast disease (e.g. fibroadenoma).	The item descriptor would be changed so that, to access the test, a patient must have <i>significant</i> family history of breast or ovarian cancer instead of any family history. The item descriptor would also be changed to say the test can be used to investigate non-cancerous breast disease.	The MBS item for mammography is a diagnostic test that is intended for patients identified as being at increased risk of breast cancer or other breast disease. For patients who are not at significantly increased risk, mammogram screening services provided by BreastScreen are more appropriate. The recommended changes are aimed at encouraging doctors to refer patients to BreastScreen services, unless there is a clear reason to do a diagnostic mammogram.

Recommendation 3: *Create a new bilateral mammography item with an increased fee to encourage uptake of digital radiography mammography.*

Item	What it does	Committee recommendation	What would be different	Why
XXXXX	Mammogram (x-ray) of both breasts.	That a new item be created for mammograms performed using newer, digital radiography mammogram technology. The new item would have a higher fee than the current mammogram item to contribute to the higher cost of digital equipment.	At present, mammogram services for both breasts are performed under item number 59300, regardless of whether newer, digital mammogram technology or an older type of mammogram equipment is used. The new item would encourage providers to upgrade to newer equipment that is much better for imaging the breasts.	Digital mammograms allow better images of the breasts to be taken which improves diagnosis of cancer and other breast conditions. The new item number will reward providers for upgrading their equipment which should increase the availability of digital mammograms for Australian women.

**Recommendation 4:** *Delete mammary ductogram items 59306 and 59309 from the MBS.*

Item	What it does	Committee recommendation	What would be different	Why
59306 and 59309	Mammogram (x-ray) of one or both breasts after the injection of a contrast dye into the milk ducts of the breast. This is done by inserting a thin catheter into the nipple. The dye fills the milk ducts of the breast and shows up on the mammogram as white to show abnormalities within the ducts.	That these items be deleted from the MBS.	Mammary ductogram (also called galactography) would no longer be listed on the MBS.	These services are considered clinically obsolete.



Recommendation 5: *Amend the item descriptor for breast MRI item 63464 and refer proposed changes to the MSAC Executive for consideration.*

Item	What it does	Committee recommendation	What would be different	Why
63464	MRI scan of both breasts in a patient without symptoms but who is at increased risk of developing breast cancer.	That the item descriptor for this item be re-written to widen the availability of the test to certain groups of patients and restrict it to others. The proposed new item descriptor should be referred to the MSAC Executive for consideration.	The item descriptor for the both breast MRI would be significantly different to the current item descriptor meaning some patients who currently cannot access the test will be able to and others who currently can access the test will not be able to. Notably, the age limit for the test would be increased so that instead of having to be under 50 years to have the test, patients would have to be under 60 years.	The change serves to modernise the MBS by reflecting current best practice demonstrated by medical evidence. The change seeks to make sure patients who are likely to benefit from having the test, are able to access it. These include patients up to the age of 60 who are at high risk of breast cancer due to having a breast cancer gene, a strong family history or a high calculated risk of breast cancer. Scientific evidence shows these are the groups who benefit from breast screening with MRI.

Recommendation 6: *Delete bore-enbloc stereotactic biopsy breast biopsy items 31539, 31542 and 31545 from the MBS.*

Item	What it does	Committee recommendation	What would be different	Why
31539, 31542 and 31545	Biopsy of the breast by a surgeon, using a specific piece of equipment and a particular surgical technique to collect a sample of abnormal breast tissue.	That the items be deleted from the MBS.	These items would not be listed on the MBS.	The service is considered obsolete and is no longer performed in Australia. The equipment needed to perform the procedure is no longer available in Australia. Other, superior techniques used for collecting a sample of breast tissue are available on the MBS.



Recommendation 7: *Create an explanatory note for breast biopsy items 31533 and 31548 to encourage use of mechanical breast biopsy over FNA, except in exceptional clinical circumstances.*

Item	What it does	Committee recommendation	What would be different	Why
31533 and 31548	Fine needle aspiration of a breast lump (31533) is where a thin needle is inserted into the breast to suck out some cells and fluid to be looked at under a microscope. This does not involve the collection of a solid sample of breast tissue. Core biopsy of a breast lump (31548) is where a hollow mechanical biopsy device is used to take a larger, solid sample of breast tissue so that cells can be looked at under a microscope along with its surrounding tissue structure.	That an explanatory note, for providers, be added to these items to encourage the use of mechanical breast biopsy (core biopsy) rather than fine needle aspiration, except in clinical situations where there is a reason why fine needle aspiration is preferred.	These items would carry an explanatory note saying mechanical breast biopsy should be used to take a sample of breast tissue, instead of fine needle aspiration, except when there is a reason to choose fine needle aspiration.	This recommendation serves to modernise the MBS and support current best practice. Contemporary clinical evidence supports the use of core biopsy over fine needle aspiration for the diagnosis of breast lumps, in most cases. It provides more information for the doctor examining the sample, making it more likely that patients will receive an accurate diagnosis and not require a second biopsy.



Recommendation 8: *Create a new item and explanatory note for the insertion of a breast biopsy localisation marker clip.*

Item	What it does	Committee recommendation	What would be different	Why
XXXXX	The new item would cover insertion of a marker clip, under local anaesthetic. The clip is used to mark and identify where the biopsy was taken. This can then be used in future imaging tests, biopsies or surgical procedures on the same lump.	That a new item be created for the insertion of a marker clip that may be done during breast biopsy.	There is currently no MBS item for the insertion of breast biopsy localisation marker clips. Adding the item to the MBS means providers would be remunerated for providing the service that is currently considered best practice. Patients will also receive improved care and will have lower out-of-pocket costs for the procedure to insert the clip.	The recommendation serves to modernise the MBS as the insertion of breast biopsy marker clips is considered best practice. This makes it easier for doctors to locate the lump that has been biopsied when further imaging or biopsies and surgical procedures are done. Currently, patients have to pay for marker clips to be inserted as it is not covered by Medicare.

Recommendation 9: *Increase the fee for mechanical breast biopsy item 31548.*

Item	What it does	Committee recommendation	What would be different	Why
31548	Mechanical biopsy (core biopsy) of a breast lump is where a hollow mechanical biopsy device is used to take a solid sample of breast tissue so that cells can be looked at under a microscope along with the surrounding tissue structure.	That the fee (Medicare rebate) for mechanical breast biopsy be increased relative to that of fine needle aspiration (31533) as it is a more difficult, time-consuming and costly procedure requiring greater skill.	At present, the MBS items for mechanical breast biopsy and fine needle aspiration have the same Medicare rebate. Increasing the rebate for mechanical breast biopsy would reflect the greater difficulty, time and effort needed to perform this procedure and encourage use of the more informative test.	The recommendation serves to modernise the MBS by making sure the fee associated with each item reflects the work involved in performing the procedure. It will also encourage the use of core breast biopsy over fine needle aspiration which supports best clinical practice.



Recommendation 10: *Create a new item for preoperative radionuclide localisation of an occult lesion (ROLL) of the breast.*

Item	What it does	Committee recommendation	What would be different	Why
XXXXX	Radionuclide localisation is where a small seed containing a low dose of radioactive tracer is placed into a breast lump. The surgeon uses a hand held probe in the operating theatre to find the lump so it can then be surgically removed.	That a new item be created for the procedure performed by a radiologist to insert the radionuclide into a breast lump.	There would be a new item for this service.	The use of radioactive tracers to find breast lumps that cannot be felt by the surgeon can have improved outcomes for patients. There is currently no item for this service listed on the MBS.



Appendix B Complete list of MBS items relating to breast imaging

ULTRASOUND		GENERAL	
	BREAST, one, ultrasound scan of, where: (a) the patient is referred by a referring practitioner; and (b) the service is not associated with a service to which an item in Subgroup 2 or 3 of this group applies; and (c) the referring practitioner is not a member of a group of practitioners of which the providing practitioner is a member (R) (See para DIQ of explanatory notes to this Category)		
55070	Fee: \$98.25	Benefit: 75% = \$73.70	85% = \$83.55
	BREAST, one, ultrasound scan of, where: (a) the patient is not referred by a medical practitioner; and (b) the service is not associated with a service to which an item in Subgroup 2 or 3 of this group applies (NR) (See para DIQ of explanatory notes to this Category)		
55073	Fee: \$34.05	Benefit: 75% = \$25.55	85% = \$28.95
	BREASTS, both, ultrasound scan of, where: (a) the patient is referred by a referring practitioner; and (b) the service is not associated with a service to which an item in Subgroup 2 or 3 of this group applies; and (c) the referring practitioner is not a member of a group of practitioners of which the providing practitioner is a member (R) (See para DIQ of explanatory notes to this Category)		
55076	Fee: \$109.10	Benefit: 75% = \$81.85	85% = \$92.75
	BREASTS, both, ultrasound scan of, where: (a) the patient is not referred by a medical practitioner; and (b) the service is not associated with a service to which an item in Subgroup 2 or 3 of this group applies (NR) (See para DIQ of explanatory notes to this Category)		
55079	Fee: \$37.85	Benefit: 75% = \$28.40	85% = \$32.20

DIAGNOSTIC RADIOLOGY		LOCALISATION OF FOREIGN BODIES	
	SUBGROUP 10 - RADIOGRAPHIC EXAMINATION OF BREASTS		
	<i>(Note: These items are intended for use in the investigation of a clinical abnormality of the breast/s and NOT for individual, group or opportunistic screening of asymptomatic patients)</i>		
	MAMMOGRAPHY OF BOTH BREASTS, if there is a reason to suspect the presence of malignancy because of: (i) the past occurrence of breast malignancy in the patient or members of the patient's family; or (ii) symptoms or indications of malignancy found on an examination of the patient by a medical practitioner. Unless otherwise indicated, mammography includes both breasts (R) <i>(See para DIQ of explanatory notes to this Category)</i>		
59300	Fee: \$89.50	Benefit: 75% = \$67.15	85% = \$76.10
	MAMMOGRAPHY OF BOTH BREASTS, if there is a reason to suspect the presence of malignancy because of: (i) the past occurrence of breast malignancy in the patient or members of the patient's family; or (ii) symptoms or indications of malignancy found on an examination of the patient by a medical practitioner. Unless otherwise indicated, mammography includes both breasts (R) (NK) <i>(See para DIQ of explanatory notes to this Category)</i>		
59301			



	Fee: \$44.75	Benefit: 75% = \$33.60	85% = \$38.05
	MAMMOGRAPHY OF ONE BREAST, if: (a) the patient is referred with a specific request for a unilateral mammogram; and (b) there is reason to suspect the presence of malignancy because of: (i) the past occurrence of breast malignancy in the patient or members of the patient's family; or (ii) symptoms or indications of malignancy found on an examination of the patient by a medical practitioner (R) (See para DIQ of explanatory notes to this Category)		
59303	Fee: \$53.95	Benefit: 75% = \$40.50	85% = \$45.90

DIAGNOSTIC RADIOLOGY		OPAQUE/CONTRAST MEDIA	
	MAMMOGRAPHY OF ONE BREAST, if: (a) the patient is referred with a specific request for a unilateral mammogram; and (b) there is reason to suspect the presence of malignancy because of: (i) the past occurrence of breast malignancy in the patient or members of the patient's family; or (ii) symptoms or indications of malignancy found on an examination of the patient by a medical practitioner (R) (NK) (See para DIQ of explanatory notes to this Category)		
59304	Fee: \$27.00	Benefit: 75% = \$20.25	85% = \$22.95
	MAMMARY DUCTOGRAM (galactography) - 1 breast (R) (See para DIQ of explanatory notes to this Category)		
59306	Fee: \$100.30	Benefit: 75% = \$75.25	85% = \$85.30
	MAMMARY DUCTOGRAM (galactography) - 1 breast (R) (NK) (See para DIQ of explanatory notes to this Category)		
59307	Fee: \$50.15	Benefit: 75% = \$37.65	85% = \$42.65
	MAMMARY DUCTOGRAM (galactography) - 2 breasts (R) (See para DIQ of explanatory notes to this Category)		
59309	Fee: \$200.60	Benefit: 75% = \$150.45	85% = \$170.55
	MAMMARY DUCTOGRAM (galactography) - 2 breasts (R) (NK) (See para DIQ of explanatory notes to this Category)		
59310	Fee: \$100.30	Benefit: 75% = \$75.25	85% = \$85.30
	RADIOGRAPHIC EXAMINATION OF BOTH BREASTS, in conjunction with a surgical procedure on each breast, using interventional techniques - (R) (See para DIQ of explanatory notes to this Category)		
59312	Fee: \$87.00	Benefit: 75% = \$65.25	85% = \$73.95
	RADIOGRAPHIC EXAMINATION OF BOTH BREASTS, in conjunction with a surgical procedure on each breast, using interventional techniques - (R) (NK) (See para DIQ of explanatory notes to this Category)		
59313	Fee: \$43.50	Benefit: 75% = \$32.65	85% = \$37.00
	RADIOGRAPHIC EXAMINATION OF 1 BREAST, in conjunction with a surgical procedure using interventional techniques - (R) (See para DIQ of explanatory notes to this Category)		
59314	Fee: \$52.50	Benefit: 75% = \$39.40	85% = \$44.65
	RADIOGRAPHIC EXAMINATION OF 1 BREAST, in conjunction with a surgical procedure using interventional techniques - (R) (NK) (See para DIQ of explanatory notes to this Category)		
59315	Fee: \$26.25	Benefit: 75% = \$19.70	85% = \$22.35
	RADIOGRAPHIC EXAMINATION OF EXCISED BREAST TISSUE to confirm satisfactory excision of 1 or more lesions in 1 breast or both following pre-operative localisation in conjunction with a service under item 31536 - (R) (See para DIQ of explanatory notes to this Category)		
59318			



	Fee: \$47.05	Benefit: 75% = \$35.30	85% = \$40.00
	RADIOGRAPHIC EXAMINATION OF EXCISED BREAST TISSUE to confirm satisfactory excision of 1 or more lesions in 1 breast or both following pre-operative localisation in conjunction with a service under item 31536 - (R) (NK) (See para DIQ of explanatory notes to this Category)		
59319	Fee: \$23.55	Benefit: 75% = \$17.70	85% = \$20.05

MAGNETIC RESONANCE IMAGING		MRI	
	SUBGROUP 19 - SCAN OF BODY - FOR SPECIFIED CONDITIONS		
	<p>MAGNETIC RESONANCE IMAGING performed under the professional supervision of an eligible provider at an eligible location where the patient is referred by a specialist or by a consultant physician and where:</p> <p>(a) a dedicated breast coil is used; and</p> <p>(b) the request for scan identifies that the person is asymptomatic and is less than 50 years of age; and</p> <p>(c) the request for scan identifies either:</p> <p>(i) that the patient is at high risk of developing breast cancer, due to 1 of the following:</p> <p>(A) 3 or more first or second degree relatives on the same side of the family diagnosed with breast or ovarian cancer;</p> <p>(B) 2 or more first or second degree relatives on the same side of the family diagnosed with breast or ovarian cancer, if any of the following applies to at least 1 of the relatives:</p> <p>- has been diagnosed with bilateral breast cancer;</p> <p>- had onset of breast cancer before the age of 40 years;</p> <p>- had onset of ovarian cancer before the age of 50 years;</p> <p>- has been diagnosed with breast and ovarian cancer, at the same time or at different times;</p> <p>- has Ashkenazi Jewish ancestry;</p> <p>- is a male relative who has been diagnosed with breast cancer;</p> <p>(C) 1 first or second degree relative diagnosed with breast cancer at age 45 years or younger, plus another first or second degree relative on the same side of the family with bone or soft tissue sarcoma at age 45 years or younger; or</p> <p>(ii) that genetic testing has identified the presence of a high risk breast cancer gene mutation.</p> <p>Scan of both breasts for:</p> <p>- detection of cancer (R)</p> <p>NOTE: Benefits are payable on one occasion only in any 12 month period</p> <p>(NK) (Anaes.)</p> <p><i>(See para DIQ of explanatory notes to this Category)</i></p>		
63457	Fee: \$345.00	Benefit: 75% = \$258.75	85% = \$293.25
	<p>MAGNETIC RESONANCE IMAGING performed under the professional supervision of an eligible provider at an eligible location where the patient is referred by a specialist or by a consultant physician and where:</p> <p>(a) a dedicated breast coil is used; and</p> <p>(b) the person has had an abnormality detected as a result of a service described in item 63464 or 63457 performed in the previous 12 months</p> <p>Scan of both breasts for:</p> <p>- detection of cancer (R)</p> <p>NOTE 1: Benefits are payable on one occasion only in any 12 month period</p> <p>NOTE 2: This item is intended for follow-up imaging of abnormalities diagnosed on a scan described by item 63464 or 63457</p>		
63458			



	<p>(NK) (Anaes.) (See para DIQ of explanatory notes to this Category) Fee: \$345.00 Benefit: 75% = \$258.75 85% = \$293.25</p>
63464	<p>MAGNETIC RESONANCE IMAGING performed under the professional supervision of an eligible provider at an eligible location where the patient is referred by a specialist or by a consultant physician and where:</p> <p>(a) a dedicated breast coil is used; and</p> <p>(b) the request for scan identifies that the person is asymptomatic and is less than 50 years of age; and</p> <p>(c) the request for scan identifies either:</p> <p>(i) that the patient is at high risk of developing breast cancer, due to 1 of the following:</p> <p>(A) 3 or more first or second degree relatives on the same side of the family diagnosed with breast or ovarian cancer;</p> <p>(B) 2 or more first or second degree relatives on the same side of the family diagnosed with breast or ovarian cancer, if any of the following applies to at least 1 of the relatives:</p> <ul style="list-style-type: none"> - has been diagnosed with bilateral breast cancer; - had onset of breast cancer before the age of 40 years; - had onset of ovarian cancer before the age of 50 years; - has been diagnosed with breast and ovarian cancer, at the same time or at different times; - has Ashkenazi Jewish ancestry; - is a male relative who has been diagnosed with breast cancer; <p>(C) 1 first or second degree relative diagnosed with breast cancer at age 45 years or younger, plus another first or second degree relative on the same side of the family with bone or soft tissue sarcoma at age 45 years or younger; or</p> <p>(ii) that genetic testing has identified the presence of a high risk breast cancer gene mutation.</p> <p>Scan of both breasts for:</p> <ul style="list-style-type: none"> - detection of cancer (R) <p>NOTE: Benefits are payable on one occasion only in any 12 month period (Anaes.) (See para DIQ of explanatory notes to this Category) Fee: \$690.00 Benefit: 75% = \$517.50 85% = \$609.80</p>
63467	<p>MAGNETIC RESONANCE IMAGING performed under the professional supervision of an eligible provider at an eligible location where the patient is referred by a specialist or by a consultant physician and where:</p> <p>(a) a dedicated breast coil is used; and</p> <p>(b) the person has had an abnormality detected as a result of a service described in item 63464 performed in the previous 12 months</p> <p>Scan of both breasts for:</p> <ul style="list-style-type: none"> - detection of cancer (R) <p>NOTE 1: Benefits are payable on one occasion only in any 12 month period</p> <p>NOTE 2: This item is intended for follow-up imaging of abnormalities diagnosed on a scan described by item 63464 (Anaes.) (See para DIQ of explanatory notes to this Category) Fee: \$690.00 Benefit: 75% = \$517.50 85% = \$609.80</p>
63487	<p>MRI-performed under the professional supervision of an eligible provider at an eligible location, if:</p> <p>(a) the patient is referred by a specialist or a consultant physician; and</p> <p>(b) a dedicated breast coil is used; and</p> <p>(c) the request for the scan identifies that:</p> <p>(i) the patient has been diagnosed with metastatic cancer restricted to the regional lymph nodes; and</p>



	<p>(ii) clinical examination and conventional imaging have failed to identify the primary cancer (R) (K) (Anaes)</p> <p>Fee: \$690.00 Benefit: 75% = \$517.50 85% = \$608.30</p>
63488	<p>MRI-performed under the professional supervision of an eligible provider at an eligible location, if:</p> <p>(a) the patient is referred by a specialist or a consultant physician; and</p> <p>(b) a dedicated breast coil is used; and</p> <p>(c) the request for the scan identifies that:</p> <p>(i) the patient has been diagnosed with metastatic cancer restricted to the regional lymph nodes; and</p> <p>(ii) clinical examination and conventional imaging have failed to identify the primary cancer (R) (NK) (Anaes)</p> <p>Fee: \$345.00 Benefit: 75% = \$258.75 85% = \$293.25</p>
63489	<p>MRI-guided biopsy, performed under the professional supervision of an eligible provider at an eligible location, if:</p> <p>(a) the patient is referred by a specialist or a consultant physician; and</p> <p>(b) a dedicated breast coil is used; and</p> <p>(c) the request for the scan identifies that:</p> <p>(i) the patient has a suspicious lesion seen on MRI but not on conventional imaging; and</p> <p>(ii) the lesion is not amenable to biopsy guided by conventional imaging; and</p> <p>(d) a repeat ultrasound scan of the affected breast is performed:</p> <p>(i) before the guided biopsy is performed; and</p> <p>(ii) as part of the service under this item (R) (K) (Anaes.)</p> <p>Fee: \$1,440.00 Benefit: 75% = \$1080.00 85% = \$1358.30</p>
63490	<p>MRI-guided biopsy performed under the professional supervision of an eligible provider at an eligible location, if:</p> <p>(a) the patient is referred by a specialist or a consultant physician; and</p> <p>(b) a dedicated breast coil is used; and</p> <p>(c) the request for the scan identifies that:</p> <p>(i) the patient has a suspicious lesion seen on MRI but not on conventional imaging; and</p> <p>(ii) the lesion is not amenable to biopsy guided by conventional imaging; and</p> <p>(d) a repeat ultrasound scan of the affected breast is performed:</p> <p>(i) before the guided biopsy is performed; and</p> <p>(ii) as part of the service under this item (R) (NK) (Anaes.)</p> <p>Fee: \$720.00 Benefit: 75% = \$540.00 85% = \$638.30</p>
63498	<p>MRI MODIFYING ITEMS – MRI service to which item 63501, 63502, 63504 or 63505 applies if:</p> <p>(a) the service is performed in accordance with the determination; and</p> <p>(b) the service is performed on a person using intravenous or intra muscular sedation</p> <p>Fee: \$44.80 Benefit: 75% = \$33.60 85% = \$38.10</p>
63499	<p>MRI MODIFYING ITEMS – MRI service to which item 63501, 63502, 63504 or 63505 applies if:</p> <p>(a) the service is performed in accordance with the determination; and</p> <p>(b) the service is performed on a person under anaesthetic in the presence of a medical practitioner who is qualified to perform an anaesthetic</p> <p>Fee: \$156.80 Benefit: 75% = \$117.60 85% = \$133.30</p>
63501	<p>MRI scan of one or both breasts for the evaluation of implant integrity where:</p> <p>(a) a dedicated breast coil is used; and</p> <p>(b) the request for the scan identifies that the patient:</p> <p>(i) has or is suspected of having a silicone breast implant manufactured by Poly Implant Prothese (PIP); and</p> <p>(ii) the result of the scan confirms a loss of integrity of the implant (R)</p> <p>Note: Benefits are payable on one occasion only in any 12 month period</p> <p>Fee: \$500.00 Benefit: 75% = \$375.00 85% = \$425.00</p>
63502	<p>MRI scan of one or both breasts for the evaluation of implant integrity where:</p> <p>(a) a dedicated breast coil is used; and</p>



	<p>(b) the request for the scan identifies that the patient:</p> <ul style="list-style-type: none"> (i) has or is suspected of having a silicone breast implant manufactured by Poly Implant Prothese (PIP); and (ii) the result of the scan does not demonstrate a loss of integrity of the implant (R) <p>Note: Benefits are payable on one occasion only in any 12 month period Fee: \$500.00 Benefit: 75% = \$375.00 85% = \$425.00</p>
63504	<p>MRI scan of one or both breasts for the evaluation of implant integrity where:</p> <ul style="list-style-type: none"> (a) a dedicated breast coil is used; and (b) the request for the scan identifies that the patient: <ul style="list-style-type: none"> (i) has or is suspected of having a silicone breast implant manufactured by Poly Implant Prothese (PIP); (ii) presents with symptoms where implant rupture is suspected; and (iii) the result of the scan confirms a loss of integrity of the implant (R) <p>Note: Benefits are payable on one occasion only in any 12 month period Fee: \$500.00 Benefit: 75% = \$375.00 85% = \$425.00</p>
63505	<p>MRI scan of one or both breasts for the evaluation of implant integrity where:</p> <ul style="list-style-type: none"> (a) a dedicated breast coil is used; and (b) the request for the scan identifies that the patient: <ul style="list-style-type: none"> (i) has or is suspected of having a silicone breast implant manufactured by Poly Implant Prothese (PIP); (ii) presents with symptoms where implant rupture is suspected; and (iii) the result of the scan does not demonstrate a loss of integrity of the implant (R) <p>Note: Benefits are payable on one occasion only in any 12 month period Fee: \$500.00 Benefit: 75% = \$375.00 85% = \$425.00</p>



Appendix C Complete list of MBS items relating to breast biopsy

OPERATIONS		GENERAL	
31530	<p>BREAST, BIOPSY OF SOLID TUMOUR OR TISSUE OF, using a vacuum-assisted breast biopsy device under imaging guidance, for histological examination, where imaging has demonstrated:</p> <ul style="list-style-type: none"> (a) microcalcification of lesion; or (b) impalpable lesion less than 1cm in diameter <p>- including pre-operative localisation of lesion where performed, not being a service to which items 31539, 31545 or 31548 apply</p> <p>Fee: \$595.65 Benefit: 75% = \$446.75 85% = \$515.45</p>		
31533	<p>FINE NEEDLE ASPIRATION of an impalpable breast lesion detected by mammography or ultrasound, imaging guided - but not including imaging (Anaes.)</p> <p><i>(See para T8.27 of explanatory notes to this Category)</i></p> <p>Fee: \$137.90 Benefit: 75% = \$103.45 85% = \$117.25</p>		
31536	<p>BREAST, preoperative localisation of lesion of, by hookwire or similar device, using interventional imaging techniques - but not including imaging, not being a service to which item 31539, 31542 or 31545 applies (Anaes.)</p> <p>Fee: \$189.40 Benefit: 75% = \$142.05 85% = \$161.00</p>		
31539	<p>BREAST, BIOPSY OF SOLID TUMOUR OR TISSUE OF, using a bore-enbloc stereotactic biopsy, for histological examination, when conducted by a surgeon as determined by the Royal Australasian College of Surgeons, and where imaging has demonstrated an impalpable lesion of less than 15mm in diameter, not being a service to which item 31530, 31536 or 31548 applies (Anaes.)</p> <p><i>(See para T8.2 and T8.28 of explanatory notes to this Category)</i></p> <p>Fee: \$398.80 Benefit: 75% = \$299.10</p>		
31542	<p>BREAST, initial guidewire localisation of lesion, by hookwire or similar device, when conducted by a radiologist as determined by the Royal Australian and New Zealand College of Radiologists, using interventional imaging techniques prior to using a bore-enbloc stereotactic biopsy - including imaging not being a service associated with a service to which item 31536 applies (Anaes.)</p> <p><i>(See para T8.2 and T8.29 of explanatory notes to this Category)</i></p> <p>Fee: \$196.95 Benefit: 75% = \$147.75 85% = \$167.45</p>		
31545	<p>BREAST, BIOPSY OF SOLID TUMOUR OR TISSUE OF, using a bore-enbloc stereotactic biopsy, for histological examination, when conducted by a surgeon as determined by the Royal Australasian College of Surgeons; where imaging has demonstrated an impalpable lesion of less than 15mm in diameter, including initial guidewire localisation of lesion, by hookwire or similar device, using interventional imaging techniques and including imaging not being a service associated with a service to which item 31530, 31536 or 31548 applies (Anaes.)</p> <p><i>(See para T8.2 and T8.28 of explanatory notes to this Category)</i></p> <p>Fee: \$595.65 Benefit: 75% = \$446.75 85% = \$515.45</p>		
31548	<p>BREAST, BIOPSY OF SOLID TUMOUR OR TISSUE OF, using mechanical biopsy device, for histological examination, not being a service to which items 31530, 31539 or 31545 apply (Anaes.)</p> <p>Fee: \$137.90 Benefit: 75% = \$103.45 85% = \$117.25</p>		