

## UPDATE FROM CLINICAL PRACTICE ADVISOR

There have been a number of issues relevant to Cardiologists, on which the Society has been closely involved in discussion with Government. These issues are listed below, for the information of our membership:

**1 Capital Sensitivity Requirements.** After much debate and discussion, the Minister of Health, on the advice of the Department of Health in the light of vigorous representations by several groups, including our own, has made the following determination which will be legislated to take effect on 1 July 2011.

Beyond that date, diagnostic imaging providers (including cardiologists providing imaging services) will be required to submit claims for Medicare benefits that are reduced by 50% if the services are provided on aged equipment. This rule is currently in place for CT and angiography suites and thereafter will be extended to cover all modalities in the diagnostic imaging services table, including ultrasound, diagnostic radiology, nuclear medicine imaging and magnetic resonance imaging. The age limits for each type of equipment in each modality will vary as follows:

Ultrasound = 10 years; diagnostic radiology = 15 years; nuclear medicine = 10 years; MRI = 10 years; mammography = 10 years and fluoroscopy = 15 years.

However, providers will be able to extend the life of equipment by a further 5 years if the equipment undergoes an upgrade that is certified by the equipment supplier to provide equipment that is equivalent in quality to new equipment available for purchase in Australia at the time of the upgrade. Diagnostic imaging providers will be required to retain records that attest to upgrades and enable matching of Medicare funded services to the use of particular equipment in the Practice.

For providers of cardiac ultrasound services, this effectively means that ultrasound machines will have full Medicare rebates for 10 years initially and thereafter for an additional 5 years, if they have been upgraded in a satisfactory manner as specified above. Thereafter, the rebate will be reduced by 50%.

Medicare Australia will be writing to all affected diagnostic imaging providers informing them of the measure in the near future. The precise detail of the implementation of this measure, including any specific requirements for upgrading equipment, are likely to be available shortly.

This represents a victory for common sense, as the initial proposal from the Department of Health was to have a 5 year clause only. There is a consensus that the 10-15 year clause is reasonable and considerable credit in arguing this case must be given to our previous Clinical Practice Advisor, Professor Michael Feneley and our past President, Dr Leo Mahar.

**2 CT Coronary Angiography.** The Government appear close to including an item number for this test, in the Medical Benefits Schedule. There has been approval from the Medical Services Advisory Committee (MSAC) but the implementation of an item number has been held up for several reasons, including budgetary concerns. There are still ongoing discussions, in which we are participating, in regards to specifying who would be allowed to request this test and in also specifying the frequency of the test, for Medicare benefits. We are hopeful for resolution of these matters in the near future.

**3 Professional Supervision for Ultrasound Studies.** This remains a thorny issue from the Government point of view. The current requirement for professional supervision of cardiac ultrasound studies has been carefully crafted in the Medicare Benefits Schedule, so as to allow a variety of practice, without being too restrictive. There is considerable concern, amongst members of the Government as well as the profession, that a small number of providers are practising in a manner outside the letter and the spirit of the guidelines specified. Medicare Australia are monitoring this very carefully and discussions are ongoing with the Government as to whether the current professional supervision guidelines need to be tightened.

**4 Remote Area Exemption.** The definition of a remote area is currently being re-examined, looking for a more rational basis to provide a remote area exemption, which relates specifically to professional supervision requirements and also the capital sensitivity rules. There is currently a very arbitrary definition of a 30 kilometre distance listed as defining a remote area and this may require some modification.

**5 Multiple Services Rules.** The Cardiac Society has complained very strongly about the unintended consequences of the multiple services rules, which result in a patient receiving a reduced rebate when a consultation occurs on the same day as a cardiac ultrasound item. A common practice, to circumvent this problem is for consultations and ultrasound services to be scheduled on different dates, this being very disadvantageous to patients, particularly in rural and remote areas. We intend to continue to push our case in this matter.

**6 Echocardiography with Second Generation Contrast Agents.** There has been approval in principle for funding of the use of contrast agents with echocardiography, in specific situations. Further discussions are currently taking place as to the specifics of the item descriptor and it is hoped that an item number will be provided for this, in the near future.

If any members of the Society would like to provide any input in regards to any of the above matters, please contact the National Secretariat or the Clinical Practice Advisor directly.

**JOHN P O'SHEA**  
*Clinical Practice Advisor*