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Michael Ryan PSM
Director, Diagnostic Imaging Section
Diagnostic Imaging and Pathology Branch
Medicare Benefits and Digital Health Division
Department of Health, Disability and Ageing

Email: anna.waddington@health.gov.au

Dear Mr Ryan,

Re: Proposal from ANZAUS for New Bladder Ultrasound MBS Items

The Royal Australasian College of Surgeons (RACS) is pleased to provide feedback on the proposal from the Australian and New Zealand Association of Urological Surgeons (ANZAUS) and supported by the Urological Society of Australia and New Zealand (USANZ), to introduce two new Medicare Benefits Schedule (MBS) items for bladder ultrasound scans to determine urinary bladder volume.

RACS supports this proposal. Bladder ultrasound scanning is a valid, safe, and non-invasive tool that is integral to the assessment and management of urological patients. The use of bladder ultrasound scanning along with uroflowmetry (or as a standalone tool in well-defined circumstances) has clinical value that clearly informs patient care. The proposed items are a refinement of current practice, rather than an extension of current scope; they will contribute to improving timely access to office-based, diagnostic assessments while maintaining quality and efficiency.

We emphasize your findings that over 90% of current claims for bladder ultrasound and uroflowmetry are from urologists.[1] This merely illustrates that this service is practically entrenched in specialist practice. The listed items will ensure accurate and appropriate identification and reimbursement under the MBS while causing issues of more general rather than specific imaging descriptors. While they are not duplicating service, they will enable greater clarity, transparency and alignment with current clinical practice.

Regarding costs, ANZAUS has demonstrated compelling evidence the proposal is cost neutral, with no evidence of inappropriate growth. The refinement will in fact lead to better targeting of existing services in that these resources will reflect real practice. RACS believes this is responsible management of the MBS and aligns with the Medical and Scientific Advisory Committee (MSAC) principles.

[1] For item 55085 (bladder ultrasound NR): “94% of claims are by Specialists in Urology.” For item 11900 (urine flow study): “91% of claims are by Specialists in Urology.” Department’s letter to RACS (p.5).

RACS is supportive of the establishment of services similar to item 55085 that would be outside the Diagnostic Imaging Services Table (DIST), as part of the General Medical Services Table, Category 2. This is a critical distinction to make:

- A bladder scan is a simple, non-invasive procedure used only to estimate bladder volumes in the office.
- Bladder scans are often conducted following a urinary flow rate test (item 11900), but can also be conducted as a stand-alone procedure.
- The proposed item would only be for bladder scans conducted in the limited circumstances identified.
- Urologists need to distinguish between bladder neck (prostate) obstructions and bladder overactivity which can often only be done by objectively measuring these parameters
- The equipment needed to carry out the scans requires significant capital investment and incorporating this procedure as part of a normal consultation fee is therefore, not appropriate.

Currently, item **55085** includes a number of different services (including items 11917, 55037, 55039, 55068, 55600, and 55603). As 55603 is contained in the DIST, practitioners are required to review and comply with the extensive regulatory and accreditation requirements which reflect much larger diagnostic imaging services. These requirements far exceed those that are clinically relevant for what, in clinical practice, is a simple point-of-care assessment.

In summary, ANZAUS/USANZ propose that consideration be given to the following items:

- **119XX** – Bladder ultrasound scan performed for the purpose of estimating urinary bladder volume when performed in addition to item 11900.
- **119YY** – Bladder ultrasound scan performed for the purpose of estimating urinary bladder volume not being a service to which 11900 applies.

This proposal is intended to be cost-neutral, is a refinement not an expansion of item 55085 and would only involve a very small cohort of patients, where the procedure is performed or supervised by a qualified urologist. Establishing this service outside of the DIST would reduce the unnecessary regulatory burden now placed on practitioners and provide more access and availability of this clinically useful service to patients.

RACS Support Position

RACS supports the introduction of the proposed MBS items on the following basis:

- They are clinically justified and evidence-based findings that promote better decision making in urology.
- They are cost neutral refinements rather than expansions of existing services, clarifying and refining existing practice without expanding scope or cost.
- They also provide greater clarity and transparency of the item descriptors, which mitigates the risk of inappropriate use.
- They are predominantly being performed by specialist urologists so there is appropriate clinical oversight.
- They will achieve higher clinical standards as the service is a naturally aligned with urologist-led patient care.
- They remediate the disproportionate regulatory burden of the services and create more access and efficient services.
- They support the MBS and responsible stewardship of the MBS in promoting and appropriately recognising office-based urology practice without any duplication.

RACS commends ANZAUS and USANZ for progressing with this proposal and advance the Department's acceptance of the new items, which will improve patient care and delivery of specialist-led services and the MBS.

RACS is grateful for the opportunity to provide comment and encourage the Department of Health to continue their engagement with ANZAUS and USANZ on urological issues that improve patient access to surgical care that is safe and effective.

Yours sincerely,

Professor Owen Ung
President
Royal Australasian College of Surgeons

Professor Mark Frydenberg
Chair, Health Policy and Advocacy Committee
Royal Australasian College of Surgeons