



Important MBS Billing Alert related to Interventional Radiologists

MBS Update Details

Numerous MBS item numbers were updated on **1st March 2025**. The update was driven by a change to the MBS items classified as 'Hospital Only Services' and the subsequent reduction in the schedule fee rebate payable from 85% currently to 75%, **reducing the bulk billing benefit by 10% for Interventional Radiologists**.

[Find out more here](#)

Why are they making this change?

The DoH stated that the changes aim to ensure to better define items where best clinical practice is to perform procedures in hospital environments as well as to "reduce **the financial incentive for public hospitals to cost-shift and double claim for public services on the MBS**."

Impact for Bulk Billing

MBS items classified as "**Hospital Only Services**" will now receive **75% (down from 85%) of the schedule fee, reducing bulk-billing benefits by 10% for interventional radiologists**.

Impact on Self-Funded Private Patients

Impacted patients will experience a **10% reduction in Medicare rebates, and out-of-pocket (OOP) costs for hospital-only MBS items which also will not count towards their Medicare Safety Nets**.

Impact for Privately Insured Patients

For impacted **Hospital Services**, Medicare will continue to cover **75% of the MBS fee, with private health insurance required to cover at least the remaining 25%**. There is no impact on the benefits paid for Private inpatients as the health fund will still pay the Known Gap or No Gap benefits per their individual fee schedules

Impact for Interventional Radiologists

1. **Reduction in Medicare Benefits of 10% for Bulk Billed Services**
2. **Compliance & Risk of Medicare Audits & claw backs for Public Hospital IR bulk billing Procedures if the patient is admitted as a public patient after the IR procedure is done as an outpatient**

What you need to do urgently

1. Ensure you are billing patients correctly as Hospital Services
2. Ensure your Hospital RIS & Billing practices are correctly configured & updated to reflect these changes.
3. Assess the financial impact & review your billing models & hospital funding arrangements to compensate for lower Medicare benefits

What to do if you need further assistance?

- Medbill have detailed experience & expertise in IR billing and the implications of these recent changes. Medbill can assist you and your practice to navigate these complex changes & ensure all billing (including bulk billing of outpatient IR patients in public and private hospitals) is completed and compliant.

[Contact Medbill for more information & assistance](#)





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Impacted MBS Codes

The relevant impacted item numbers related to interventional radiologists include: **ALL DSA (Digital Subtraction Angiography) item numbers- items 60000 to 60078**

Fluoroscopy item numbers 60500, 60506 and 60509

A range of Vascular Surgery item numbers including:

34533 Isolated Limb Perfusion
35330 IVC Filter Insertion
34527 Central Vein Catheterisation
34530 Removal of Central Venous Line
34528 Percutaneous Central Vein Catheterisation
35321 Embolisation
35303 Balloon Angioplasty

A range of Urological item numbers including:

36624 Nephrostomy
36604 Ureteric Stent Insertion

A range of Anaesthetic item numbers including:

22031 Intrathecal or Epidural injection
22041 Plexus Nerve Block
18288 Coeliac Plexus- injection of anaesthetic

A range of General Surgery item numbers including:

30440 Cholangiogram + Biliary Drain Insertion
30450 Stone Removal
30481 Percutaneous gastrostomy
30419 Liver Ablation (non HCC)
50950 RFA/MWA Liver

Hospital Service Definition

1. Legal Definition (Private Health Insurance Act 2007, Section 121-5)

"Hospital treatment" includes any treatment that is intended to manage a disease, injury, or condition, and is provided at a hospital (or with the direct involvement of a hospital).

This includes:

- Admitted patients (inpatients).
- Patients in an outpatient setting of a hospital.
- Day-hospital treatments.

2. Services Australia's Further Clarification (as of 7 March 2025)

On 7 March 2025, Services Australia provided additional guidance on hospital treatment classification:

- ✓ **Considered "Hospital Treatment"** (MBS items at 75% rebate):
 - Treatment provided at a hospital by a person authorised by the hospital.
 - Treatment under the management/control of a hospital or hospital administrator.
 - Day-hospital patients and outpatients receiving treatment in a hospital setting.
- ✗ **Not Considered "Hospital Treatment"** (MBS items at 85% rebate if applicable):
 - Procedures in private rooms unaffiliated with a hospital, even if co-located with a hospital.
 - Treatment of private patients in a public hospital emergency department.