

MBS Update:

Breast imaging co-claiming restrictions removed. Effective 1 July 2026.

What's changing?

From **1 July 2026**, Medicare will remove several longstanding co-claiming restrictions affecting breast imaging services.

Breast imaging co-claiming restrictions removed

Medicare is removing several long-standing co-claiming restrictions for breast imaging services. Based on recent reviews of Medicare-funded imaging, these changes aim to create more patient-centered pathways, reduce unnecessary repeat appointments, and ensure quicker access to diagnostic care.

What are the changes?

The following Medicare items will no longer be subject to co-claiming restrictions:

Item	Description
55066	Bilateral breast ultrasound associated with an interventional procedure
55071	Unilateral breast ultrasound associated with an interventional procedure
55812	Chest wall ultrasound
63464	Breast MRI for eligible high-risk patients

These changes will allow eligible services to be claimed together where clinically appropriate. In addition, certain breast imaging services will be exempt from the Multiple Services Rule when performed in combination, helping ensure rebates better reflect the full diagnostic assessment undertaken.

Why are the changes being made?

The review of Medicare-funded breast imaging services identified that existing claiming restrictions could create unnecessary barriers to care.

In some circumstances, patients required multiple appointments to complete investigations that formed part of the same clinical assessment.

This could lead to:

- Delays in diagnosis
- Increased travel requirements, particularly for those in regional areas
- Additional administrative burden

The changes are designed to support a more streamlined diagnostic pathway while maintaining appropriate clinical governance and referral requirements.

What does this mean for requestors and providers?

- Clinicians can now refer patients for complementary breast imaging examinations to be completed during the same visit
- Earlier access to complete imaging information may assist referrers and specialists in making more timely management decisions
- Improved continuity of care and streamlined practice administration

How will these changes affect patients?

- Diagnostic work-up completed during a single visit rather than separate visits
- Minimise disruption to work, family responsibilities and travel commitments, particularly for regional patients

Answers start with us.



MBS Update:

Breast imaging co-claiming restrictions removed. Effective 1 July 2026.

What's changing?

From **1 July 2026**, Medicare will remove several longstanding co-claiming restrictions affecting breast imaging services.

Breast imaging services

Frequently asked questions:

Does this change referral requirements?

No. Existing referral requirements and clinical indications remain unchanged. Services must continue to meet Medicare eligibility criteria.

Does this affect breast screening services?

No. The changes relate to specific diagnostic breast imaging items and do not alter BreastScreen Australia eligibility or screening pathways.

Can breast MRI and ultrasound now be performed during the same visit?

Where clinically appropriate and Medicare requirements are met, the removal of co-claiming restrictions allows these services to be claimed together.

Does this change patient eligibility for breast MRI item 63464?

No. Eligibility criteria for item 63464 remain unchanged.

Will patients automatically receive all imaging tests?

No. Imaging examinations should continue to be guided by clinical need and individual patient circumstances.