



Insertion of marker clip(s) following a breast biopsy

Last updated: 1 May 2024

- From 1 March 2024, MBS item 31537 will be introduced for the insertion of marker clip(s) following a breast biopsy when it is considered that additional imaging or treatment may be required.
- The new MBS item is introduced following a recommendation of the MBS Review Taskforce (Recommendation 8, MBS Review: Final Report on MBS items for breast imaging 2018) and was supported by the executive of Medical Services Advisory Committee (MSAC).
- This new service will assist in the accurate pre-operative localisation of a lesion and facilitate any follow-up investigations.

What are the changes?

Effective 1 March 2024, MBS item 31537 for the insertion of marker clip(s) into a breast or axilla will be introduced. It is intended that the schedule fee for this item is inclusive of the cost of the marker clip device.

For private health insurance purposes, item 31537 will be listed under the following clinical category and procedure type:

- Clinical category: Breast surgery (medically necessary).
- Procedure type: Type C.

Why are the changes being made?

This change is a result of a review by the MBS Review Taskforce, which was informed by Breast Imaging Working Group of the Diagnostic Imaging Clinical Committee and supported by MSAC.

More information about the Taskforce and associated Committees is available in [Medicare Benefits Schedule Review](#) in the consumer section of the [Department of Health and Aged Care website](#).

What does this mean for providers?

From 1 March 2024, following a breast biopsy, providers will be able to insert marker clip(s) to mark the site of a lesion that has been totally or almost removed at biopsy. The specific clinical reasons to insert a marker clip into a breast or axilla is listed in MBS item 31537 (a-f).

The insertion of marker clip(s) into the breast and/or axilla, is to assist with future localisation of the lesion when additional surgery, neoadjuvant systemic therapy, follow-up imaging or radiation may be required. It is intended that the schedule fee for this item is inclusive of the cost of the marker clip device(s).

When it is clinically relevant to insert more than one marker clip, the Multiple Operation Rule (MOR) will apply. The MOR will apply to all clips that are inserted at breast biopsy, regardless of site. This means the MOR will apply to all clips that are inserted as part of the same patient episode. Further information around the MOR can be found at the MBS Online website at www.mbsonline.gov.au, by referring to TN.8.2.

Providers are required to use imaging when inserting the marker clip(s), however, the appropriate imaging modality can be determined by the practitioner and the imaging component is to be claimed under the relevant diagnostic imaging item.

Providers can contact the Therapeutic Goods Administration to determine which breast marker clips can be supplied in Australia or alternatively search the Australian Register of Therapeutic Goods (ARTG) to find details of therapeutic goods approved in Australia.

How will these changes affect patients?

Patients will receive Medicare benefits for the insertion of a marker clip that are clinically appropriate. This will assist in future localisation of lesions that are identified at breast biopsy and may require future treatment or imaging.

Who was consulted on the changes?

Consultation on the new MBS item occurred with the following organisations: Royal College of Pathologists of Australasia, Australian Diagnostic Imaging Association, Royal Australasian College of Surgeons, General Surgeons Australia, Royal Australian and New Zealand College of Radiologists, Breast Surgeons of Australia and New Zealand, Cancer Council Australia, Medical Oncology Group of Australia, and Clinical Oncology Society of Australia.

How will the changes be monitored and reviewed?

Service use of the new item for the insertion of a marker clip will be monitored and reviewed post-implementation.

All items are subject to MBS compliance processes and activities, including random and targeted audits which may require a provider to submit evidence about the services claimed.

Providers are responsible for ensuring services claimed from Medicare using their provider number meet all legislative requirements.

These changes are subject to MBS compliance checks and providers may be required to submit evidence about the services claimed.

Where can I find more information?

The full item descriptor(s) and information on other changes to the MBS can be found on the MBS Online website at www.mbsonline.gov.au. You can also subscribe to future MBS updates by visiting [MBS Online](#) and clicking 'Subscribe'.

The Department of Health and Aged Care provides an email advice service for providers seeking advice on interpretation of the MBS items and rules and the *Health Insurance Act 1973* and associated regulations. If you have a query relating exclusively to interpretation of the Schedule, you should email askMBS@health.gov.au.

Private health insurance information on the product tier arrangements is available at www.privatehealth.gov.au. Detailed information on the MBS item listing within clinical categories is available on the [Department's website](#). Private health insurance minimum accommodation benefits information, including MBS item accommodation classification, is available in the latest version of the *Private Health Insurance (Benefit Requirements) Rules 2011* found on the [Federal Register of Legislation](#). If you have a query in relation to private health insurance, you should email PHI@health.gov.au.

Subscribe to '[News for Health Professionals](#)' on the Services Australia website and you will receive regular news highlights.

If you are seeking advice in relation to Medicare billing, claiming, payments, or obtaining a provider number, please go to the Health Professionals page on the Services Australia website or contact the Services Australia on the Provider Enquiry Line – 13 21 50.

The data file for software vendors when available can be accessed via the [Downloads](#) page.

New item descriptor (to take effect 01 March 2024)

Category 3 – Therapeutic Procedures

Group T8 – Surgical Operations

Subgroup 1 - General

31537

Insertion of a marker clip into a breast, including axilla, following a breast biopsy and using imaging (but not including the associated imaging), if additional surgery, neoadjuvant

Category 3 – Therapeutic Procedures

systemic therapy, follow up imaging or radiation may be required and the insertion is for any of the following reasons:

- (a) to mark the site of a lesion that has been totally or almost completely removed;
 - (b) to confirm biopsy site if multiple lesions are present;
 - (c) to confirm biopsy site of an ill-defined lesion;
 - (d) future surgery or preoperative localisation is considered to be potentially difficult due to lesion conspicuity;
 - (e) preoperative localisation is likely to be carried out using a modality different from the biopsy modality;
 - (f) for correlation across modalities for diagnostic reasons
- (Anaes.)

Multiple Operations Rule

Schedule Fee: \$208.50 **Benefit:** 75% = \$156.40 85% = \$177.25

Private Health Insurance Classification:

- Clinical category: Breast Surgery (medically necessary)
- Procedure type: Type C

Please note that the information provided is a general guide only. It is ultimately the responsibility of treating practitioners to use their professional judgment to determine the most clinically appropriate services to provide, and then to ensure that any services billed to Medicare fully meet the eligibility requirements outlined in the legislation.

This factsheet is current as of the Last updated date shown above and does not account for MBS changes since that date.