



Australian Government

Medical Services Advisory Committee

Public Summary Document

Report to the Medical Services Advisory Committee (MSAC) Executive on utilisation of Medicare Benefits Schedule (MBS) items 63740, 63741, 63743, 63744, 63746, 63747 – magnetic resonance imaging (MRI) for small bowel and pelvis in Crohn disease (Application 1190)

MBS items considered: 63740, 63741, 63743, 63744, 63746, 63747

Date of MSAC consideration: MSAC 61st Meeting, 3-4 April 2014

Date of utilisation reviews: MSAC Executive Meetings, 2 March 2018 and 6 December 2019

1. Purpose

The purpose of the report presented was to inform MSAC of the real world impacts on the outcomes of implementation of Application 1190 - MRI for small bowel and pelvis in Crohn disease. The MSAC uses this information to ensure that the new items resulting from this application are being utilised as intended. The report is not intended to be a review of the clinical information covered during the application process.

2. MSAC Executive's advice

After consideration of utilisation data for MRI for small bowel and pelvis in Crohn disease, MSAC Executive recommended writing to the relevant profession to seek advice on possible reasons for the apparent underutilisation of this service. The MSAC Executive considered the subsequent response from the Gastroenterological Society of Australia (GESA) explaining the much lower than predicted actual utilisation of small bowel MRI for Crohn disease was reasonable. The MSAC Executive recommended no further action.

3. Predicted vs Actual Utilisation

Number of Services	2014/2015	2015/2016	2016/2017	2017/2018	2018/2019	Total
63740	2,263	5,591	6,686	7,720	8,866	31,126
63741	223	621	492	512	439	2,287
63743	492	1,123	1,500	1,708	1,873	6,696
63744	2	13	19	7	2	43
63746		1	1			2
63747		11	27	5		43
Total	2,980	7,360	8,725	9,952	11,180	40,197

The predicted utilisation was based on the patient population defined during the MSAC consideration of the service, with an assumption that all patients with small bowel or complex perianal Crohn disease would receive an MRI yearly.

The utilisation of items 63740, 63741, 63743, 63744, 63746, 63747 (listed at [Appendix A](#)) was much lower than predicted. The predicted utilisation was 13,597 services per year and the actual utilisation has been significantly less. However, take-up of the new items is increasing.

The reasons suggested by GESA for this underutilisation were:

- an overestimation of the patient population and frequency of scans;
- issues with access to radiologists with experience reporting on inflammatory bowel disease scans;
- a limited number of requesting specialists who are familiar with the disease; and
- the recent development of small bowel ultrasound techniques.

4. Background:

An application was submitted in July 2011 by GESA, which requested MBS listing for MRI for patients with Crohn disease.

MSAC noted that the application was for funding of three new MBS items for MRI - small bowel, pelvis and enteroclysis - in two key populations:

- 1) patients with small bowel Crohn disease; and
- 2) patients with fistulising perianal Crohn disease.

MSAC agreed that there are several comparators depending on the separate indications for MRI. MSAC noted that for the proposed evaluation indications, MRI would replace existing tests, and for the proposed assessment indications MRI would complement existing tests as an additional service.

MSAC supported public funding of new MBS items for:

- MRI for evaluation of pelvic sepsis and fistulas in fistulising perianal Crohn disease (MBS items 63743 and 63747); and
- MRI for evaluation of known or suspected complications in small bowel Crohn disease (MBS items 63740, 63741, 63744, and 63746).

5. Further information on MSAC

Further information is available on the MSAC website at: www.msac.gov.au.

Appendix A Full MBS Items and Descriptors

<p>63740 - MRI—scan to evaluate small bowel Crohn’s disease if the service is provided to a patient for:</p> <p>(a) evaluation of disease extent at time of initial diagnosis of Crohn’s disease; or (b) evaluation of exacerbation, or suspected complications, of known Crohn’s disease; or (c) evaluation of known or suspected Crohn’s disease in pregnancy; or (d) assessment of change to therapy in a patient with small bowel Crohn’s disease (R) (Contrast)</p> <p>Fee: \$457.20 Benefit: 75% = \$342.90 85% = \$388.65</p>
<p>63740 - MRI—scan with enteroclysis for Crohn’s disease if the service is related to item 63740 (R)</p> <p>Fee: \$265.25 Benefit: 75% = \$198.95 85% = \$225.50</p>
<p>63743 MRI—scan for fistulising perianal Crohn’s disease if the service is provided to a patient for:</p> <p>(a) evaluation of pelvic sepsis and fistulas associated with established or suspected Crohn’s disease; or (b) assessment of change to therapy of pelvis sepsis and fistulas from Crohn’s disease (R) (Contrast)</p> <p>Fee: \$403.20 Benefit: 75% = \$302.40 85% = \$342.75</p>
<p>63744 (no longer listed)</p>
<p>63746 (no longer listed)</p>
<p>63747 (no longer listed)</p>