



### Position statement – access to advanced diagnostic imaging

Australian podiatrists are currently able to refer patients for selected diagnostic imaging services under the Medicare Benefits Scheme (MBS); presently, these services include foot and ankle x-rays and musculoskeletal ultrasounds of the foot and ankle. Podiatrists are also able to refer patients for more advanced diagnostic imaging services, namely computed tomography (CT) scans and magnetic resonance imaging (MRI), however these services are not covered by Medicare, and as such can cost patients between \$200 (for CT scans) and \$400 (for MRIs).

CT scans and MRIs are used in situations where standard x-ray and/or ultrasound are insufficient. These situations often occur when a condition must increase in severity in order to be visible via these less sophisticated imaging technologies, or aren't visible via these technologies at all. In order to avoid the potential consequences of an advanced injury or illness, both financially and in terms of the patient's immediate and ongoing quality of life, the Australasian Podiatry Council contends that patients should be granted access to MBS subsidies when referred for CT scans and/or MRIs by a podiatrist.

It is the position of the Australasian Podiatry Council that podiatrists should be able to refer under MBS item number 56619, 56625, 56659 and 56665 (computed tomography); 57712 and 57715; and 63301, 63304 and 63307 (magnetic resonance imaging), with limited scope under these items for referrals of the foot and ankle only. The item numbers would be used in instances of necessity only, for conditions including:

- Tarsal coalition – requires prompt diagnosis due to secondary degenerative changes which occur in joints over time if untreated
- Lis Francs and Talar Dome fracture evaluation – early identification will improve patient outcomes for mobility and recovery
- Persistent lower extremity pain – once conventional radiography and conservative treatment options have been exhausted, advanced imaging is required to identify potential underlying causes
- Neuropathic osteodystrophy (Charcot joint) – additional diagnostic information is required for prompt identification, and ongoing clinical decisions will be affected by how quickly this condition is identified
- Tendon disorders and abnormalities, including tears and tendinopathy – an ultrasound may not be able to sufficiently diagnose the grading of the tendon injury or issue to proceed with the appropriate course of treatment

Previous instances of podiatrists receiving access to MBS subsidies have resulted in no significant increase in the number of claims for Medicare-funded services, suggesting that the point of referral simply changed from general practitioner to podiatrist; this indicates that patients are receiving services as needed at their point of entry to the healthcare system, rather than having to backtrack through general practice at their own cost. The professionalism of podiatrists in referring under Medicare was recognised by the then Prime



Minister Tony Abbott, then in his capacity as Minister for Health and Ageing when, in 2007, he granted podiatrists access to MBS item numbers 55836, 55840 and 55844, for the referral of foot and ankle ultrasounds, stating that the “major consideration in this decision was that podiatrists currently have referral rights for x-rays of the foot, ankle and leg, and have used these rights responsibly.” Figures averaged over the year before and the year after podiatrists received access to these item numbers further support this claim by demonstrating only a small increase in MBS-subsidised referrals, which may be attributed to a growing, and aging, population.

University courses in podiatry already cover aspects of advanced diagnostic imaging, and podiatrists are competent in referring for these services responsibly from the time of their entry in clinical practice. The Australasian Podiatry Council contends that these referrals should be incorporated under the MBS, to allow patients faster and more efficient access to diagnostic services as they require, without the incursion of prohibitive costs.