



New MBS items for low-dose computed tomography scans for the National Lung Cancer Screening Program

Last updated: 23 May 2025

What are the changes?

From 1 July 2025, Medicare benefits will be available for two new items for low-dose computed tomography (CT) scans for lung cancer screening as part of the National Lung Cancer Screening Program (NLCSP). The new items are:

- item 57410 for screening, to be used as outlined in the [NLCSP nodule management protocol](#), approximately every 2 years.
- item 57413 is to be used if any follow-up management is needed after findings from item 57410 or previous 57413.

It is mandatory for these items to be bulk-billed.

To learn more about the NLCSP, please see the [Program Guidelines](#). To learn more about low-dose CT scans please see current [Royal Australian and New Zealand College of Radiologists \(RANZCR\) guidelines for appropriate low-dose CT dosage](#).

Why are the changes being made?

The creation of the NLCSP, including the listing of these services, was recommended by the Medical Services Advisory Committee (MSAC) in July 2022. Further details about MSAC applications can be found under [MSAC Applications](#) on the [MSAC website](#).

What does this mean for radiology providers?

Radiology providers are required to adhere to the structured radiology reporting format for the NLCSP and to report results to the National Cancer Screening Register (NCSR). This is to ensure a nationally standardised approach for radiologists to accurately and consistently report NLCSP low-dose CT scan results.

Reports for the person's initial NLCSP scan and any subsequent scans will be read and reported using the [NLCSP Nodule Management protocol](#). This protocol is derived from the PanCan and Lung-RADS nodule management systems.

Mobile screening services will be used in some remote areas, more than 30km from fixed radiology infrastructure. In these circumstances low-dose CT scans for the NLCSP can be performed without the supervision of a radiologist. The low-dose CT scan will be conducted by a radiographer and reported on by a radiologist.

What does this mean for GPs and other requesting practitioners?

These new items may be requested by nurse practitioners, and any eligible medical practitioners (e.g. general practitioners, other medical practitioners, specialist medical practitioners and, consultant physicians, etc).

General practitioners and other requesting practitioners should familiarise themselves with the eligibility criteria for the NLCSP to effectively identify participants and enrol them in the NLCSP.

Individuals are eligible to participate in the program if they:

- are aged between 50 and 70 years; and
- show no signs or symptoms of lung cancer (that is, are asymptomatic); and
- have a history of at least 30 pack-years of cigarette smoking and are still smoking; or
- have a history of at least 30 pack-years of cigarette smoking and quit in the past 10 years.

Requests for items under the NLCSP should include confirmation that the participants' eligibility has been assessed and confirmed.

How will these changes affect patients?

Effective 1 July 2025, eligible individuals without symptoms of lung cancer can access low-dose CT scans under the NLCSP.

Screening helps to detect cancer at an earlier stage. Earlier diagnosis can improve health outcomes because it is associated with higher survival rates and improved quality of life. Low-dose CT scans under the NLCSP must be bulk-billed, meaning there will be no out-of-pocket costs for participants for the scan.

Who was consulted on the changes?

In 2019, following a request from the Australian Government, Cancer Australia completed an [enquiry](#) into the prospects, process and delivery of a national lung cancer screening program in Australia. Cancer Australia consulted with clinicians, health professionals, jurisdictions and consumers, and conducted targeted consultation with Aboriginal and Torres Strait Islander community and health professionals. Cancer Australia published their findings in October 2020, and stakeholders were supportive of the creation of a NLSCP. Commencing in July 2021, Cancer Australia undertook a [feasibility assessment](#) to scope and assess a potential national lung cancer screening program which involved further consultation.

In addition to the MSAC consultation processes outlined [on their website](#), from October 2023 to March 2024, the Department of Health, Disability and Ageing (the department) consulted on the new items with the National Aboriginal Community Controlled Health Organisation

(NACCHO), Cancer Australia, professional colleges and peak bodies including the Royal Australian and New Zealand College of Radiologists (RANZCR), Thoracic Society of Australia and New Zealand (TSANZ), and Australian Diagnostic Imaging Association (ADIA), the Lung Foundation Australia (LFA), Australian Medical Association (AMA), the Royal Australian College of General Practitioners (RACGP), [the NLCSP Expert Advisory Committee](#), and [state and territory governments](#).

How will the changes be monitored and reviewed?

The department will monitor the utilisation of this service. 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.

The NLCSP will be evaluated two years after implementation, to assess the effectiveness of the NLCSP and its delivery model. The evaluation will consider lessons learned and new clinical evidence, data, and technologies to ensure the program is best practice.

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](#). You can also subscribe to future MBS updates by visiting '[Subscribe to the MBS](#)' on the MBS Online website.

Providers seeking advice on interpretation of MBS items, explanatory notes and associated legislation can use the department's email advice service by emailing 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 to 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 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 descriptors (to take effect 1 July 2025)

Category 5 – Diagnostic Imaging Services

Group I2 - Computed Tomography—examination

Subgroup 14 – Low-dose computed tomography

57410 – Screening low-dose CT scan

Low-dose computed tomography (low-dose CT) scan of chest for the National Lung Cancer Screening Program, without intravenous contrast medium, where:

- the request states that the patient's eligibility to participate in the National Lung Cancer Screening Program has been assessed and confirmed; and
- the service utilises the agreed nodule management protocol for standardised lung nodule identification, classification and reporting; and
- the service is bulk-billed. (R) (Anaes.)

Fee: \$338.75

Benefit: 75% and 85% benefits will apply

Private Health Insurance Classification:

- Clinical category: Support List (DI)
- Procedure type: Type C

57413 – Interval low-dose CT scan

Low-dose computed tomography (low-dose CT) scan of chest for the National Lung Cancer Screening Program, without intravenous contrast medium, where:

- the service is:
 - (a) performed as a clinical follow-up within 2 years of a screening low-dose CT scan of MBS item 57410; or
 - (b) performed as a clinical follow-up to a previous interval low-dose CT scan of MBS item 57413 linked to MBS item 57410; and
- the service utilises the agreed nodule management protocol for standardised lung nodule identification, classification and reporting; and
- the service is bulk-billed. (R) (Anaes.)

Fee: \$338.75

Benefit: 75% and 85% benefits will apply

Private Health Insurance Classification:

- Clinical category: Support List (DI)
- 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.