New temporary Medicare Benefits Schedule (MBS) items for nuclear medicine factsheet

Last updated: 04/10/2019

What are the changes?

Medicare rebates are now available for six new temporary nuclear medicine imaging items. The new items, which came into effect from 14 September 2019, are available for use when a requested nuclear medicine imaging service ordinarily performed using the radiopharmaceutical technetium cannot be provided. The new temporary items, and the current items on which they are based, are:

- **item 61311: single stress or rest myocardial perfusion study** using PET, which mirrors current item 61303.
- **item 61332: combined stress and myocardial perfusion study** using PET, which mirrors current item 61307.
- **item 61333: lung perfusion and ventilation study** using an alternative radiopharmaceutical with PET, which mirrors current item 61348.
- **item 61336: cerebral perfusion study** using PET, which mirrors current item 61402.
- **item 61337: bone study** with PET, which mirrors current item 61421.
- **item 61341: bone study** and PET, which mirrors current item 61425.

The new temporary items use alternative equipment and/or alternative radiopharmaceuticals and can be requested by any medical practitioner, including a general practitioner. The MBS fee for each temporary item is equivalent to the current nuclear medicine imaging item on which it is based.

Additionally, a new temporary anatomic localisation or attenuation correction item (item 61344) is available for use in association with the six items. Item 61344 mirrors current item 61505, and has the same fee. Item 61344 may be claimed where a computed tomography scan is performed for the purposes of anatomic localisation or attenuation correction, and only if no separate diagnostic CT report is issued.

Why are the changes being made?

The purpose of the temporary items is to help reduce the demand for technetium during the current supply shortage. The new items allow providers of nuclear medicine services to perform certain services using different types of equipment and alternative radiopharmaceuticals so that the available supplies of technetium can be re-directed to practices, particularly in regional and rural areas, which only provide services using technetium. Because of this patients will have continued access to nuclear medicine imaging services.

What does this mean for requestors?

Any medical practitioner including a general practitioner may request these items. During the shortage, if a provider is unable to perform a requested technetium-based nuclear medicine service and there is an equivalent temporary item available, the provider can instead provide the equivalent temporary item.

What does this mean for providers?

The temporary items must be provided by a credentialed nuclear medicine imaging specialist. If it is not possible to perform a current requested technetium-based service and there is an equivalent temporary item available, a provider can instead provide the equivalent temporary item. For example, if a provider receives a request for the current bone study item 61421 and that study cannot be performed because of the technetium shortage, then the provider may instead perform the equivalent temporary service, which is item 61337.

The Therapeutic Goods Administration (TGA) has added the following four radiopharmaceuticals to the Special Access Scheme (SAS), Category C Medicines List for use with certain temporary items. Providers using any of the following radiopharmaceuticals when providing the new items must notify the TGA using the SAS Online System. Notifications are required within 28 days of supply of the radiopharmaceutical.

Reference No: Therapeutic Goods (Authorised Supply of Medicine) Rules 2019	**Active ingredient**	**Dosage form**	**Route of administration**	**Indication and related new MBS temporary item**
25	**F18 Myocardial Perfusion Tracer (18F flurpiridaz)**	Injection	Intravenous	Items 61311, 61332 myocardial perfusion study
26	**F-18 NaF (Sodium fluoride)**	Injection	Intravenous	Items 61337, 61341 bone study
30	**Gallium- 68 (Ga-68) Galligas**	Aerosol	Inhalation	Item 61333 lung ventilation study
31	**Gallium-68 (Ga-68) – MAA**	Injection	Intravenous	Item 61333 lung perfusion study

Providers using PET equipment and ^{18}F-fluorodeoxyglucose (FDG) to perform item 61336, the cerebral perfusion study, do not need to notify the TGA of the use of FDG for this purpose. This is because FDG is already an approved medicine and in this circumstance is being used 'off-label'.

How will these changes affect patients?

The temporary items will ensure patients have continued access to necessary nuclear medicine imaging scans while current supplies of technetium are limited.

Where can I find more information?

The full item descriptors are provided below for information. These items are set out in the *Health Insurance (Section 3C Diagnostic Imaging – Nuclear Medicine) Amendment Determination 2019* which can be downloaded from the Federal Register of Legislation website.

Group I4—Nuclear medicine imaging

Item	Description	Fee ($)
61311	Single stress or rest myocardial perfusion study—with PET (R)	565.30
61332	Combined stress and rest, stress and re-injection or rest and redistribution myocardial perfusion study, including delayed imaging or re-injection protocol on a subsequent occasion—with PET (R)	834.90
61333	Lung perfusion study and lung ventilation study using galligas or ^{68}Ga-MAA, with PET (R)	443.35
61336	Cerebral perfusion study, with PET (R)	605.05
61337	Bone study—whole body, with PET, when undertaken, blood flow, blood pool and delayed imaging on a separate occasion (R)	479.80
61341	Bone study—whole body and PET, with, when undertaken, blood flow, blood pool and delayed imaging on a separate occasion (R)	600.70
61344	Computed tomography performed at the same time and covering the same body area as positron emission tomography covered by items 61311, 61322, 61333, 61336, 61337 and 61341, for the purpose of anatomic localisation or attenuation correction if no separate diagnostic CT report is issued (R)	100.00

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