New Diagnostic Imaging Medicare Benefits Schedule (MBS) items 61563 and 61564

Last updated: 18 March 2022

- From 1 July 2022, two new items will be introduced for prostate-specific membrane antigen (PSMA) positron emission tomography (PET) study for patients with prostate cancer.
- These items will allow for a PSMA PET study for the initial staging of intermediate to high-risk patients with prostate cancer and for the restaging of patients with recurrent prostate cancer.
- These items will assist patients with prostate cancer to receive the most appropriate treatment pathway.

What are the changes?

In the 2021-22 Budget the Government announced that from 1 July 2022 two new PSMA PET scans for patients with prostate cancer will commence:

Item 61563

- Whole body PSMA PET study performed for the initial staging of intermediate to high-risk prostate adenocarcinoma, for a previously untreated patient who is considered suitable for locoregional therapy with curative intent.
- Medicare benefits are payable for a maximum of one service in the patient's lifetime.

Item 61564

- Whole body PSMA PET study performed for the restaging of recurrent prostate adenocarcinoma, for a patient who has undergone prior locoregional therapy and is considered suitable for further locoregional therapy to determine appropriate therapeutic pathways and timing of treatment initiation.
- This item can be claimed by patients with a prostate specific antigen (PSA) increase of 2ng/ml above the nadir after radiation therapy; or failure of PSA levels to fall to undetectable levels; or rising PSA serum after a radical prostatectomy.
- Medicare benefits are payable for a maximum of two services in the patient's lifetime.

Whole body PSMA PET study items 61563 and 61564 ***are not*** to be used for surveillance nor for assessment of patients with suspected (as opposed to confirmed) prostate adenocarcinoma or disease recurrence.

Whole body PET studies should be used as an alternative rather than additional to conventional CT scanning. Diagnostic CT items cannot be claimed with a PET item where the purpose of the CT is for attenuation correction or anatomical correlation. CT item 61505 is the correct item to be claimed in these circumstances. Further information is at **Attachment A**.

Why are the changes being made?

The listing of these services was recommended by the Medical Services Advisory Committee (MSAC) in July 2021. Further details about MSAC applications can be found under MSAC Applications on the MSAC website (Medical Services Advisory Committee).

What does this mean for requesters and providers of diagnostic imaging services?

Requesters of diagnostic imaging services will benefit from having access to two new PSMA PET items for the initial staging and re-staging of patients with prostate cancer. Providers of diagnostic imaging services will need to familiarise themselves with the new PSMA PET items so that they can correctly bill these items.

How will these changes affect patients?

Patients with intermediate to high-risk prostate cancer will receive Medicare rebates for PSMA PET services that are clinically appropriate and reflect modern clinical practice, leading to improved health outcomes.

Who was consulted on the changes?

Consultation occurred with the following organisations:

- Royal Australian and New Zealand College of Radiologists
- Australian Diagnostic Imaging Association
- Australasian Association of Nuclear Medicine Specialists
- Consumers Health Forum
- Prostate Cancer Foundation of Australia
- Medical Oncology Group of Australia

How will the changes be monitored and reviewed?

The changes will be monitored and reviewed through analysis of MBS utilisation figures.

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 provides an email advice service for providers seeking advice on interpretation of the MBS items and rules and the Health Insurance Act and associated regulations. If you have a query relating exclusively to interpretation of the Schedule, you should email askMBS@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.

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.

Attachment A: Item descriptor details

New item61563 – PSMA PET for the initial staging of a patient with prostate cancer

Descriptor:

61563	Whole body prostate-specific membrane antigen PET study performed for the initial staging of intermediate to high-risk prostate adenocarcinoma, for a previously untreated patient who is considered suitable for locoregional therapy with curative intent Applicable once per lifetime (R)

Indication:

This item applies when requested by a specialist or consultant physician for the intital staging of PSMA PET of a previously untreated patient with intermediate to high-risk prostate adenocarcinoma who is considered suitable for a locoregaional therapy with curative intent.

The specialist or consultant physician ***is to record*** in the clinical notes and the request that the patient:

- has intermediate to high-risk prostate adenocarcinoma as defined below;
- has previously been untreated; and
- is considered suitable for locoregional therapy with curative intent.

Other requirements:

- Patients with intermediate risk prostate adenocarcinoma can be defined as having at least one of the following risk factors in the absence of any high-risk features: PSA of 10-20 ng/ml, or Gleason score of 7 or International Society of Urological Pathology (ISUP) grade group 2 or 3, or Stage T2b.
- Patients with high-risk prostate adenocarcinoma can be defined as having at least one of the following risk factors: PSA >20 ng/ml, or Gleason score >7 or ISUP grade group 4 or 5, or Stage T2c or ≥T3.
- Medicare benefits are payable for a maximum of one service in the patient's lifetime.

MBS fee: $1,300.00
Benefit: 85% = $1,212.10 **75% =** $975.00 **Out of hospital Bulk billed benefit =** $1,235.00

Proposed Private Health Insurance (PHI) Classifications:

- **Proposed Clinical category:** Support list (as for other diagnostic imaging services)
- **Proposed Procedure type:** Type C

Note: Private Health Insurance classifications and categorisations are subject to the making and registration of the *Private Health Insurance (Complying Product) Rules 2015* and *Private Health Insurance (Benefit Requirements) Rules 2011.*

For questions and feedback regarding the proposed PHI classifications, please email PHI@health.gov.au.

New item61564 – PSMA PET for the restaging of a patient with recurrent prostate cancer

Descriptor:

61564	Whole body prostate-specific membrane antigen PET study performed for the restaging of recurrent prostate adenocarcinoma, for a patient who: (a) has undergone prior locoregional therapy; and (b) is considered suitable for further locoregional therapy to determine appropriate therapeutic pathways and timing of treatment initiation Applicable twice per lifetime (R)

Indication:
This item applies when requested by a specialist or consultant physician for the restaging of PSMA PET for recurrent prostate adenorcarcinoma in a patient who has previously undergone locoregional therapy and is considered suitable for further locoregional therapy.

The specialist or consultant physician ***is to record*** in the clinical notes and the request that the patient:

- has previously had a PSMA PET study for initial staging of intermediate to high-risk prostate adenocarcinoma; and
- has undergone prior locoregional therapy and is considered suitable for further locoregional therapy.

Other requirements:

- This item can be claimed by patients with:
  - a prostate specific antigen (PSA) increase of 2ng/ml above the nadir after radiation therapy; or
  - failure of PSA levels to fall to undetectable levels; or
  - rising PSA serum after a radical prostatectomy.
- Benefits are only payable for a maximum of two services in the patient's lifetime.

MBS fee: $1,300.00
Benefit: 85% = $1,212.10 **75% =** $975.00 **Out of hospital Bulk billed benefit =** $1,235.00

Proposed Private Health Insurance (PHI) Classifications:

- **Proposed Clinical category:** Support list (as for other diagnostic imaging services)
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