



New Medicare Benefits Schedule (MBS) Items for multiparametric magnetic resonance imaging (mpMRI) of the prostate

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What are the new services?

From 1 July 2018, Medicare rebates will be available for four new items covering mpMRI prostate scans for both the diagnosis of prostate cancer (items 63541 K & 63542 NK) and the active surveillance of patients with a proven diagnosis following biopsy histopathology (items 63543 K & 63544 NK). The MBS fee for K items 63541 and 63543 will be \$450. For the NK equivalents, 63542 and 63544, the MBS fee will be \$225. All items include the use of contrast.

Who can request these items?

Urologists, radiation oncologists and medical oncologists are eligible to request these items. General practitioners are not eligible to request these items.

What are the patient eligibility requirements?

These items are only for scans of patients with specified indications. The request form must list the relevant clinical indications.

For MBS items 63541 and 63542 (NK) the patient must be suspected of having prostate cancer based on:

- a) a digital rectal examination (DRE) which is suspicious for prostate cancer; or
- b) in a person aged less than 70 years, at least two prostate specific antigen (PSA) tests performed within an interval of 1- 3 months are greater than 3.0 ng/ml, and the free/total PSA ratio is less than 25% or the repeat PSA exceeds 5.5 ng/ml; or
- c) in a person aged less than 70 years, whose risk of developing prostate cancer based on family history is at least double the average risk, at least two PSA tests performed within an interval of 1- 3 months are greater than 2.0 ng/ml, and the free/total PSA ratio is less than 25%; or
- d) in a person aged 70 years or older, at least two PSA tests performed within an interval of 1- 3 months are greater than 5.5ng/ml and the free/total PSA ratio is less than 25%.

Note: Relevant family history is a first degree relative with prostate cancer or suspected of carrying a BRCA 1, BRCA 2 mutation.

For MBS items 63543 and 63544 (NK) the below clinical criteria must be met:

- a) the patient is under active surveillance following a confirmed diagnosis of prostate cancer by biopsy histopathology; and
- b) the patient is not planning or undergoing treatment for prostate cancer.



Are there any restrictions on the number of services?

Medicare benefits for MBS items 63541 and 63542 (NK) are only payable once per patient in a twelve month period.

Benefits for MBS items 63543 and 63544 (NK) are payable for patients with proven diagnosis of prostate cancer following biopsy histopathology who:

- have not had a diagnostic mpMRI, and are placed on active surveillance following confirmed diagnosis; or
- 12 months following confirmed diagnosis and then every third year thereafter; or
- at any time there is a clinical concern, or concern with PSA progression.

Note: MBS items 63543 and 63544(NK) are not to be used for the purpose of treatment, planning or for monitoring after treatment.

Where can the procedure take place to be eligible for a Medicare rebate?

A Medicare benefit will only be payable for a mpMRI prostate scan if the service is performed on an eligible MRI unit with either full or partial Medicare eligibility. A complete list of (full and partial) Medicare eligible units is searchable by state and territory and available on this site at [MRI unit locations](#).

Relevant organisations

- Urological Society of Australia and New Zealand
- the Royal Australian and New Zealand College of Radiologists

Find out more

See the Medical Services Advisory Committee's website for more information about the committee's recommendation to list the service.