# Diagnostic Imaging Services Table - New MBS item for whole body MRI scan

Last updated: 19 January 2023

- From 1 March 2023 a new Medicare Benefits Schedule item (Item 63564) will be available for an annual whole body magnetic resonance imaging (MRI) scan.
- The use of this item is limited to individuals carrying a heritable germline or mosaic pathogenic or likely pathogenic variant in the TP53 gene, who have a very high risk of developing cancer.
- Early detection of the types of cancers relevant to this population has been proven to improve patient survival significantly.

## What are the changes?

Effective 1 March 2023, MBS item 63564 will be available for a whole body MRI scan. The item descriptor is on page three of this fact sheet.

## Why are the changes being made?

The listing of this service was recommended by the Medical Services Advisory Committee (MSAC) in July 2022, following their consideration of MSAC Application 1668.

Further information about MSAC, including current and past applications, can be found the MSAC website.

The listing was announced by the Australian Government as part of <u>Budget October 2022–23: Strengthening Medicare and rebuilding primary health care</u> measure.

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

- The scan can be requested by a specialist or consultant physician, in consultation with a clinical geneticist in a familial cancer or genetic clinic.
- The diagnostic imaging request must identify that the person has a high risk of developing cancer malignancy due to heritable TP53-related cancer (hTP53rc) syndrome.
- The use of this item is limited to individuals carrying a heritable germline or mosaic pathogenic or likely pathogenic variant in the TP53 gene, ascertained by a clinical report from an accredited pathology laboratory.
- The service is restricted to one scan per eligible patient in a 12 month period.

• To attract a Medicare rebate, the scan must be performed on a Medicare-eligible MRI unit (with full or partial eligibility).

# How will these changes affect patients?

This service will provide greater access to diagnostic imaging services for patients with a high risk of developing cancer malignancy due to germline pathogenic TP53 syndrome.

An annual whole body MRI service for these patients reflects best practice clinical guidelines. These individuals have a very high risk of developing cancer, and early detection of cancers relevant to this population has been proven to significantly improve patient survival.

## Who was consulted on the changes?

The following organisations were consulted during the health technology assessment conducted by MSAC:

- · Royal Australian and New Zealand College of Radiologists
- Australian Diagnostic Imaging Association
- Medical Oncology Group of Australia
- Royal College of Pathologists of Australasia
- Genetic and Rare Diseases Network
- Australian and New Zealand Children's Haematology/Oncology Group
- Genetic Alliance Australia
- Cancer Council Australia
- Syndromes without a Name
- Genetic Support Network Victoria

#### 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 <a href="www.mbsonline.gov.au">www.mbsonline.gov.au</a>. You can also subscribe to future MBS updates by visiting <a href="MBS Online">MBS Online</a> and clicking 'Subscribe'.

The Department of Health and Aged Care provides an email advice service for providers seeking advice on interpretation of the MBS items and rules and the *Health Insurance Act 1973* and associated regulations. If you have a query relating exclusively to interpretation of the Schedule, you should email <a href="mailto:askMBS@health.gov.au">askMBS@health.gov.au</a>.

Private health insurance information on the product tier arrangements is available at <a href="www.privatehealth.gov.au">www.privatehealth.gov.au</a>. Detailed information on the MBS item listing within clinical categories is available on the <a href="Department's website">Department's website</a>. Private health insurance minimum accommodation benefits information, including MBS item accommodation classification, is available in the latest version of the <a href="Private Health Insurance">Private Health Insurance</a> (Benefit Requirements) Rules

2011 found on the <u>Federal Register of Legislation</u>. If you have a query in relation to private health insurance, you should email <u>PHI@health.gov.au</u>.

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.

## Item descriptor (to take effect 1 March 2023)

#### Category 5 - Diagnostic imaging services

#### Group 5 - Magnetic resonance imaging

#### Subgroup 19 - Scan of body - for specified conditions

#### 63564

MRI – whole body scan for the early detection of cancer:

- requested by a specialist or consultant physician in consultation with a clinical geneticist in a familial cancer or genetic clinic; and
- the request identifies that the patient has a high risk of developing cancer malignancy due to heritable *TP53*-related cancer (*hTP53rc*) syndrome.

Restricted to one scan every 12 months.

(R) (Anaes.)

Fee: \$1,500.00 75% benefit: \$1,125.00 85% benefit: \$1,406.80

#### **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.