



Diagnostic Imaging changes: Bone Densitometry and PSMA PET services

Last updated: 8 October 2026

- From 1 November 2026, changes to the *Health Insurance (Diagnostic Imaging Services Table) Regulations (No.2) 2020* will affect prostate-specific membrane antigen (PSMA) positron emission tomography (PET) item 61564, and changes to the *Health Insurance (General Medical Services Table) Regulations 2021* will affect bone densitometry services.
- Patients will have access to repeat PSMA PET studies where clinically appropriate, to enable appropriate management of their condition.
- Patients will have access to clinically appropriate bone densitometry scans where the need for the scan has been determined by a participating nurse practitioner.

What are the changes?

- Effective 1 November 2026, changes include:
 - Amendment of MBS item 61564 – PSMA PET study for the restaging of prostate adenocarcinoma – to change the frequency restriction from ‘twice per lifetime’ to ‘once in any 12 month period’.
 - Participating nurse practitioners will be able to refer patients for bone densitometry items 12306, 12312, 12315, 12320, 12321 and 12322.

Why are the changes being made?

- The previous lifetime limit for PSMA PET item 61564 was identified as too restrictive for a condition characterised by recurrence and progression. The change supports access to repeat imaging where clinically appropriate, consistent with evolving evidence.
- Enabling participating nurse practitioners to refer patients for bone densitometry services will provide an additional referral pathway (to GPs or specialists) to improve access for patients to these services.

What does this mean for requesters and providers?

Repeat PSMA PET studies may now be requested and performed where clinically appropriate, provided at least 12 months have elapsed since the previous service.

Requests should clearly document the clinical indication to support appropriate use of the service including whether repeat imaging is necessary to inform patient management. This should include treatment decisions, particularly in the context of suspected recurrence or disease progression.

Requesters should also remain aware of the updated frequency restriction when planning follow-up imaging to ensure alignment with MBS requirements. Providers should review and update billing systems and administrative processes to reflect the changes.

Bone densitometry service providers will now be able to provide Medicare-eligible services for patients referred by participating nurse practitioners.

Providers remain responsible for ensuring that all services claimed under these MBS items comply with the legislative requirements of the MBS.

How will these changes affect patients?

Patients will have improved access to repeat PSMA PET imaging, supporting earlier detection of disease progression and more informed treatment decisions.

Patient access to the participating nurse practitioner referral pathway for bone densitometry services will assist with diagnosis and management of relevant conditions.

Who was consulted on the changes?

The Department of Health, Disability and Ageing (the department) consulted with a range of stakeholders including experts from the diagnostic imaging and medical sectors, as well as consumer representative groups.

Some of the stakeholders consulted on the changes to MBS item 61564 and the expansion of Nurse Practitioner referring rights included:

- Australasian Association of Nuclear Medicine Specialists
- Australian and New Zealand Bone and Mineral Society
- Australian and New Zealand Society of Nuclear Medicine
- Australian College of Nurse Practitioners
- Australian Diagnostic Imaging Association
- Clinical Oncology Society of Australia
- Geriatric Care Australia
- Prostate Cancer Foundation of Australia
- Rural Alliance in Nuclear Scintigraphy
- Royal Australian and New Zealand College of Radiologists
- Royal Australian College of General Practitioners

How will the changes be monitored and reviewed?

The department regularly reviews the use of new and amended MBS items in consultation with the profession.

Providers are responsible for ensuring Medicare services claimed and diagnostics tests requested using their provider number meet all legislative requirements. All Medicare claiming and requesting is subject to compliance checks and providers may be required to submit evidence about the services they bill or request. More information about the department's compliance program can be found on its website at [Medicare compliance](#).

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.

Amended item descriptor

Category: Nuclear Medicine Imaging

Group I4

Subgroup 2 - PET

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 **once in any 12 month period** (R)

Fee: \$1,300.00

Benefit: 75% and 85%

Extended Medicare Safety Net Cap (if applicable): N/A

Private Health Insurance Classification:

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

Regulation amendment

Subclause 4.1.4 of the *Health Insurance (General Medical Services Table) Regulations 2021* will be amended to enable participating nurse practitioners to request the following items: 12306, 12312, 12315, 12320, 12321 and 12322.

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.