



Diagnostic Imaging Services Table – Changes commencing from 1 July 2023

Last updated: 26 April 2023

- There are several changes commencing from 1 July 2023 relating to diagnostic imaging services listed on the Medicare Benefits Schedule (MBS). This includes new and amended listings relating to magnetic resonance imaging (MRI) of the liver and diagnostic nuclear medicine services.
- These changes affect all health professionals who request and provide these services, as well as consumers who receive the service, private health insurers and hospitals.

What are the changes?

Effective 1 July 2023, changes to the Diagnostic Imaging Services Table include:

- Clarification that item 63545 is available on the MBS for MRI of the liver for patients with any oncological indication with suspected hepatic metastases, other than hepatocellular carcinoma. The amendment is to more clearly define the item and remove ambiguity. There are no changes to the intent of the item.
- Introduction of item 61466 for cerebro-spinal fluid transport studies performed using indium-111. The schedule fee for this item reflects the higher cost of this radiopharmaceutical.
- Amendment to item 61409 to specify that the radioisotope used for this service must be technetium-99m. Previously services under item 61409 for cerebro-spinal fluid transport studies may be performed using any radiopharmaceutical.
- Extension of item 61477 for a further 12 months from 1 July 2023 until 30 June 2024. There are no other changes to the use of this item. See the original factsheet [Gallium-67 – New temporary diagnostic imaging MBS item](#) for more detailed information regarding this item.
- Introduction of temporary item 61470 from 1 July 2023 until 30 June 2024 to offset recent significant increases in the cost of the radiopharmaceutical thallium-201.
- Amendment to item 61644 to make it available on the MBS on an ongoing basis. The factsheet [Substitute positron emission tomography \(PET\) item for use during thallium-201 supply shortage](#) contains more information about the use of this item.

Why are the changes being made?

The changes are being made to ensure that diagnostic imaging services provided under Medicare are up to date and support ongoing patient access.

Amendment to item 63545

MBS item 63545 was amended on 1 November 2022 to implement a recommendation from the Medical Services Advisory Committee (MSAC) to allow access to MRI of the liver for patients with any oncological indication with suspected hepatic metastases.

Following the implementation of the change to item 63545 there have been a range of views presented on the appropriate use of this service. The Department has reviewed the amended item descriptor and sought expert advice from stakeholders to further amend item 63545 from 1 July 2023 to provide clarity on the appropriate use of this item.

Changes to diagnostic nuclear medicine items

The MBS Review Taskforce recommended that the schedule fee for item 61409 be increased so that the fee adequately covers the cost of the radiopharmaceutical used in the scan. The Taskforce noted that the approved agent for this purpose is indium-111 DTPA.

During consultation with the sector, it was identified that item 61409 can be undertaken using indium-111 or technetium-99m and that the choice of radiopharmaceutical is based on the patient's clinical requirements. Indium-111 has a significantly higher cost than technetium-99m. As a result, the department is:

- a) amending item 61409 to specify the radioisotope used as technetium-99m; and
- b) introducing a new item which mirrors item 61409, except that it is for services using indium-111 and has a higher schedule fee to reflect the higher cost of indium-111.

Item 61470 is being introduced to support patients to access important diagnostic imaging services that use thallium-201. Item 61470 provides additional funding to offset some of the recent price increases of thallium-201. The item is similar in nature to item 61477 for gallium-67 services, which has also been extended to continue to support patients during supply availability. Both items will be available until 30 June 2024.

Item 61644 was temporarily made available to provide an alternate positron emission tomography service that can be used during supply disruptions of the radiopharmaceutical thallium-201. The ongoing use of this item from 1 July 2023 as a substitute for item 61325 continues to support patients to access an alternate service when the preferred service is not available.

What does this mean for providers?

Changes to nuclear medicine items will allow for providers to appropriately cover the costs of radiopharmaceuticals that best fit the patient's clinical requirements. New item 61470 is subject to the same requirements as items 61348, 61461 and 61325 and must be performed in conjunction with these items and be bulk-billed.

There are no changes to the intent of MRI item 63545. This item should only be claimed in line with the relevant legislation and regulations where it is clinically appropriate to do so. This includes that the services are:

- Requested by a specialist or consultant physician
- Restricted to one scan per eligible patient in a 12 month period
- Performed on a Medicare-eligible MRI unit (with full or partial eligibility)

How will these changes affect patients?

The changes will provide greater access for patients to services that are contemporary and reflect best clinical practice leading to improved patient health outcomes.

Who was consulted on the changes?

The Australasian Association of Nuclear Medicine Specialists, the Royal Australian and New Zealand College of Radiologists and the Australian and New Zealand Society of Nuclear Medicine were consulted on the changes.

How will the changes be monitored and reviewed?

The Department of Health and Aged Care will monitor MBS data on the utilisation of these services.

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 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 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 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.

Amended item descriptors (Effective 1 July 2023)

Category 5 – Diagnostic imaging services

Group 5 – Magnetic resonance imaging

Subgroup 21 – Scan of body – for suspected hepato-biliary or pancreatic pathology

63545

MRI—multiphase scans of liver (including delayed imaging, if performed) with a contrast agent, for characterisation, or for staging where surgical resection or interventional techniques are under consideration, if

- (a) the patient has a confirmed extra-hepatic primary malignancy (other than hepatocellular carcinoma); and
- (b) computed tomography is negative or inconclusive for hepatic metastatic disease; and
- (c) the identification of liver metastases would change the patient’s treatment planning.

Applicable not more than once in a 12 month period (R) (Contrast) (Anaes.)

Fee: No change

Private Health Insurance Classification:

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

Category 5 – Diagnostic imaging services

Group 4 - Nuclear Medicine Imaging

Subgroup 1 - Nuclear medicine - non PET

61409

Cerebro-spinal fluid transport study **using technetium-99m**, with imaging on 2 or more separate occasions (R)

Fee: No change

Private Health Insurance Classification:

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

61477

Whole body or localised study using gallium, if all of the following apply:

- (a) the service is bulk-billed;
- (b) the service is performed in conjunction with a service described in items 61429, 61430, 61442, 61450 or 61453

Fee: No change

Private Health Insurance Classification:

- Private health insurance minimum benefit classifications do not apply to item 61477 as this service is only claimable when bulk-billed.

Category 5 – Diagnostic imaging services

Group 4 - Nuclear Medicine Imaging

Subgroup 2 - PET

61644

Single rest myocardial perfusion study for the assessment of the extent and severity of non-viable myocardium, with PET, if:

- (a) the service is performed because the service to which item 61325 applies cannot be performed due to unavailability of thallous chloride 201 (Tl-201); and
- (b) the patient has left ventricular systolic dysfunction and probable or confirmed coronary artery disease; and
- (c) the service is performed in conjunction with a rest myocardial perfusion study using technetium-99m; and
- (d) the service is requested by a specialist or a consultant physician; and
- (e) the service is not associated with a service to which item 11704, 11705, 11707, 11714, 11729 or 11730 applies; and
- (f) this service and item 61325 are applicable only twice each 24 months (R)

Fee: No change

Private Health Insurance Classification:

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

New item descriptors (Effective 1 July 2023)

Category 5 – Diagnostic imaging services

Group 4 - Nuclear Medicine Imaging

Subgroup 1 - Nuclear medicine - non PET

61466

Cerebro-spinal fluid transport study using indium-111, with imaging on 2 or more separate occasions (R)

Fee: \$4,690.90

Proposed Private Health Insurance Classification:

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

61470

Whole body or localised study using thallium-201, or single rest myocardial perfusion study using thallium-201, if all of the following apply:

- (a) The service is bulk billed;
- (b) The service is performed in conjunction with a service described in items 61438, 61461 or 61325.

Fee: \$1,126.00

Private Health Insurance Classification:

- Private health insurance minimum benefit classifications do not apply to item 61470 as this service is only claimable when bulk-billed.

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.