



Changes to Therapeutic Nuclear Medicine Services from 1 July 2023

Last updated: 21 April 2023

- From 1 July 2023, several changes to therapeutic nuclear medicine services will be made to better reflect the cost of radiopharmaceuticals used in delivering the service and ensure ongoing patient access to important nuclear medicine services.
- These changes affect all health professionals who request, deliver, and claim therapeutic nuclear medicine services under the Medicare Benefits Schedule (MBS), as well as consumers who receive the service, private health insurers and hospitals.

What are the changes?

- An increase to the schedule fee, above standard Medicare annual indexation, for five therapeutic nuclear medicine items (MBS items 16003, 16006, 16009, 16012 and 16018). The new fees will more appropriately cover the cost of the radiopharmaceutical administered as part of the service.
- Amendment to item 16015 to expand patient eligibility to include patients with any cancer type. The change removes the prostate cancer restriction to enable this service to provide better support to cancer patients. It will ensure ongoing patient access when other radiopharmaceuticals such as samarium-153 are not available due to international supply chain issues.
- Amendment to items 16015 and 16018 to better reflect current clinical terminology and align with other items listed in the MBS.

Why are the changes being made?

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

The increase to the schedule fee for therapeutic nuclear medicine items was recommended by the MBS Review Taskforce. More information about the Taskforce and associated Committees is available in [Medicare Benefits Schedule Review](#) in the consumer section of the [Department of Health and Aged Care website](#).

What does this mean for providers and requesters of nuclear medicine services?

Fee increases will assist providers to appropriately cover the costs of radiopharmaceuticals to support therapeutic nuclear medicine services. Amendments to the MBS items will enable requesters to provide better support to patients.

How will these changes affect patients?

The changes will provide greater access for patients to important therapeutic nuclear medicine services, leading to improved patient health outcomes. Expanding patient eligibility for the treatment of painful bony metastases under item 16015 will now allow patients with any cancer type to access the service, improving health outcomes. These changes also support patients to access the services they need, ensuring ongoing access when radiopharmaceuticals are not available due to international supply chain issues.

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.

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 3 - THERAPEUTIC PROCEDURES

Group T3 - Therapeutic Nuclear Medicine

16003

Intra-cavitary administration of a therapeutic dose of Yttrium 90 (not including preliminary paracentesis and other than a service to which item 35404, 35406 or 35408 applies or a service associated with selective internal radiation therapy)

(Anaes.)

Fee: \$1,554.25

Private Health Insurance Classification:

- Clinical category: Chemotherapy, radiotherapy and immunotherapy for cancer
- Procedure type: Type C

16006

Administration of a therapeutic dose of iodine 131 for thyroid cancer by single dose technique

Fee: \$1,047.70

Private Health Insurance Classification:

- Clinical category: Chemotherapy, radiotherapy and immunotherapy for cancer
- Procedure type: Type C

16009

Administration of a therapeutic dose of iodine 131 for thyrotoxicosis by single dose technique

Fee: \$507.55

Private Health Insurance Classification:

- Clinical category: Chemotherapy, radiotherapy and immunotherapy for cancer
- Procedure type: Type C

16012

Intravenous administration of a therapeutic dose of phosphorous 32

Fee: \$2,915.10

Private Health Insurance Classification:

- Clinical category: Chemotherapy, radiotherapy and immunotherapy for cancer
- Procedure type: Type C

Category 3 - THERAPEUTIC PROCEDURES

Group T3 - Therapeutic Nuclear Medicine

16015

Administration of Strontium 89 for ~~painful bony metastases from carcinoma of the prostate, if hormone therapy has failed~~ **the relief of bone pain due to skeletal metastases (as indicated by a positive bone scan), if systemic antineoplastic therapy is unavailable or has failed to control the patient's disease** and either:

- the disease is poorly controlled by conventional radiotherapy; or
- conventional radiotherapy is inappropriate, due to the wide distribution of sites of bone pain.

Fee: \$4,474.70 (No change)

Private Health Insurance Classification:

- Clinical category: Chemotherapy, radiotherapy and immunotherapy for cancer
- Procedure type: Type C

16018

Administration of ¹⁵³Sm-lexidronam for the relief of bone pain due to skeletal metastases (as indicated by a positive bone scan), if **systemic antineoplastic therapy is unavailable or has failed to control the patient's disease** ~~hormonal therapy or chemotherapy have failed~~, and:

- the disease is poorly controlled by conventional radiotherapy; or
- conventional radiotherapy is inappropriate, due to the wide distribution of sites of bone pain.

Fee: \$4,814.70

Private Health Insurance Classification:

- Clinical category: Chemotherapy, radiotherapy and immunotherapy for cancer
- 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.