



Abdominal magnetic resonance imaging for rare genetic conditions associated with risk of renal tumours – new items from 1 July 2024

Last updated: 6 June 2024

What are the changes?

Two new diagnostic imaging Medicare Benefits Schedule (MBS) magnetic resonance imaging (MRI) items (63539 and 63540) will commence on 1 July 2024 to allow for annual surveillance to detect newly developed renal tumours, and ongoing assessment of changes over time to existing renal tumours, for patients with defined rare inherited conditions associated with an increased lifetime risk of renal tumours.

For items 63539 and 63540, the private health insurance classification is as follows:

- Private Health Insurance Classification
- Clinical category: Support List (DI)
- Procedure type: Type C

Why are the changes being made?

The listing of this service was recommended by the Medical Services Advisory Committee (MSAC) in March 2023 under [MSAC Application 1702](#). Further details about MSAC applications can be found under [MSAC Applications](#) on the MSAC website ([Medical Services Advisory Committee](#)).

What does this mean for providers?

New items 63539 and 63540 must be requested by a specialist or consultant physician and the service must be performed by a specialist in diagnostic radiology who is a participant in the Royal Australian and New Zealand College of Radiologists Quality and Accreditation Program and meets all the usual requirements under the Diagnostic Imaging Services Table.

Explanatory Note IN.5.5 lists examples of the rare and uncommon conditions applicable to the new items, and other criteria to decide on eligibility for patients.

How will these changes affect patients?

Ultrasound and computed tomography (CT) are currently funded under the MBS for scanning these conditions. MSAC considered that MRI was as effective as ultrasound and CT and that in addition to being an accurate technique for detecting, characterising and monitoring renal tumours, it was safer for this patient population than CT because of the lack of ionising radiation and lower associated lifetime cancer risk due to cumulative radiation exposure. This is particularly important given the high clinical need and requirement for regular imaging from a young age for this patient population.

Who was consulted on the changes?

In addition to the MSAC consultation processes outlined on their website, the Department of Health and Aged Care consulted on the new items in July and August 2023 with a wide range of stakeholders representing experts across the diagnostic imaging and medical sector, including consumer representative groups and those with particular expertise working with patients who have rare genetic conditions.

How will the changes be monitored and reviewed?

The Department of Health and Aged Care will monitor the utilisation of this service. Providers are responsible for ensuring services claimed from Medicare using their provider number meet all legislative requirements. These changes are subject to MBS compliance checks and providers may be required to submit evidence about the services claimed.

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 [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.

Item descriptors for Items 63539 and 63540 (to take effect 1 July 2024)

Category 5 – Diagnostic imaging services

Group 5 – Magnetic resonance imaging

Subgroup 20 – Scans of pelvis and upper abdomen – for specified conditions

63539

MRI—scan of the abdomen, requested by a specialist or consultant physician, to assess the development or growth of renal tumours in a patient with a confirmed clinical or molecular diagnosis of a genetic disorder associated with an increased risk of developing renal tumours, other than a service to which item 63540 applies

Applicable once in any 12 month period (R) (Contrast) (Anaes.)

Fee: \$686.70 Benefit: 75% = \$515.05 85% = \$588.00

- Private Health Insurance Classification:
- Clinical category: Support List (DI)
- Procedure type: Type C

63540

MRI—scan of the abdomen, requested by a specialist or consultant physician, to assess a patient with one or more known renal tumours and with a confirmed clinical or molecular diagnosis of a genetic disorder associated with an increased risk of developing renal tumours, if the service is performed:

- a) to evaluate changes in clinical condition or suspected complications of the known renal tumours; or
- b) where a disease specific line of treatment has been initiated and an assessment of patient responsiveness to the treatment is required

Applicable once in any 3 month period (R) (Contrast) (Anaes.)

Fee: \$686.70 Benefit: 75% = \$515.05 85% = \$588.00

- Private Health Insurance Classification:
- Clinical category: Support List (DI)
- Procedure type: Type C

Explanatory Note IN.5.5

Items 63539 and 63540

For Items 63539 and 63540, access to these items is for patients with a confirmed clinical and/or molecular diagnosis of a rare genetic disorder associated with an increased risk of developing renal tumours.

The following list is intended to support providers in determining who may be eligible for the service. If a disorder is not included in the list but does meet all the eligibility criteria as described in the item descriptor, the service can still be provided.

Examples of eligible disorders could include:

- Tuberosus sclerosis complex
- Von Hippel Lindau syndrome
- Birt-Hogg-Dube syndrome
- Hereditary papillary renal carcinoma syndrome
- Hereditary leiomyomatosis and renal cell carcinoma (HLRCC)
- Cowden syndrome (PTEN Hamartoma Tumour Syndrome spectrum)
- BAP1-associated cancer syndrome
- SDH associated renal cancer (risk for pheochromocytoma and paraganglioma)
- Familial clear renal cell carcinoma with chromosome 3 translocation, or
- other rare genetic disorders associated with an increased risk of developing renal tumours.

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.