Australian Government
Department of Health

Recommencement of substitute Medicare Benefits Schedule (MBS) items for nuclear medicine factsheet

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What are the changes?

Medicare rebates are currently available for eleven substitute nuclear medicine imaging items. These items, which came into effect from 1 December 2020, are available for use for a period of up to 3 months when a requested nuclear medicine imaging service ordinarily performed using the radiopharmaceutical technetium cannot be provided. The temporary substitute items, and the items on which they are based, are:

- **item 61311: single stress myocardial perfusion study** for cardiac ischemia using PET, which mirrors current items 61324 (specialist requested item) and 61357 (GP requested item).
- **item 61332: combined stress and rest myocardial perfusion study** for cardiac ischemia using PET, which mirrors current items 61329 (GP requested item) and 61345 (specialist requested).
- **item 61365 (specialist requested only): repeat combined stress and rest myocardial perfusion study** using PET, which mirrors 61349.
- **item 61377: single stress myocardial perfusion study** for cardiac ischemia using PET, performed in a **Modified Monash 3-7 area**, which mirrors 61394 (specialist requested item) and 61414 (GP requested item)
- **item 61380: combined stress and rest myocardial perfusion study** for cardiac ischemia using PET, performed in a **Modified Monash 3-7 area**, which mirrors current items 61398 (GP requested item) and 61406 (specialist requested item)
- **item 61418: repeat combined stress and rest myocardial perfusion study** for cardiac ischemia using PET**,** performed in a **Modified Monash 3-7 area,** which mirrors 61410.
- **item 61422: (specialist requested only): single rest myocardial perfusion study** for cardiac ischemia using PET, which mirrors 61321.
- **item 61333: lung perfusion and ventilation study** using an alternative radiopharmaceutical with PET, which mirrors current item 61348.
- **item 61336: cerebral perfusion study** using PET, which mirrors current item 61402.
- **item 61337: bone study** with PET, which mirrors current item 61421.
- **item 61341: bone study** and PET, which mirrors current item 61425.

The substitute items use alternative equipment and/or alternative radiopharmaceuticals and can be requested by any medical practitioner, including a general practitioner, with the exception of items 61365 and 61422. The MBS fee for each substitute item is equivalent to the current nuclear medicine imaging item on which it is based.

Additionally, a temporary anatomic localisation or attenuation correction item (item 61344) is available for use in association with the substitute items. Item 61344 mirrors current item 61505, and has the same fee. Item 61344 may be claimed where a computed tomography scan is performed for the purposes of anatomic localisation or attenuation correction, and only if no separate diagnostic CT report is issued.

Why are the changes being made?

The purpose of the substitute items is to help reduce the demand for technetium during the current supply disruption. The items allow providers of nuclear medicine services to perform certain services using different types of equipment and alternative radiopharmaceuticals, so that the available supplies of technetium can be re-directed to practices, particularly in regional and rural areas, which only provide services using technetium. Due to these changes, patients will have continued access to nuclear medicine imaging services.

What does this mean for requestors?

Any medical practitioner, including a general practitioner, may request these items with the exception of items 61365 and 61422 that must be requested by either a specialist or consultant physician. During the shortage, if a provider is unable to perform a requested technetium-based nuclear medicine service and there is an equivalent substitute item available, the provider can instead provide the equivalent substitute item.

What does this mean for providers?

The substitute items must be provided by a credentialed nuclear medicine imaging specialist. If it is not possible to perform a current requested technetium-based service and there is an equivalent temporary item available, a provider can instead provide the equivalent substitute item. For example, if a provider receives a request for the current bone study item 61421 and that study cannot be performed because of the technetium shortage, then the provider may instead perform the equivalent temporary service, which is item 61337. The use of the substitute items is time limited. Providers will be informed when the substitute items are suspended from use, which will coincide with the resumption of normal supply of technetium.

The Therapeutic Goods Administration (TGA) has added the following four radiopharmaceuticals to the Special Access Scheme (SAS), Category C Medicines List for use with certain temporary items. Providers using any of the following radiopharmaceuticals when providing the new items must notify the TGA using the SAS Online System. Notifications are required within 28 days of supply of the radiopharmaceutical.

Reference No: Therapeutic Goods (Medicines—Authorised Supply) Rules 2020	Active ingredient	Dosage form	Route of administration	Indication and related new MBS temporary item
29	**F18 Myocardial Perfusion Tracer (18F flurpiridaz)**	Injection	Intravenous	Items 61311, 61332 myocardial perfusion study
30	**F-18 NaF (Sodium fluoride)**	Injection	Intravenous	Items 61337, 61341 bone study
34	**Gallium- 68 (Ga-68) Galligas**	Aerosol	Inhalation	Item 61333 lung ventilation study
35	**Gallium-68 (Ga-68) – MAA**	Injection	Intravenous	Item 61333 lung perfusion study

Providers using PET equipment and ^{18}F-fluorodeoxyglucose (FDG) to perform item 61336, the cerebral perfusion study, do not need to notify the TGA of the use of FDG for this purpose if:

- The therapeutic good is an Australian registered FDG product and in this circumstance is being used off-label. The decision to use a medicine off-label is a clinical decision made at the discretion of the prescriber who is responsible for obtaining informed consent from a patient (However, there may be circumstances where the sponsor becomes aware of the "off-label" use of its therapeutic goods that are included in the ARTG. In these circumstances, the sponsor may request a Special Access Scheme (SAS) notification or approval to ensure legal supply of the product under the therapeutic goods legislation); or
- The therapeutic good is exempt from inclusion in the ARTG under Schedule 5 of the *Therapeutic Goods Regulations 1990* where it is dispensed, or extemporaneously compounded, for a particular person for therapeutic application to that person

Of note, substitute item 61336 must only be used to assess cerebral blood flow and not for another purpose.

How will these changes affect patients?

The temporary items will ensure patients have continued access to necessary nuclear medicine imaging scans while current supplies of technetium are limited.

Suspension of the substitute items

The substitute items are available from 1 December 2020 and up to 28 February 2021. If the supply of technetium stabilises before 28 February 2021 then this date can be brought forward, or alternatively it can be extended if required. Of note, when supplies of technetium return to normal levels and stabilise the temporary items will be suspended and not deleted. This enables the substitute items to recommence quickly in the event of future sustained disruptions in the supply of nuclear medicines that cannot be effectively remedied by securing supplies from alternative sources or overseas.

Where can I find more information?

A summary of the item descriptors and the fees is provided below for information. These items are set out in the *Health Insurance (Section 3C Diagnostic Imaging – Nuclear Medicine) Amendment Determination 2020* which can be downloaded from the Federal Register of Legislation website. Providers should familiarise themselves with the conditions of use for these items, particularly the cardiac myocardial perfusion items.

Group I4—Nuclear medicine imaging

Item	Description	Fee ($)
61311	Single stress myocardial perfusion study—with PET (R)	653.05
61332	Combined stress and rest, stress and re-injection or rest and redistribution myocardial perfusion study, including delayed imaging or re-injection protocol on a subsequent occasion—with PET (R)	982.05
61365	Repeat combined stress and rest, stress and re-injection or rest and redistribution mycocardial perfusion study, including delayed imaging or re-injection protocol on a subsequent occasion, with PET (R) (*specialist requested only*)	982.05
61377	Single stress myocardial perfusion study, with PET in MM areas 3 - 7 (R)	653.05
61380	Combined stress and rest, stress and re-injection or rest and redistribution myocardial perfusion study, including delayed imaging or re-injection protocol on a subsequent occasion, with PET in MM areas 3 - 7 (R)	982.05
61418	Repeat combined stress and rest, stress and re-injection or rest and redistribution myocardial perfusion study, including delayed imaging or re-injection protocol on a subsequent occasion, with PET in MM areas 3 - 7 (R)	982.05
61422	Single rest myocardial perfusion study for the assessment of the extent and severity of viable and non-viable myocardium, with PET (R) (*specialist requested only*)	329.00
61333	Lung perfusion study and lung ventilation study using galligas or ^{68}Ga-MAA, with PET (R)	443.35
61336	Cerebral perfusion study, with PET (R)	605.05
61337	Bone study—whole body, with PET, when undertaken, blood flow, blood pool and delayed imaging on a separate occasion (R)	479.80
61341	Bone study—whole body and PET, with, when undertaken, blood flow, blood pool and delayed imaging on a separate occasion (R)	600.70
61344	Computed tomography performed at the same time and covering the same body area as positron emission tomography covered by items 61311, 61322, 61333, 61336, 61337 and 61341, for the purpose of anatomic localisation or attenuation correction if no separate diagnostic CT report is issued (R)	100.00

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 sheet is current as of the Last updated date shown above, and does not account for MBS changes since that date.