



# Temporary nuclear medicine items 61470 and 61477 – item continuation and one-off fee increase

Last updated: 4 June 2024

- Item 61470 (whole body or localised study using thallium-201 or single rest myocardial perfusion study using thallium-201) and item 61477 (whole body or localised study using gallium) will remain listed on the Medicare Benefits Schedule (MBS) until 30 June 2026.
- From 1 July 2024, there will be a one-off fee increase for item 61470 and 61477.
- These changes affect all health professionals who request, deliver and claim these services under the MBS, as well as consumers who receive the service, private health insurers and hospitals.

## What are the changes?

From 1 July 2024 the following changes to temporary MBS nuclear medicine items 61470 and 61477 will occur:

- Items 61470 and 61477 will be available for a further 24 months, from 1 July 2024 to 30 June 2026.
- An increase to the schedule fee for MBS item 61470 from \$1,126.00 to \$1,463.80.
- An increase to the schedule fee for MBS item 61477 from \$740.00 to \$962.00.

## Why are the changes being made?

The changes will continue to support patient access to important nuclear medicine imaging services that use the radiopharmaceuticals thallium-201 and gallium-67. It will assist patients who might otherwise be affected by supply availability issues and recent price increases for these radiopharmaceuticals.

## What does this mean for providers of nuclear medicine services?

The changes will better support providers to cover the costs of the radiopharmaceuticals used to deliver the service.

The claiming requirements for items 61470 and 61477 will not change.

## What does this mean for health insurers?

The changes to items 61470 and 61477 will not impact private health insurance classifications for clinical category and procedure type.

## How will these changes affect patients?

The changes will ensure that patients continue to have access to the most clinically appropriate nuclear medicine diagnostic imaging item.

## How will the changes be monitored and reviewed?

The Department of Health and Aged Care regularly reviews the usage of new and amended MBS items in consultation with the profession.

Significant variation from forecasted expenditure may warrant review and amendment of fees, and incorrect use of MBS items can result in penalties including the health professional being asked to repay monies that have been incorrectly received.

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](mailto:askMBS@health.gov.au).

Private health insurance information on the product tier arrangements is available at [www.privatehealth.gov.au](http://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](mailto: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.

**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.**