



Changes to supervision requirements for nuclear medicine imaging services from 1 July 2024

Last updated: 4 June 2024

- From 1 July 2024, supervision requirements for nuclear medicine imaging services are changing to ensure patients receiving these services are appropriately managed.
- In 2020, the Department of Health and Aged Care (the Department) provided an interpretation of the requirements for personal supervision for positron emission tomography (PET) nuclear medicine imaging services due to the impact of COVID-19. Where COVID-19 response protocols restricted providers from attending patients in person, providers could continue to provide clinically necessary nuclear medicine imaging services where safe to do so.
- Since COVID-19 restrictions have ceased, the Department has reviewed the personal supervision arrangements for nuclear medicine imaging services and determined that changes are required to keep these services in line with other diagnostic imaging modalities.
- These changes affect all health professionals who provide nuclear medicine imaging services under the Medicare Benefits Schedule (MBS), as well as consumers who receive the service.

What are the changes?

From 1 July 2024 supervision requirements for PET and non-PET nuclear medicine imaging services will be changing as outlined below.

PET nuclear medicine services

As outlined in clause 2.4.3 of the [Health Insurance \(Diagnostic Imaging Services Table\) Regulations \(No. 2\) 2020](#) (DIST):

- PET services must be performed under the supervision of a PET credentialed specialist. The service does not need to be performed by a PET credentialed specialist. For example, the service may be performed by a medical imaging technician when supervised by a PET credentialed specialist.
- If personal attendance is required, the person attending the patient must be either a PET credentialed specialist, a nuclear medicine credentialed specialist, or a specialist in diagnostic radiology. Whether personal attendance is needed will be at the discretion of those involved in providing the service to the patient and be determined on an individual basis.

- The service must be reported by a PET credentialed specialist. The specialist reporting on the service may or may not be the same specialist that supervised the service, performed the service (if it was performed by a specialist) or attended the patient (if required).
- An emergency and remote location exemption to the above requirements is available.

Non-PET nuclear medicine services

As outlined in clause 2.4.1 of the DIST:

- Non-PET services must be performed under the supervision of a nuclear medicine credentialed specialist.
- If personal attendance is required, the person attending the patient must be either a nuclear medicine credentialed specialist or a specialist in diagnostic radiology. Whether personal attendance is needed will be at the discretion of those involved in providing the service to the patient and be determined on an individual basis.
- The service must be reported by a nuclear medicine credentialed specialist. The specialist reporting on the service may or may not be the same specialist that supervised the service, performed the service (if it was performed by a specialist) or attended the patient (if required).
- An emergency and remote location exemption to the above requirements is available.

To support changes to PET and Non-PET supervision, Part 3 of the DIST will also be updated to introduce definitions for 'PET credentialed specialist' and 'Credentialed nuclear medicine specialist'.

Why are the changes being made?

All diagnostic imaging modalities under the MBS require a level of supervision. Current supervision requirements for nuclear medicine did not support modern approaches to clinical practice when compared to other imaging techniques of similar complexity – such as computed tomography (CT) and magnetic resonance imaging (MRI).

Modernising supervision arrangements for nuclear medicine imaging services continues to support patient access without compromising on safety and quality of care. The requirement for a nuclear medicine specialist to monitor the quality of services is maintained and the inclusion of a PET credentialed specialist, a nuclear medicine credentialed specialist, or radiologist for personal attendance, when required, supports more flexible arrangements.

What does this mean for providers?

The changes will allow medical practitioners more autonomy to continue to provide nuclear medicine imaging services where it is medically necessary and safe to do so. It is expected that the service is provided only where there are appropriate supervision arrangements in place, and it is clinically appropriate for the service to be performed.

How will these changes affect patients?

Patients will continue to have access to nuclear medicine imaging services that are listed on the MBS.

The changes will further support patients in rural and regional areas where resources and access to medical practitioners may be limited, impacting patient health care with longer wait times for services.

Who was consulted on the changes?

The following organisations were consulted on these changes:

- Australasian Association of Nuclear Medicine Specialists (AANMS)
- Australian Diagnostic Imaging Association (ADIA)
- Royal Australian and New Zealand College of Radiologists (RANZCR)
- Rural Alliance in Nuclear Scintigraphy (RAINS)

How will the changes be monitored and reviewed?

The Department regularly reviews changes made to clinical practice and standards, in consultation with the profession.

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.

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.