



New Medicare Benefits Schedule (MBS) items for FDG positron emission tomography (PET) for the evaluation of breast cancer factsheet

Last updated: 9/09/2019

What are the changes?

From 1 November 2019, Medicare rebates will be available for two new items for PET for the evaluation of breast cancer. The new items are:

- A new item (61524) for whole body 18F-FDG PET study where the patient is referred by a specialist or consultant physician, performed for the staging of locally advanced (Stage III) breast cancer in a patient considered potentially suitable for active therapy.
- A new item (61525) for whole body 18F-FDG PET study, where the patient is referred by a specialist or consultant physician, performed for the evaluation of suspected metastatic or suspected locally or regionally recurrent breast carcinoma in a patient considered suitable for active therapy.

Fee: \$953.00

Why are the changes being made?

The listing of these services was recommended by the Medical Services Advisory Committee (MSAC) in November 2018. The changes are supported by MSAC as safe, clinically appropriate and cost-effective services. Further details about MSAC applications can be found under [MSAC Applications](#) on the MSAC website www.msac.gov.au.

What does this mean for providers and referrers?

These new items may be requested by specialists or consultant physicians. General practitioners may not request these items.

Like all MBS-eligible PET services, these new items must be provided by a specialist or consultant physician who is credentialed under the Joint Nuclear Medicine Specialist Credentialing Program for the Recognition of the Credentials of Nuclear Medicine Specialists for Positron Emission Tomography overseen by the Joint Nuclear Medicine Credentialing and Accreditation Committee of the Royal Australian College of Physicians (RACP) and the Royal Australian and New Zealand College of Radiologists (RANZCR).



How will these changes affect patients?

The changes will assist patients with advanced breast cancer to manage and plan their treatment, leading to improved health outcomes.

Approximately 12,000 patients will benefit from these services each year.

Where can I find more information?

The full item descriptors and information on other changes to the MBS can be found at MBS Online (www.mbsonline.gov.au). You can also subscribe to future MBS Online updates by visiting www.mbsonline.gov.au and clicking 'Subscribe'.

The Department of Health provides an email advice service for providers seeking advice on interpretation of the MBS items and rules and the Health Insurance Act and associated regulations. If you have a query relating exclusively to interpretation of the Schedule, you should email askMBS@health.gov.au.

Subscribe to '[News for Health Professionals](#)' on the Department of Human Services 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 Department of Human Services website or contact the Department of Human Services on the Provider Enquiry Line – 13 21 50.

The data file for software vendors is expected to become available on 1 October 2019 and can be accessed via the MBS Online website under 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 sheet is current as of the Last updated date shown above, and does not account for MBS changes since that date.