

Medicare Benefits Schedule

Summary of Changes

Effective 1 February 2009

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Publications Approval Number: P3-4526

Summary of Additions, Deletions, and Revisions undertaken since 1 November 2008

New Items are indicated as "New". Deleted items are indicated as "Del".

Amended items are indicated as "Amend" Within revised items, the deleted language appears with a ~~double-strikethrough~~ while new text appears underlined. These changes will be highlighted in yellow.

Note: Revisions to the headings, notes, introductory paragraphs, and cross references are not included in this summary of changes.

New Items (New)

1 February 2009

[63464](#) [63467](#)

Deleted Items (Del)

No deleted items.

Amended Description (Amend)

1 December 2008

[61541](#) [61544](#) [61553](#) [61556](#) [61565](#) [61568](#)

1 January 2009

[10992](#)

1 February 2009

[61462](#) [61484](#) [61485](#)

CHANGES TO ALLIED HEALTH SERVICES - effective 1 January 2009

From 1 January 2009, the requirement to claim a rebate for chronic disease management care planning items before items 10950 - 10970 and 81100 - 81125 can be claimed will be removed. However, note that eligibility requirements for these items have not changed.

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Category 5 – Diagnostic Imaging Services

GROUP 14 - NUCLEAR MEDICINE IMAGING	
61462 Amend 1 Feb 2009	REPEAT PLANAR AND SINGLE PHOTON EMISSION TOMOGRAPHY IMAGING, OR REPEAT PLANAR IMAGING OR SINGLE PHOTON EMISSION TOMOGRAPHY IMAGING on an occasion subsequent to the performance of any one of items 61364, 61426, 61429, 61430, 61442, 61450, 61453, 61469, <u>61484 or 61485</u> where there is no additional administration of radiopharmaceutical and where the previous radionuclide scan was abnormal or equivocal. (R) Fee: \$129.00 Benefit: 75% = \$96.75 85% = \$109.65
61484 Amend 1 Feb 2009	ADRENAL STUDY, with imaging on 2 or more separate occasions (R) Fee: \$880.85 Benefit: 75% = \$660.65 85% = \$812.75
61485 Amend 1 Feb 2009	ADRENAL STUDY, with imaging on 2 or more occasions and renal localisation and single photon emission tomography (R) Fee: \$999.20 Benefit: 75% = \$749.40 85% = \$931.10
61541 Amend 1 Dec 2008	Whole body FDG PET study, performed in a symptomatic patient for the evaluation of a residual structural lesion, after definitive therapy for colorectal cancer, following initial therapy, performed for the evaluation of suspected residual, metastatic or recurrent colorectal carcinoma in patients considered suitable for active therapy Fee: \$953.00 Benefit: 75% = \$714.75 85% = \$884.90
61544 Amend 1 Dec 2008	Whole body FDG PET study, performed in a symptomatic patient for the evaluation of a residual structural lesion after definitive therapy for colorectal cancer, following initial therapy, performed for the evaluation of suspected residual, metastatic or recurrent colorectal carcinoma in patients considered suitable for active therapy with catheterisation of the bladder Fee: \$975.00 Benefit: 75% = \$731.25 85% = \$906.90
61553 Amend 1 Dec 2008	Whole body FDG PET study, performed for the evaluation of apparently limited metastatic disease from malignant melanoma, where surgical resection is planned following initial therapy, performed for the evaluation of suspected metastatic or recurrent malignant melanoma in patients considered suitable for active therapy Fee: \$999.00 Benefit: 75% = \$749.25 85% = \$930.90

GROUP I4 - NUCLEAR MEDICINE IMAGING	
61556 Amend 1 Dec 2008	Whole body FDG PET study, performed for the evaluation of apparently limited metastatic disease from malignant melanoma, where surgical resection is planned, following initial therapy, performed for the evaluation of suspected metastatic or recurrent malignant melanoma in patients considered suitable for active therapy, with catheterisation of the bladder Fee: \$1,021.00 Benefit: 75% = \$765.75 85% = \$952.90
61565 Amend 1 Dec 2008	Whole body FDG PET study, performed for the evaluation of epithelial ovarian carcinoma with suspected tumour recurrence following initial therapy, based on equivocal anatomical imaging findings or an elevation of CA-125, following initial therapy, performed for the evaluation of suspected residual, metastatic or recurrent ovarian carcinoma in patients considered suitable for active therapy. Fee: \$953.00 Benefit: 75% = \$714.75 85% = \$884.90
61568 Amend 1 Dec 2008	Whole body FDG PET study, performed for the evaluation of epithelial ovarian carcinoma with suspected tumour recurrence following initial therapy, based on equivocal anatomical imaging findings or an elevation of CA-125, following initial therapy, performed for the evaluation of suspected residual, metastatic or recurrent ovarian carcinoma in patients considered suitable for active therapy with curative intent, with catheterisation of the bladder Fee: \$975.00 Benefit: 75% = \$731.25 85% = \$906.90

GROUP 15 - MAGNETIC RESONANCE IMAGING

SUBGROUP 19 - SCAN OF BODY - FOR SPECIFIED CONDITIONS

<p>63464 New 1 Feb 2009</p>	<p>MAGNETIC RESONANCE IMAGING performed under the professional supervision of an eligible provider at an eligible location where the patient is referred by a specialist or by a consultant physician and where:</p> <p>(a) a dedicated breast coil is used; and (b) the request for scan identifies that the woman is less than 50 years of age; and (c) the request for scan identifies either:</p> <p>(i) that the patient is at high risk of developing breast cancer due to 1 of the following:</p> <p>(A) 3 or more first or second degree relatives on the same side of the family diagnosed with breast or ovarian cancer; (B) 2 or more first or second degree relatives on the same side of the family diagnosed with breast or ovarian cancer, including any of the following features: - bilateral breast cancer; - onset of breast cancer before the age of 40 years; - onset of ovarian cancer before the age of 50 years; - breast and ovarian cancer in one relative; - Ashkenazi Jewish ancestry; - breast cancer in a male relative; (C) 1 first or second degree relative diagnosed with breast cancer at age 45 years or younger, plus another first or second degree relative on the same side of the family with bone or soft tissue sarcoma at age 45 years or younger; or</p> <p>(ii) that genetic testing has identified the presence of a high risk breast cancer gene mutation.</p> <p>Scan of both breasts for:</p> <p>- detection of cancer (R)</p> <p>NOTE: Benefits are payable on one occasion only in any 12 month period (Anaes.) Fee: \$690.00 Benefit: 75% = \$517.50 85% = \$621.90</p>
<p>63467 New 1 Feb 2009</p>	<p>MAGNETIC RESONANCE IMAGING performed under the professional supervision of an eligible provider at an eligible location where the patient is referred by a specialist or by a consultant physician and where:</p> <p>(a) a dedicated breast coil is used; and (b) the woman has had an abnormality detected as a result of a service described in item 63464 performed in the previous 12 months</p> <p>Scan of both breasts for:</p> <p>- detection of cancer (R)</p> <p>NOTE 1: Benefits are payable on one occasion only in any 12 month period</p> <p>NOTE 2: This item is intended for follow-up imaging of abnormalities diagnosed on a scan described by item 63464 (Anaes.) Fee: \$690.00 Benefit: 75% = \$517.50 85% = \$621.90</p>

Category 8 – Miscellaneous Services

GROUP M1 - MANAGEMENT OF BULK-BILLED SERVICES

<p>10992 Amend 1 Jan 2009</p>	<p>A medical service to which item 1, 97, 601, 603, 696, 697, 5003, 5007, 5010, 5023, 5026, 5028, 5043, 5046, 5049, 5063, 5064, 5067, 5220, 5223, 5227, 5228, 5240, 5243, 5247, 5248, 5260, 5263, 5265 or 5267 applies if:</p> <ul style="list-style-type: none"> (a) the service is an unreferral service; and (b) the service is provided to a person who is under the age of 16 or is a Commonwealth concession card holder; and (c) the person is not an admitted patient of a hospital; and (d) the service is not provided in consulting rooms; and (e) the service is provided in one of the following eligible areas: <ul style="list-style-type: none"> (i) a regional, rural or remote area; or (ii) Tasmania; or (iii) A geographical area included in any of the following SSD spatial units: <ul style="list-style-type: none"> (A) Beaudesert Shire Part A (B) Belconnen (C) Darwin City (D) Eastern Outer Melbourne (E) East Metropolitan, Perth (F) Frankston City (G) Gosford-Wyong (H) Greater Geelong City Part A (I) Gungahlin-Hall (J) Ipswich City (part in BSD) (K) Litchfield Shire (L) Melton-Wyndham (M) Mornington Peninsula Shire (N) Newcastle (O) North Canberra (P) Palmerston-East Arm (Q) Pine Rivers Shire (R) Queanbeyan (S) South Canberra (T) South Eastern Outer Melbourne (U) Southern Adelaide (V) South West Metropolitan, Perth (W) Thuringowa City Part A (X) Townsville City Part A (Y) Tuggeranong (Z) Weston Creek-Stromlo (ZA) Woden Valley (ZB) Yarra Ranges Shire Part A; or (iv) the geographical area included in the SLA spatial unit of Palm Island (AC) (f) the service is provided by, or on behalf of, a medical practitioner whose practice location is not in an eligible area; and (g) the service is bulk billed in respect of the fees for: <ul style="list-style-type: none"> (i) this item; and (ii) the other item in this table applying to the service. <p><i>(See para M1.1 of explanatory notes to this Category)</i></p> <p>Fee: \$9.80 Benefit: 85% = \$8.35</p>
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