MBS Update:

Effective 1 November 2026

PSMA PET restaging (item 61564) frequency restriction amended

What's changing?

From **1 November 2026**, item 61564 can be claimed **once in any 12-month period**, replacing the previous limit of two services per lifetime.

PSMA PET/CT for restaging of recurrent prostate cancer

Following the 2026–27 Federal Budget, Medicare has amended the frequency restriction on item 61564, the whole body prostate-specific membrane antigen (PSMA) PET study for restaging recurrent prostate adenocarcinoma. Eligible men can now access a Medicare funded restaging study each year, rather than twice in their lifetime.

Prostate cancer is the most commonly diagnosed cancer in Australia, with nearly 29,000 men diagnosed each year.

What are the changes?

Item	Before 1 Nov 2026	From 1 Nov 2026
61564	Maximum of two services per lifetime	**Once in any 12-month period**

Only the frequency restriction has changed. The item descriptor, clinical eligibility criteria and requesting requirements remain the same.

Why are the changes being made?

The two-scan lifetime cap did not reflect how prostate cancer is managed. Men with recurrent disease may need repeat imaging over time as their disease changes or progresses, and the cap created a barrier for men who genuinely needed it.

The change was backed by clinicians, consumers and the Prostate Cancer Foundation of Australia, which advocated for removal of the lifetime cap.

See also: PCFA media release, 'Federal Government expands Medicare access to PSMA PET scans for prostate cancer', 19 May 2026, at pcfa.org.au/news-media/news.

Who is eligible?

The patient must have recurrent prostate adenocarcinoma and:

- has undergone prior locoregional therapy; and
- is considered suitable for further locoregional therapy, with the study used to determine appropriate therapeutic pathways and timing of treatment.

The item applies to patients with one of the following:

- a PSA increase of 2 ng/mL above the nadir after radiation therapy; or
- failure of PSA levels to fall to undetectable levels; or
- rising PSA after radical prostatectomy.

What does this mean for requestors?

- Requests must come from a **specialist or consultant physician**. GP requests do not attract a rebate for this item.
- The request and clinical notes should record that the patient has had prior locoregional therapy and is suitable for further locoregional therapy.
- A further 61564 service can be rebated once 12 months have passed since the previous one.

How will this change affect patients?

- Ongoing access to Medicare-funded restaging as disease changes or progresses.
- Supports more personalised treatment and can help avoid unnecessary procedures.
- Reduced out-of-pocket costs and more equitable access to repeat imaging.

General guide only, current at November 2026. Sources: MBS Online; Prostate Cancer Foundation of Australia (media release, 19 May 2026). Full item descriptor at **mbsonline.gov.au**. Practitioners are responsible for ensuring services billed to Medicare meet all eligibility requirements.

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Information for referrers

Clinical considerations

- **Confirmed recurrence only.** Item 61564 is not for routine surveillance, or for assessing suspected (as opposed to confirmed) prostate cancer or disease recurrence.
- **Restaging, not initial staging.** Initial staging of previously untreated intermediate to high-risk disease is item 61563, which remains limited to once per lifetime.
- **Suitability for further locoregional therapy** is part of the descriptor. Imaging intended solely to assess other treatment pathways may fall under a different item or be non-rebatable.
- **PSA level and yield.** Lesion detection generally increases with PSA level. A negative study at low PSA does not exclude recurrence, which may be relevant when timing a repeat study within the 12-month window.

CT component

- CT performed for attenuation correction or anatomical correlation is claimed under item 61505, not a diagnostic CT item.
- A diagnostic CT item should not be co-claimed with a whole body PET study unless it is clinically relevant and appropriately requested.

Helpful information on the request

- Prior locoregional therapy and dates
- Most recent PSA, date, and PSA nadir
- Current or recent androgen deprivation therapy
- Date of any previous PSMA PET study
- Confirmation of suitability for further locoregional therapy

Frequently asked questions

Does this change the eligibility criteria?
No. Only the frequency restriction has changed. Patients must still meet the existing clinical criteria.

Can a GP request item 61564?
No. The item applies when requested by a specialist or consultant physician.

My patient has already had two 61564 studies. Are they eligible again?
From 1 November 2026, the item descriptor no longer includes a lifetime cap. Eligible patients can access a further study once 12 months have passed since their last 61564 service.

What if a repeat study is needed within 12 months?
A second 61564 service within any 12-month period will not attract a Medicare rebate. Contact us to discuss options.

Does this affect item 61563 (initial staging)?
No. Item 61563 remains limited to once per lifetime.

Can 61564 be used for surveillance?
No. Imaging should continue to be guided by clinical need and the item's eligibility criteria.

Support for your patients

Patients and families can speak with a Prostate Cancer Specialist Nurse through the Prostate Cancer Foundation of Australia on **1800 22 00 99**, or find information and support groups at **prostate.org.au**

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