

Breast Examination	Indications	Medicare Rebate
<b>3D Diagnostic Mammogram</b> (59302)	If there is reason to suspect the presence of malignancy because of: (a) the past occurrence of breast malignancy in the patient; or (b) significant history of breast or ovarian malignancy in the patient's family; or (c) symptoms or indications of breast disease found on examination of the patient by a medical practitioner including focal lump/thickening/dimpling/nipple change/discharge	Yes
<b>Ultrasound</b> (55076)	<ul style="list-style-type: none"> <li>Where malignancy suspected</li> <li>In young women (under 35)</li> <li>In association with mammography</li> </ul>	Yes
<b>MBS rebate available for Specialist referral only on the items below:</b>		
<b>Breast MRI</b> (63464)	<p>Patient is asymptomatic and is younger than 60 years of age; and the request for the scan identifies that the patient is at high risk of developing breast cancer due to one or more of the following:</p> <p>(i) genetic testing has identified the presence of a high risk breast cancer gene mutation in the patient or in a first degree relative of the patient;</p> <p>(ii) both:</p> <p>(A) one of the patient's first or second degree relatives was diagnosed with breast cancer at age 45 years or younger; and (B) another first or second degree relative on the same side of the patient's family was diagnosed with bone or soft tissue sarcoma at age 45 years or younger;</p> <p>(iii) the patient has a personal history of breast cancer before the age of 50 years;</p> <p>(iv) the patient has a personal history of mantle radiation therapy;</p> <p>(v) the patient has a lifetime risk estimation greater than 30% or a 10 year absolute risk estimation greater than 5% using a clinically relevant risk evaluation algorithm; and</p> <p>(d) the service is not performed in conjunction with item 55076 or 55079</p> <p><i>Applicable not more than once in a 12 month period</i></p>	Yes
<b>Breast MRI</b> (63487)	<p>The request for the scan identifies that:</p> <p>(i) the patient has been diagnosed with metastatic cancer restricted to the regional lymph nodes; and (ii) clinical examination and conventional imaging have failed to identify the primary cancer</p>	Yes
<b>Breast MRI</b> (63489)	<p>MRI – scan of one breast, performed in conjunction with a biopsy procedure on that breast and an ultrasound scan of that breast, if:</p> <p>(a) the request for the MRI scan identifies that the patient has a suspicious lesion seen on MRI but not on conventional imaging; and (b) the ultrasound scan is performed immediately before the MRI scan and confirms that the lesion is not amenable to biopsy guided by conventional imaging</p>	Yes
<b>Breast MRI</b> (63531)	Patient has a breast lesion, where results of conventional imaging examinations are inconclusive for the presence of breast Ca, and biopsy has not been possible.	Yes
<b>Breast MRI</b> (63533)	Patient diagnosed with breast Ca, discrepancy exists between clinical and imaging assessment & the results of breast MRI may alter treatment planning.	Yes
<b>Breast MRI</b> (63547)	<p>MRI Both breasts, for the detection of cancer, if:</p> <p>(i) a dedicated breast coil is used; and (ii) the request for the scan identifies that:</p> <p>(A) the patient has a breast implant in situ; and (B) anaplastic large cell lymphoma has been diagnosed</p> <p><i>Benefits are payable once in a patient's lifetime</i></p>	
<b>Breast MRI</b> (63467)	<p>MRI Both breasts, if:</p> <p>Previous abnormality detected as result of a service described in item 63464 performed in the previous 12 months</p> <p><i>Limit once in any 12 month period</i></p>	
<b>Breast PET</b> (61524)	Performed for the staging of locally advanced (Stage III) breast Ca in a patient considered potentially suitable for active therapy	Yes
<b>Breast PET</b> (61525)	Performed for the evaluation of suspected metastatic or suspected locally or regionally recurrent breast carcinoma in a patient considered suitable for active therapy.	Yes