MBS Update:

2 new MBS item numbers PSMA PET for prostate cancer

What are the changes?

From July 1, 2022 these two item numbers will be introduced for the initial staging of intermediate to high-risk patients with prostate cancer and for the restaging of patients with recurrent prostate cancer.

These item numbers only apply when requested by a specialist or consultant physician.

Prostate specific membrane antigen (PSMA) positron emission tomography (PET) study for patients with prostate cancer.

Item 61563

- Whole body PSMA PET study performed for the initial staging of intermediate to high-risk prostate adenocarcinoma, for a previously untreated patient who is considered suitable for locoregional therapy with curative intent.
- Medicare benefits are payable for a maximum of one service in the patient's lifetime

The specialist or consultant physician is to record in the clinical notes of the request that the patient:

- **Has intermediate to high-risk prostate adenocarcinoma as defined below;**
- **Has previously been untreated; and**
- **Is considered suitable for locoregional therapy with curative intent**

Other requirements:

- Patients with intermediate risk prostate adenocarcinoma can be defined as having at least one of the following risk factors in the absence of any high-risk features: PSA of 10-20 ng/ml, or Gleason score of 7 or International Society of Urological Pathology (ISUP) grade group 2 or 3, or Stage T2b.
- Patients with high-risk prostate adenocarcinoma can be defined as having at least one of the following risk factors: PSA >20 ng/ml, or Gleason score >7 or ISUP grade group 4 or 5, or Stage T2c or ≥T3

This information has been reprinted from the Australian Government Department of Health Medicare Benefits Schedule factsheet dated 18/03/2022. For more information visit the MBS Online website at www.mbsonline.gov.au

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Item 61564

- Whole body PSMA PET study performed for the restaging of recurrent prostate adenocarcinoma, for a patient who has undergone prior locoregional therapy and is considered suitable for further locoregional therapy to determine appropriate therapeutic pathways and timing of treatment initiation.
- Specialist or consultant physican must indicate on the request if the pateint has undergone prior locoregional therapy and is considered suitable for further locoregional therapy
- This item can be claimed by patients with a prostate specific antigen (PSA) increase of 2ng/ml above the nadir after radiation therapy; or failure of PSA levels to fall to undetectable levels: or rising PSA serum after a radical prostatectomy.
- Medicare benefits are payable for a maximum of two services in the patient's lifetime.

Whole body PSMA PET study items 61563 and 61564 are not to be used for surveillance nor for assessment of patients with suspected (as opposed to confirmed) prostate adenocarcinoma or disease recurrence.

What does this mean for referrers?

Referrers will benefit from having access to two new PSMA PET items for the initial staging and re-staging of patients with prostate cancer.

What does this mean for patients?

Patients with intermediate to high-risk prostate cancer will receive Medicare rebates for PSMA PET services that are clinically appropriate and reflect modern clinical practice, leading to improved health outcomes.

Why are these changes being made?

The listing of these services was recommended by the Medical Service Advisory Committee (MSAC) in July 2021.