# **MBS Update:**

2 new MBS item numbers for abdominal MRI for rare genetic conditions associated with risk of renal tumours.

### What are the changes?

From 1 July 2024 two item numbers will be introduced to allow for annual surveillance to detect newly developed renal tumours, and ongoing assessment of changes over time to existing renal tumours, for patients with defined rare inherited conditions associated with an increased lifetime risk of renal tumours. These item numbers will only apply when requested by a specialist or consultant physician.

Abdominal MRI for rare genetic conditions associated with risk of renal tumours.

#### Item 63539

MRI - scan of the abdomen, requested by a specialist or consultant physician, to assess the development or growth of renal tumours in a patient with a confirmed clinical or molecular diagnosis of a genetic disorder associated with an increased risk of developing renal tumours, other than a service to which item 63540 applies

Applicable once in any 12 month period.

#### Item 63540

MRI - scan of the abdomen, requested by a specialist or consultant physician, to assess a patient with one or more known renal tumours and with a confirmed clinical or molecular diagnosis of a genetic disorder associated with an increased risk of developing renal tumours, if the service is performed:

- a) to evaluate changes in clinical condition or suspected complications of the known renal tumours; or
- b) where a disease specific line of treatment has been initiated and an assessment of patient responsiveness to the treatment is required

Applicable once in any 3 month period.

Continued over...

This information has been reprinted from the Medicare benefits Schedule, Diagnostic Imaging Changes 1 July 2024 – Quick Reference Guide Fact Sheet last updated 6 June 2024

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## **MBS Update**

2 new MBS item numbers for abdominal MRI for rare genetic conditions associated with risk of renal tumours

#### **Explanatory Note**

For Items 63539 and 63540, access to these items is for patients with a confirmed clinical and/or molecular diagnosis of a rare genetic disorder associated with an increased risk of developing renal tumours.

The following list is intended to support providers in determining who may be eligible for the service. If a disorder is not included in the list but does meet all the eligibility criteria as described in the item descriptor, the service can still be provided.

#### Examples of eligible disorders could include:

- Tuberous sclerosis complex
- Von Hippel Lindau syndrome
- Birt-Hogg-Dube syndrome
- · Hereditary papillary renal carcinoma syndrome
- Hereditary leiomyomatosis and renal cell carcinoma (HLRCC)
- Cowden syndrome (PTEN Hamartoma Tumour Syndrome spectrum)
- BAP1-associated cancer syndrome
- SDH associated renal cancer (risk for phaeochromocytoma and paraganglioma)
- Familial clear renal cell carcinoma with chromosome 3 translocation, or
- Other rare genetic

#### Why are the changes being made?

The listing of this service was recommended by the Medical Services Advisory Committee (MSAC) in March 2023.

#### What does this mean for referrers?

Referrers will benefit from having access to 2 new abdominal MRI items for annual surveillance to detect newly developed renal tumours, and ongoing assessment of changes over time to existing renal tumours, for patients with defined rare inherited conditions associated with an increased lifetime risk of renal tumours.

#### What does this mean for patients?

Ultrasound and computed tomography (CT) are currently funded under the MBS for scanning these conditions. Medicare Services Advisory Committee (MSAC) considered that MRI was as effective as ultrasound and CT and that in addition to being an accurate technique for detecting, characterising and monitoring renal tumours, it was safer for this patient population than CT because of the lack of ionising radiation and lower associated lifetime cancer risk due to cumulative radiation exposure. This is particularly important given the high clinical need and requirement for regular imaging from a young age for this patient population.

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