



Substitute positron emission tomography (PET) item for use during thallium-201 supply shortage - factsheet

Last updated: 28 March 2022

What are the changes?

From 1 April 2022, Medicare Benefits Schedule (MBS) item 61644 will be available as a temporary nuclear medicine diagnostic service. The substitute item is for PET using the radiopharmaceutical fluorodeoxyglucose (FDG) to assist with cardiac viability testing.

The substitute item is a direct substitute for MBS item 61325. Due to a supply shortage of the radiopharmaceutical thallium-201 (TI-201), item 61325 cannot be used.

Item 61644 will be available from 1 April 2022 to 30 September 2022.

The MBS fee for item 61644 is equivalent to that of item 61325.

Service/Descriptor

Single rest myocardial perfusion study for the assessment of the extent and severity of non-viable myocardium, with PET, if:

- a) the service is performed because the service to which item 61325 applies cannot be performed due to unavailability of thallous chloride-201 (TI-201); and
- b) the patient has left ventricular systolic dysfunction and probable or confirmed coronary artery disease; and
- c) the service is performed in conjunction with a rest myocardial perfusion study using technetium-99m; and
- d) the service is requested by a specialist or a consultant physician; and
- e) the service is not associated with a service to which item 11704, 11705, 11707, 11714, 11729 or 11730 applies; and
- f) this service and item 61325 are applicable only twice each 24 months (R)

Schedule fee: \$329.00

Benefit: 75% = \$246.75 85% = \$279.65



Why are the changes being made?

The purpose of the substitute item is to provide an alternative nuclear medicine diagnostic imaging service that offers an equivalent cardiac investigative function as the service is currently unavailable due to TI-201 supply shortages. The substitute item allows providers of nuclear medicine services to use a different type of equipment and alternative radiopharmaceutical to provide the service.

What does this mean for requestors?

Specialists and consultant physicians can request item 61644 in circumstances where it is clinically necessary, and the request meets the requirements in the item descriptor. During the shortage, if a provider is unable to perform the service described in item 61325 due to the supply shortage of TI-201, the provider can instead provide item 61644.

What does this mean for providers?

The substitute item must be provided by a credentialed nuclear medicine imaging specialist. When it is not possible to provide the requested TI-201 based item, 61325, due to supply shortages, a provider can instead deliver the substitute item, 61644.

Providers will be expected to use item 61325 with the resumption of the TI-201 supply.

How will these changes affect patients?

The substitute item will ensure that patients with certain heart conditions will have access to time-sensitive diagnostic imaging services to determine the correct course of clinical treatment. This will reduce health risks to patients who would otherwise have delayed, or unnecessary, intervention due to service unavailability.

Suspension of the substitute item

The substitute item will be available from 1 April 2022 to 30 September 2022. If the supply of TI-201 is re-established before 30 September 2022, the substitute item may be suspended early to reflect this. Alternatively, the date may be extended if necessary.

When the supply of TI-201 stabilises, the substitute item will be suspended rather than deleted, allowing for it to be reactivated in the circumstance that supply is disrupted again in future and no alternative source can be acquired.

Where can I find more information?

The full item descriptor can be found on the MBS Online website at www.mbsonline.gov.au. The item is set out in the *Health Insurance (Section 3C Diagnostic Imaging – Additional Nuclear Medicine Services) Determination 2022* which can be downloaded from the [Federal Register of Legislation website](#).

Please note that the information provided is a general guide only. It is ultimately the responsibility of treating practitioners to use their professional judgment to determine the most clinically appropriate services to provide, and then to ensure that any services billed to Medicare fully meet the eligibility requirements outlined in the legislation.

This sheet is current as of the Last updated date shown above and does not account for MBS changes since that date.