

## PROSTATE MRI MEDICARE REBATE CRITERIA

Medicare Rebates are available for patients required diagnostic and screening MRI of the Prostate. Only patients with very specific clinical findings and family history factors are able to access a rebate through Medicare.

To assist your understanding of the Medicare Rebate criteria we have summarised the data and provided the specific Medicare Rebate Conditions.

If you have any further queries please do not hesitate to contact your nearest Uniting Care Medical Imaging Clinic.

## PROSTATE MRI REBATABLE INDICATIONS

REQUEST TYPE	WHO CAN REFER	MEDICARE REQUIRED CRITERIA	FREQUENCY
<b>Diagnostic Prostate MRI</b> <b>63541</b>	Urologist Medical Oncologist Radiation Oncologist	Digital Rectal Exam (DRE) which is suspicious for Prostate cancer  <u>OR</u>  Patient <70 Years Old and 2 x PSA Tests within 1-3 Months are: <ul style="list-style-type: none"> <li>Greater than 3.0 ng/ml, and the free/total PSA ratio is less than 25%</li> <li>OR</li> <li>The repeat PSA exceeds 5.5 ng/ml</li> </ul> <u>OR</u>  Patient <70 Years Old and Family history double the average: <ul style="list-style-type: none"> <li>1st degree relative with prostate cancer or suspected BRCA1 or BRCA2 mutation</li> <li>AND</li> <li>2 x PSA Tests within 1-3 months with results &gt; 2.0ng/ml</li> <li>AND</li> <li>Free total PSA ratio &lt;25%</li> </ul> <u>OR</u>  Patient > 70 Years Old and 2 x PSA Tests within 1-3 Months are: <ul style="list-style-type: none"> <li>Results &gt; 5.5ng/ml</li> <li>AND</li> <li>Free total PSA ratio &lt;25%</li> </ul>	Payable once per 12 month period

## PROSTATE MRI REBATABLE INDICATIONS *continued...*

REQUEST TYPE	WHO CAN REFER	MEDICARE REQUIRED CRITERIA	FREQUENCY
<p><b>Screening Prostate MRI</b> <b>63543</b></p>	<p>Urologist Medical Oncologist Radiation Oncologist</p>	<p>For patients with a PROVEN diagnosis of prostate cancer following biopsy who:</p> <ul style="list-style-type: none"> <li>• Have NOT had a diagnostic MRI and are placed on active surveillance following confirmed diagnosis</li> </ul> <p><b><u>AND</u></b></p> <ul style="list-style-type: none"> <li>• Are not planning or undergoing treatment for prostate cancer</li> </ul>	<p>Payable once per 12 months after confirmed diagnosis and once every 3 years thereafter</p> <p><b><u>OR</u></b></p> <p>At any time there are clinical concerns</p> <p><b><u>OR</u></b></p> <p>At any time there is concern with PSA progression</p>