

Patient Details

Date: DOB: Medicare No:
 Name: Address: Phone:



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Diagnostic Request

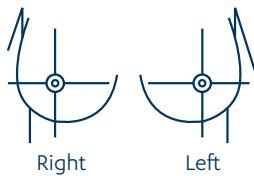
Reason for referral and clinical history

Examination NOT ELIGIBLE for Medicare Benefits

Screening or assessment of known pathology that does not meet below criteria

Breast Imaging

- Breast Diagnostic Assessment** - may include mammogram, ultrasound, biopsy.
 - Include contrast mammography
 - Previous breast cancer
 - Significant family history of breast or ovarian cancer
 - Symptoms or indications of breast disease found on examination of the patient by a medical practitioner (indicate area on a diagram)
- Breast Ultrasound
- Screening Mammography (with 3D tomosynthesis) **(No Medicare Rebate)**
 - Include contrast mammography



Breast Intervention

- Guided Fine Needle Biopsy
- Guided Core Biopsy
- Guided Pre-operative Wire Localisation **(Please discuss with Radiologist)**
- Lymphoscintigraphy

PET/CT

- PET/CT inc H,C,A,P CT
- PET (CTAC only - no diagnostic CT report issued)
- 61524 Staging***
Staging for proven stage 3 breast cancer
- 61525 Evaluation***
Suspected metastatic or recurrent breast cancer

BMD

- Medicare rebatable
- Screening

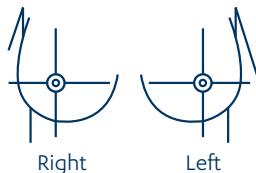
Other

MRI Examination of breasts NOT ELIGIBLE for Medicare Benefits

MRI Examinations ELIGIBLE for Medicare Benefits for Specialists

* Please see detailed description on the back

- 63464 (only payable once in a 12 month period)***
Asymptomatic, less than 60 years of age and the patient is at high risk of developing breast cancer, due to one of the following:
 - Previous mantle radiation
 - Risk estimation
 - Genetic testing
 - Family history
 - Previous breast cancer
- 63467 (only payable once in a 12 month period)***
- 63487 (only payable once in a 12 month period)***
- 63489 MRI Guided Breast Biopsy***
- 63531***
- 63533***
- 63547 (only payable once in a lifetime)**
The patient has a breast implant in situ and anaplastic large cell lymphoma has been diagnosed
- 63501, 63502 PIP Silicone Breast Implant (1 in 24 months)**
No implant rupture suspected
- 63504, 63505 PIP Silicone Breast Implant (Unlimited)**
Implant rupture suspected



Practitioner's Name:

Address:

Signature:

Copy to:

Thank you for referring your patient to Queensland X-Ray.

Internal Use Only

Yes No

- Front office check
- Patient identification verified
- Procedure and consent verified
- Correct side and site verified
- Correct patient data and side markers
- Tech initials: _____
- Team leader signature: _____

Referring Practitioner's Details



Date: _____

Time: _____

Location: _____

Other: _____

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Gold Coast 1300 183 988

Mackay 4965 6200

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Cairns 4046 7800

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***Explanation of MRI criteria:**
63464 (only payable once in a 12 month period)

For MRI of both breasts for the detection of cancer in a patient, if the request identifies that:

(a) a dedicated breast coil is used; and (b) the patient is asymptomatic and is younger than 60 years of age; and (c) the patient is at high risk of developing breast cancer due to one or more of the following:

- 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;
- ii. both:
 - (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;
 - the patient has a personal history of breast cancer before the age of 50 years;
 - the patient has a personal history of mantle radiation therapy;
 - the patient has a lifetime risk estimation great than 30% or a 10 year absolute risk estimation great than 5% using a clinically relevant risk evaluation algorithm; **AND**

(d) the service is not performed in conjunction with item 55076 or 55079

63467 (only payable once in a 12 month period)

The person has had an abnormality detected as a result of a service described in item 63464 performed in the previous 12 months (follow-up imaging)

63487 (only payable once in a 12 month period)

The patient has been diagnosed with metastatic cancer restricted to the regional lymph nodes and clinical examination and conventional imaging have failed to identify the primary cancer

63489 MRI Guided Breast Biopsy

The patient has a suspicious lesion seen on MRI but not on conventional imaging; and an ultrasound scan of the affected breast, performed immediately before the biopsy, confirms that the lesion is not amenable to biopsy guided by conventional imaging.

63531

For MRI of both breasts where the patient

- has a breast lesion, **AND**
- the results of conventional imaging examinations are inconclusive for the presence of breast cancer, **AND**
- biopsy has not been possible.

63533

For MRI of both breasts where the patient

- has been diagnosed with breast cancer, **AND**
- discrepancy exists between clinical assessment and conventional imaging assessment, **AND**
- the results of breast MRI may alter treatment planning.

***Explanation for PET/CT items:**
61524 Staging

For whole body 18F-FDG PET study, performed for the staging of locally advanced (Stage III) breast cancer in a patient considered potentially suitable for active therapy.

61525 Evaluation

For whole body 18F-FDG PET study, performed for the evaluation of suspected metastatic or suspected locally or regionally recurrent breast carcinoma in a patient considered suitable for active therapy.

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qldxray.com.au/patients/online-access-patient-portal

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