

## MBS items for Myocardial Perfusion Studies (Nuclear Medicine)

From the 1<sup>st</sup> August 2020, changes are coming in to the item numbers for Myocardial Perfusion Studies (MPS) with new criteria attached.

**Request forms will require additional clinical information in order for the study to be rebatable for the patient.**

### STRESS / REST MPS

Can be referred by GPs and specialists/specialist consultants

- Claimable once every 2 years
- Has any of the following criteria:
  - Patient has body habitus (obesity) **OR**
  - Inability to have Stress Echo **OR**
  - Unable to exercise **OR**
  - Clinical indication as per “STRESS” criteria on page 2

### REPEAT STRESS / REST MPS

Can only be referred by specialists or specialist consultants

- Previous stress / rest MPS in the last 12 months, **AND**
- Undergone revascularisation procedure, **AND**
- Has any of the following criteria:
  - Patient has body habitus (obesity) **OR**
  - Inability to have Stress Echo **OR**
  - Unable to exercise **OR**
  - Clinical indication as per “STRESS” criteria on page 2
- Only claimable once in a 12-month period

To find our Nuclear Medicine locations - go to our online Billing Guide – [qldxray.com.au/billingguide](http://qldxray.com.au/billingguide)



## “STRESS” Clinical Indication Criteria

- A. Typical or atypical angina
  - 1) Constricting discomfort in the:
    - i. Front of chest, or
    - ii. Neck, or
    - iii. Shoulders, or
    - iv. Jaw, or
    - v. Arms, or
  - 2) Symptoms precipitated by physical exertion: or
  - 3) Symptoms relieved by rest or GTN (Glyceryl TriNitrate)
- B. Patient has known CAD (Coronary Artery Disease), and displays ischemic symptoms:
  - 1) Not controlled with medical therapy
  - 2) Evolved since last functional study
- C. Qualifies for at least one of the following indications:
  - 1) Patient with congenital heart lesions with reversible ischemia following surgery
  - 2) ECG changes consistent with CAD or ischemia
  - 3) Uncertain functional significance on CTCA
  - 4) Exertional dyspnoea of unknown cause, potential non-CAD
  - 5) Pre-Op assessment in patients with:
    - i. Ischemic heart disease, or previous myocardial infarction
    - ii. Heart failure
    - iii. Stroke or transient ischemia
    - iv. Renal dysfunction (creatinine >70umol/L or creatinine clearance <60ml/min)
    - v. Diabetes requiring insulin
  - 6) Prior to Coronary intervention / bypass surgery
  - 7) Assessment of viable tissue following infarct
  - 8) Before and after cardiac surgery in patients 17yrs or younger
  - 9) Suspected perfusion abnormality in poorly communicative patient

