

Quick Reference Guide for GP's referring Myocardial Perfusion Scans

New item 61329 – Combined stress and rest myocardial perfusion study for assessment of cardiac ischaemia (GP)

A Myocardial Perfusion Study is claimable on Medicare **once every 2 years** when referred by a medical practitioner (other than a specialist or consultant physician). The patient needs to meet at least one criterion from **Part A**, and the referral must identify at least one criterion from **Part B**.

Part A.

The patient must have symptoms of cardiac ischaemia where at least one of the following applies:

- (i) the patient has body habitus or other physical condition/s (including heart rhythm disturbance) to the extent where a stress echocardiography would not provide adequate information; or
- (ii) the patient is unable to exercise to the extent where a stress echocardiography would not provide adequate information; or
- (iii) the patient has had a failed stress echocardiography provided under a service to which item 55141, 55143, 55145 or 55146 applies.

Part B.

The request for service must also identify one or more of the following:

- (a) if the patient displays one or more of the following symptoms of typical or atypical angina:
 - (i) constricting discomfort in the:
 - a. front of the chest; or
 - b. neck; or
 - c. shoulders; or
 - d. jaw; or
 - e. arms; or
 - (ii) the patient's symptoms, as described in subparagraph (3)(a)(i), are precipitated by physical exertion; or
 - (iii) the patient's symptoms, as described in subparagraph (3)(a)(i), are relieved by rest or glyceryl trinitrate within 5 minutes or less; or
- (b) if the patient has known coronary artery disease, and displays one or more symptoms that are suggestive of ischaemia:
 - (i) which are not adequately controlled with medical therapy; or
 - (ii) which have evolved since the last functional study.

PTO



When Quality Matters

- All services Bulk Billed
- Myocardial Perfusion Stress Test
- Echocardiography • Bone Scan
- Renal Scan • Thyroid Scan

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Myocardial Perfusion Stress Imaging



- (c) if the patient qualifies for one or more of the following indications:
- (i) assessment indicates that resting 12 lead electrocardiogram changes are consistent with coronary artery disease or ischaemia, in a patient that is without known coronary artery disease; or
 - (ii) coronary artery disease related lesions, of uncertain functional significance, which have previously been identified on computed tomography coronary angiography or invasive coronary angiography; or
 - (iii) an assessment by a specialist or consultant physician indicates that the patient has possible painless myocardial ischaemia, which includes undue exertional dyspnoea of uncertain aetiology; or
 - (iv) a pre-operative assessment of a patient with functional capacity of less than 4 metabolic equivalents, confirming that surgery is intermediate to high risk, and the patient has at least one of following conditions:
 - a. ischaemic heart disease or previous myocardial infarction; or
 - b. heart failure; or
 - c. stroke or transient ischaemic attack; or
 - d. renal dysfunction (serum creatinine greater than 70umol/L or 2 mg/dL or a creatinine clearance of less than 60 mL/min); or
 - e. diabetes mellitus requiring insulin therapy: or
 - (v) quantification of extent and severity of myocardial ischaemia, before either percutaneous coronary intervention or coronary bypass surgery, to ensure the criteria for intervention are met; or
 - (vi) assessment of relative amounts of ischaemic viable myocardium and non-viable (infarcted) myocardium, in patients with previous myocardial infarction; or
 - (vii) assessment of myocardial ischaemia with exercise is required, if a patient with congenital heart lesions has undergone surgery and reversal of ischemia is considered possible; or
 - (viii) assessment of myocardial perfusion in a person who is under 17 years old with coronary anomalies, before and after cardiac surgery for congenital heart disease, or where there is a probable or confirmed coronary artery abnormality; or
 - (ix) for patients where myocardial perfusion abnormality is suspected but due to the patient's cognitive capacity or expressive language impairment, it is not possible to accurately assess symptom frequency based on medical history.

MPS Medicare Eligibility Checklist

1. Has the patient had a GP referred MPS since the 1st August 2020? No
2. Does the patient meet at least one criterion from Part A? Yes
3. Does the patient display at least one Clinical Criteria from Part B? Has this been identified on request for service? Yes



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