Australian Government
Department of Health and Aged Care

Amendments to items for pathology testing for breast, fallopian tube or primary peritoneal cancer

Last updated: 22 November 2023

- From 1 November 2023, two items for detection of genes associated with breast, ovarian, fallopian tube or primary peritoneal cancer and testing of biological relatives were amended.
- The changes improve access to pathology testing for breast, ovarian, fallopian tube or primary peritoneal cancer.

What are the changes?

Effective 1 November 2023, item 73296 and 73297 were amended to ensure patients with breast, ovarian, fallopian tube or primary peritoneal cancer can access these services. **Attachment A** to this factsheet lists the amended items.

Item 73296 was amended to remove the requirement for the use of a 'quantitative algorithm' to determine a patient's eligibility and now includes a minimum gene list to be tested as well as a claiming restriction of "once per cancer diagnosis". Item 73297 for the testing of biological relatives was also amended to include a claiming restriction of "once per variant".

For private health insurance purposes, the amended items will continue to be listed under the following clinical category and procedure type:

- Clinical category: Support List (pathology)
- Procedure type: Type C

Why are the changes being made?

Some patients may have been unable to access the service as the quantitative algorithm requirement was a barrier. The amendments will ensure the original intent of these MBS items are realised.

These amendments to MBS items 73296 and 73297 were recommended by the Medical Services Advisory Committee (MSAC) in December 2021.

What does this mean for requestors and providers?

The amendments to MBS items 73296 and 73297 were made in response to feedback from clinician groups. MSAC supported the removal of the requirement for the use of a 'quantitative algorithm' to determine a patient's eligibility for MBS item 73296 as proposed by the Human Genetics Society of Australia (HGSA) and the Clinical Oncology Society of

Australia (COSA). MSAC also supported the inclusion of a minimum gene list to be tested under item 73296 and the introduction of a claiming restriction of “once per cancer diagnosis” (item 73296) and “once per variant” for item 73297.

How will these changes affect patients?

Patients with breast, ovarian, fallopian tube or primary peritoneal cancer are now able to access MBS item 73296 without having to demonstrate eligibility through a clinical algorithm. The inclusion of a minimum gene list provides a level of certainty to patients and requesters that the most clinically significant gene variants will be tested for.

Who was consulted on the changes?

In December 2021, MSAC supported the amendments proposed by the Human Genetics Society of Australia (HGSA) and the Clinical Oncology Society of Australia (COSA).

How will the changes be monitored and reviewed?

All MBS items are subject to compliance processes and activities, including random and targeted audits which may require a provider to submit evidence about the services claimed.

Where can I find more information?

The full item descriptor(s) and information on other changes to the MBS can be found on the MBS Online website at www.mbsonline.gov.au. You can also subscribe to future MBS updates by visiting MBS Online and clicking ‘Subscribe’.

The Department of Health and Aged Care provides an email advice service for providers seeking advice on interpretation of the MBS items and rules and the *Health Insurance Act 1973* and associated regulations. If you have a query relating exclusively to interpretation of the Schedule, you should email askMBS@health.gov.au.

Private health insurance information on the product tier arrangements is available at www.privatehealth.gov.au. Detailed information on the MBS item listing within clinical categories is available on the Department’s website. Private health insurance minimum accommodation benefits information, including MBS item accommodation classification, is available in the latest version of the *Private Health Insurance (Benefit Requirements) Rules 2011* found on the Federal Register of Legislation. If you have a query in relation to private health insurance, you should email PHI@health.gov.au.

Subscribe to ‘News for Health Professionals’ on the Services Australia website and you will receive regular news highlights.

If you are seeking advice in relation to Medicare billing, claiming, payments, or obtaining a provider number, please go to the Health Professionals page on the Services Australia website or contact the Services Australia on the Provider Enquiry Line – 13 21 50.

The data file for software vendors when available can be accessed via the Downloads page.

Attachment A:

Amended item descriptors (to take effect 1 November 2023)

Category 6 – Pathology Services

Group P7 - Genetics

73296

Characterisation of germline gene variants, including copy number variation where appropriate, requested by a specialist or consultant physician:

(a) in genes associated with breast, ovarian, fallopian tube or primary peritoneal cancer, which must include at least:
(i) BRCA1 and BRCA2 genes; and
(ii) one or more STK11, PTEN, CDH1, PALB2 and TP53 genes; and

(b) in a patient:
(i) with breast, ovarian, fallopian tube or primary peritoneal cancer; and
(ii) for whom clinical and family history criteria place the patient at greater than 10% risk of having a pathogenic or likely pathogenic gene associated with breast, ovarian, fallopian tube or primary peritoneal cancer

Once per cancer diagnosis

MBS Fee: $1,200.00

Benefit: 75% = $900.00 85% = $1,101.30 (Greatest Permissible Gap (GPG) will apply)

Category 6 – Pathology Services

Group P7 - Genetics

73297

Characterisation of germline gene variants, including copy number variation where appropriate, requested by a specialist or consultant physician:

(a) in genes associated with breast, ovarian, fallopian tube or primary peritoneal cancer, which may include the following genes:
(i) BRCA1 or BRCA2;
(ii) STK11, PTEN, CDH1, PALB2 and TP53; and

(b) in a patient:
(i) who has a biological relative who has had a pathogenic or likely pathogenic gene variant identified in one or more of the genes mentioned in paragraph (a); or

Category 6 – Pathology Services

(ii) who has not previously received a service to which item 73295, 73296 or 73302 applies

Once per variant

MBS Fee: $400.00

Benefit: 75% = $300.00 85% = $340.00

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