



Amendments to improve consistency of non-small cell lung cancer (NSCLC) items on the Medicare Benefits Schedule (MBS)

Last updated: 15 October 2025

- From 1 November 2025, amendments will be made to improve the alignment of existing non-small cell lung cancer (NSCLC) items on the Medicare Benefits Schedule (MBS).
- The amended items will allow patients with NSCLC to access relevant testing at any diagnostic stage of NSCLC. The items will allow patients with NSCLC to access fluorescence in situ hybridisation (FISH) single gene testing where pathology laboratories do not yet have Next Generation Sequencing (NGS) technology. The items will also be amended to refer to 'relevant treatments under the Pharmaceutical Benefits Scheme (PBS)' in a consistent manner, which allows the MBS items to be used to determine eligibility for future PBS treatments.

What are the changes?

Effective 1 November 2025, NSCLC items 73337, 73341, 73344, 73436 and 73437-73439 will be amended and streamlined. The changes will make these NSCLC items consistent across the MBS and in line with the latest advice from the Medical Services Advisory Committee (MSAC) for NSCLC patients. The amendments include:

- Removing 'locally advanced or metastatic' from the item descriptors for 73341, 73344 and 73436 to enable access to FISH testing at any diagnostic stage, where pathology laboratories do not yet have NGS technology.
- Removing 'which is of non-squamous histology or histology not otherwise specified' from the item descriptors for 73337, 73341 and 73344 to align them with 73436 and the newest NSCLC items 73437 to 73439.
- Removing references to previous biomarker tests and results in items 73341 and 73344, as this information is included in the PBS restrictions.
- Replacing 'an immunotherapy listed under the PBS are fulfilled' in all seven items, referring instead to 'a relevant treatment under the PBS'. This follows MSAC supporting the use of the phrase 'to determine access to a relevant treatment under the PBS' for co-dependent pathology item descriptors.

For private health insurance purposes, items 73337, 73341, 73344, 73436 and 73437-73439 will continue to be listed under the following clinical category and procedure type:

- Private Health Insurance Classification:

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

Why are the changes being made?

At its September 2024 meeting the MSAC Executive agreed that NSCLC items on the MBS should be consistent to reflect the most up to date advice from the MSAC for this patient population.

What does this mean for requesters?

There are no changes to who can request the tests. The tests can continue to be requested by, or on behalf of, a specialist or consultant physician.

Requesters will be able to request relevant testing for patients at any diagnostic stage of NSCLC and determine the appropriate treatment for their patients.

How will these changes affect patients?

The changes will remove 'locally advanced or metastatic' from the descriptors for 73341, 73344 and 73436, and 'which is of non-squamous histology or histology not otherwise specified' from the descriptor for 73337, 73341 and 73344. The descriptors for items 73341 and 73344 will also be amended to remove references to previous biomarker tests and results.

This means patients at any diagnostic stages of NSCLC will have access to MBS benefits for clinically appropriate tests to determine eligibility for a relevant treatment under the PBS.

Who was consulted on the changes?

MSAC consultation input was from received from the following:

- The Royal College of Pathologists of Australasia,
- Australian Pathology,
- Public Pathology Australia (PPA),
- Human Genetics Society of Australasia (HGSA),
- Roche Products Pty Ltd and Roche Diagnostics Australia,
- Australian Genomics Health Alliance (AGHA),
- InGeNA,
- Janssen-Cilag Pty Ltd, and
- The Thoracic Oncology Group of Australasia (TOGA)

How will the changes be monitored and reviewed?

Providers are responsible for ensuring Medicare services claimed using their provider number meet all legislative requirements. All Medicare claiming is subject to compliance checks and providers may be required to submit evidence about the services they bill. More information about the Department of Health, Disability and Ageing's (the department's) compliance program can be found on its website at [Medicare compliance](#).

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](#). You can also subscribe to future MBS updates by visiting '[Subscribe to the MBS](#)' on the MBS Online website.

Providers seeking advice on interpretation of MBS items, explanatory notes and associated legislation can use the department's email advice service by emailing 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 to 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 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.

Amended item descriptors (to take effect 1 November 2025)

Category 6 – Pathology Services

Group P7 - Genetics

73337

A test of tumour tissue from a patient with a new diagnosis of non-small cell lung cancer, requested by, or on behalf of, a specialist or consultant physician, if the test is:

(a) for epidermal growth factor receptor (EGFR) status to determine eligibility for a relevant treatment under the Pharmaceutical Benefits Scheme; and

(b) not associated with a service to which item 73437 or 73438 applies

Fee: \$397.35 Benefit: 75% = \$298.05 85% = \$337.75

(See para PN.1.2, PN.7.15 of explanatory notes to this Category)

Category 6 – Pathology Services

Group P7 - Genetics

73341

Fluorescence in situ hybridization (FISH) test of tumour tissue from a patient with a new diagnosis of non-small cell lung cancer, requested by a specialist or consultant physician, if the test is:

(a) for ALK gene rearrangement status to determine eligibility for a relevant treatment under the Pharmaceutical Benefits Scheme; and

(b) not associated with a service to which item 73437 or 73439 applies

Fee: \$400.00 Benefit: 75% = \$300.00 85% = \$340.00

(See para PN.7.15 of explanatory notes to this Category)

Category 6 – Pathology Services

Group P7 - Genetics

73344

Fluorescence in situ hybridization (FISH) test of tumour tissue from a patient with a new diagnosis of non-small cell lung cancer, requested by a specialist or consultant physician, if the test is:

(a) for ROS1 gene arrangement status to determine eligibility for a relevant treatment under the Pharmaceutical Benefits Scheme; and

(b) not associated with a service to which item 73437 or 73439 applies

Fee: \$400.00 Benefit: 75% = \$300.00 85% = \$340.00

(See para PN.1.2, PN.7.15 of explanatory notes to this Category)

Category 6 – Pathology Services

Group P7 - Genetics

73436

A test of tumour tissue from a patient with a new diagnosis of non-small cell lung cancer requested by, or on behalf of, a specialist or consultant physician, if the test is:

(a) for MET proto-oncogene, receptor tyrosine kinase (MET) exon 14 skipping alterations (METex14sk) status to determine eligibility for access to a relevant treatment under the Pharmaceutical Benefits Scheme: and

(b) not associated with a service to which item 73437 or 73438 applies

Fee: \$397.35 Benefit: 75% = \$298.05 85% = \$337.75

(See para PN.1.2, PN.7.15 of explanatory notes to this Category)

Category 6 – Pathology Services

Group P7 - Genetics

73437

A nucleic acid-based multi-gene panel test of tumour tissue from a patient with a new diagnosis of non-small cell lung cancer requested by, or on behalf of, a specialist or consultant physician, if the test is:

- (a) to detect variants in at least EGFR, BRAF, KRAS and MET exon 14 to determine eligibility for a relevant treatment under the Pharmaceutical Benefits Scheme; and
- (b) to detect the fusion status of at least ALK, ROS1, RET, NTRK1, NTRK2 and NTRK3 to determine eligibility for a relevant treatment under the PBS; and
- (c) not associated with a service to which item 73438, 73439, 73337, 73341, 73344, 73436 or 73351 applies

Fee: \$1,247.00 Benefit: 75% = \$935.25 85% = \$1142.50*

(See para PN.1.2, PN.7.15 of explanatory notes to this Category)

*subject to greatest permissible gap from 1 November 2025

Category 6 – Pathology Services

Group P7 - Genetics

73438

A DNA-based multi-gene panel test of tumour tissue from a patient with a new diagnosis of non-small cell lung cancer requested by, or on behalf of, a specialist or consultant physician, if the test is:

- (a) to detect variants in at least EGFR, BRAF, KRAS and MET exon 14; and
- (b) to determine eligibility for a relevant treatment under the Pharmaceutical Benefits Scheme; and
- (c) not associated with a service to which item 73437, 73337, 73436 or 73351 applies

Fee: \$682.35 Benefit: 75% = \$511.80 85% = \$580.00

(See para PN.1.2, PN.7.15 of explanatory notes to this Category)

Category 6 – Pathology Services

Group P7 - Genetics

73439

A nucleic acid-based multi-gene panel test of tumour tissue from a patient with a new diagnosis of non-small cell lung cancer and with documented absence of activating variants of the EGFR gene, KRAS, BRAF and MET exon14, requested by, or on behalf of, a specialist or consultant physician, if the test is:

(a) for fusion status of at least ALK, ROS1, RET, NTRK1, NTRK2, and NTRK3 to determine eligibility for a relevant treatment under the Pharmaceutical Benefits Scheme; and

(b) not associated with a service to which item 73437, 73341, 73344 or 73351 applies

Fee: \$682.35 Benefit: 75% = \$511.80 85% = \$580.00

(See para PN.1.2, PN.7.15 of explanatory notes to this Category)

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.