Expansion of MBS items 73374, 73375 and 73376 for somatic gene testing in patients with sarcoma

Last updated: 15 October 2025

- From 1 November 2025, the Government is amending Medicare Benefits Schedule (MBS) items 73374, 73375 and 73376. MBS items 73374, 73375 and 73376 provide a benefit for somatic gene testing of patients with sarcoma. These item changes will enable:
  - clinicians to request and choose the most appropriate gene(s) to test
  - more frequent testing if clinically necessary.
- Prior to the change, MBS items 73374, 73375, and 73376 supported testing for patients with sarcoma in several specified genes including neurotrophic tropomyosin receptor kinase (*NTRK*) genes, *NTRK1* and *NTRK3*, but not *NTRK2*.
- These items remain relevant for specialists and consultant physicians who manage patients with sarcoma and pathologists.

What are the changes?

Effective from 1 November 2025, MBS items 73374, 73375 and 73376 will be amended.

- MBS item 73374 will be changed to replace testing one gene from the specified genes listed in the item descriptor with “genes associated with sarcoma – analysis in relation to only one gene” to allow specialists and consultant physicians to choose the clinically relevant gene to test for their patient. This may include *NTRK1, NTRK2* or *NTRK3,* or any other clinically relevant gene.
- MBS items 73375 and 73376 will also be amended to test either 2-3 genes or 4 or more genes associated with sarcoma (for a service as described in item 73374), respectively. The wordings will also be simplified to recognise that MBS items 73374, 73375 and 73376 form a ‘test ladder’ of the same test for an increasing number of genes.
- The frequency restrictors for MBS items 73374-73376 will also be relaxed to allow more frequent testing. Restrictions will change from “once per lifetime” to “once per tumour diagnostic episode”. This will ensure patients who experience disease recurrence can access further testing under the MBS items if clinically necessary.

There are no other changes to MBS items 73374, 73375, and 73376, which will remain as pathologist-determinable services following a request for an MBS tissue examination (one of items 72813-72838).

For private health insurance purposes, items 73374-73376 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?

MBS items 73374, 73375 and 73376 are being amended to ensure patients with sarcoma have access to clinically relevant genetic testing to access treatments on the Pharmaceutical Benefits Scheme (PBS).

The Pharmaceutical Benefits Advisory Committee (PBAC), at its March 2024 meeting, recommended the listing of Larotrectinib for the treatment of patients with sarcoma (along with other conditions) with a confirmed diagnosis of a positive neurotrophic tropomyosin receptor kinase (*NTRK*) gene fusion. Further details about PBAC applications can be found on the PBAC website.

The MSAC Executive supported amendments to existing MBS items 73374, 73375, and 73376 at its August 2024 meeting. These amendments allow testing of the *NTRK1, NTRK2* and *NTRK3* genes and other clinically relevant genes as determined by the treating specialist or consultant physician. This will ensure that testing of all clinically relevant genes associated with sarcoma under these MBS items are fully supported to determine eligibility for a relevant treatment under the PBS.

What does this mean for requesters?

Specialists and consultant physicians can now request MBS items 73374, 73375 or 73376 for their patients once per tumour diagnostic episode instead of once per lifetime. Requestors can select the clinically relevant genes to test for their patients with sarcoma. Approved Pathology Practitioners render these tests and can continue to perform these tests as a pathologist determinable service if clinically appropriate.

How will these changes affect patients?

Patients with sarcoma, especially those with recurring sarcoma, can get tested more often under the amended items if needed. Their clinicians can also choose from more genes that are relevant to the patient's condition.

Who was consulted on the changes?

The MSAC Executive considered the changes as part of PBAC and MSAC processes, following internal consultation within the department.

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 7 – Genetics

73374

Analysis of tumour tissue, requested by a specialist or consultant physician, that:

(a) is for the characterisation of copy number changes, gene rearrangements, or other molecular changes in ~~of the following genes:~~ genes associated with sarcoma;
~~(i) MDM2 CNV; (ii) FUS; (iii) DDIT3; (iv) EWSR1; (v) ETV6; (vi) NTRK1; (vii) NTRK3; (viii) COL1A1; (ix) PDGFB; (x) STAT6; (xi) PAX3; (xii) PAX7; (xiii) SS18; (xiv) BCOR; (xv) CIC; (xvi) HEY1; (xvii) ALK; (xviii) USP6; (xix) NR4A3; (xx) NCOA2; (xxi) FOXO1;~~ and

(b) is for a patient with clinical or laboratory evidence, including morphological features, of sarcoma—

analysis in relation to only one gene

Applicable ~~only per lifetime~~ once per tumour diagnostic episode.

Fee: $340.00 Benefit: 75% = $255.00 85% = $289.00

Category 6 – Pathology Services
Group 7 – Genetics
73375 ~~Analysis of tumour tissue, requested by a specialist or consultant physician, that:~~ ~~(a) is for the characterisation of copy number changes, gene rearrangements, or other molecular changes, in 2 or 3 genes mentioned in item 73374; and~~ ~~(b) is for a patient with clinical or laboratory evidence, including morphological features, of sarcoma~~ An analysis described in item 73374 – analysis in relation to only 2 or 3 genes Applicable ~~only per lifetime~~ once per tumour diagnostic episode. Fee: $400.00 Benefit: 75% = $300.00 85% = $340.00
73376 ~~Analysis of tumour tissue, requested by a specialist or consultant physician, that:~~ ~~(a) is for the characterisation of copy number changes, gene rearrangements, or other molecular changes, in 4 or more genes mentioned in item 73374; and~~ ~~(b) is for a patient with clinical or laboratory evidence, including morphological features, of sarcoma~~ An analysis described in item 73374 – analysis in relation to 4 or more genes Applicable ~~only per lifetime~~ once per tumour diagnostic episode. Fee: $800.00 Benefit: 75% = $600.00 85% = $695.50*

*subject to greatest permissible gap from 1 November 2025

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.