



1 November 2026 Pathology Services Changes

Last updated: 9 October 2026

From **1 November 2026**, changes will apply to selected Medicare Benefits Schedule (MBS) pathology services. The changes include streamlined childhood syndrome testing, expanded NTRK testing and more options for double-stranded DNA antibody testing.

These changes will affect all health professionals who request, provide, bill and claim these services under the MBS. They will also affect patients who receive these services and private health insurers.

What are the changes?

Effective **1 November 2026**, the MBS pathology changes include the following:

Amendment to MBS items 73358, 73359 and 73360 for childhood syndrome genetic testing to remove requirements for paediatricians to consult clinical geneticists

MBS items 73358, 73359 and 73360 relate to genetic testing for children with suspected childhood syndromes using whole exome or whole genome sequencing to identify variants in genes known to cause childhood syndromic Mendelian disease.

Under previous arrangements, these items could only be requested by clinical geneticists or by specialist paediatricians following consultation with a clinical geneticist. This consultation requirement for specialist paediatricians will be removed to improve access to testing.

This amendment will not change clinical geneticists' ability to request items nor prevent paediatricians from seeking consultation with clinical geneticists as required. All other restrictions as outlined in the item descriptors remain in place.

For private health insurance purposes, MBS items 73358, 73359 and 73360 will continue to be listed under the following clinical category and procedure type:

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

Expansion of MBS item 73433 for NTRK1-3 testing to adult patients with locally advanced or metastatic glioma, glioneuronal tumour or glioblastoma.

MBS item 73433 supports NTRK1-3 testing for access to PBS-listed tropomyosin receptor kinase (Trk) inhibitor.

The amendment of item 73433 adds adult patients with locally advanced or metastatic glioma, glioneuronal tumours or glioblastoma to close any potential access gaps to PBS-listed drugs.

The following minor technical changes are also made to MBS item 73433:

- Adding MBS items 73431 and 73432 to the co-claim restriction that already applies to MBS item 73430. This is to prevent MBS item 73433 from being claimed if any of MBS items 73430, 73431 or 73432 has been claimed for the same tumour diagnosis. This is because MBS items 73431 and 73432 form a ‘testing ladder’ of the same test with MBS item 73430 for an increasing number of genes.
- Replacing the restriction from testing “for access to tropomyosin receptor kinase (TrK) inhibitors”, to “to determine eligibility for a relevant treatment under the Pharmaceutical Benefits Scheme”. This aligns with the Medical Services Advisory Committee (MSAC) supported policy of ensuring MBS pathology items for access to PBS treatment are drug-agnostic for future proofing.

All other restrictions as outlined in the item descriptor remain in place.

For private health insurance purposes, MBS item 73433 will continue to be listed under the following clinical category and procedure type:

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

Amendment to MBS item 71099 for double-stranded DNA antibody testing to remove Crithidia method restrictions

MBS item 71099 relates to double-stranded DNA antibody (dsDNA-ab) testing.

This amendment removes restrictions on the Crithidia method from MBS item 71099. This enables pathology providers to access more choices of dsDNA-ab test methods following the discontinuation of a product for dsDNA-ab.

There are no other changes to the MBS item.

For private health insurance purposes, MBS item 71099 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?

The Medical Services Advisory Committee (MSAC), MSAC Executive or a review by the MBS Review Taskforce (Taskforce) recommended these changes.

Further details about MSAC applications can be found under [MSAC Applications](#) on the MSAC website ([Medical Services Advisory Committee](#)). More information about the Taskforce and associated Committees is available in [Medicare Benefits Schedule Review](#) and the Taskforce Clinical Committee reports are available at [MBS Review Taskforce reports](#).

These changes reflect best clinical practice and will improve the quality and accessibility of Medicare pathology services for patients. Overall, the changes support improved patient care.

What does this mean for providers?

From **1 November 2026**:

- A Medicare benefit is available for adult patients with locally advanced or metastatic glioma, glioneuronal tumours or glioblastoma for NTRK1-3 testing for the purpose of access to a relevant PBS drug.
- Paediatricians can request childhood syndrome genetic testing without consulting a clinical geneticist.
- Laboratories can select the double-stranded DNA antibody assay, including the Crithidia method, that best supports clinical diagnosis.

These services will continue to be rendered by Approved Pathology Practitioners.

To be eligible for Medicare benefits, pathology providers must be accredited in accordance with the pathology accreditation standards specified in the [Health Insurance \(Accredited Pathology Laboratories - Approval\) Principles 2017](#).

How will these changes affect patients?

These changes will support patients access to clinically appropriate pathology tests. Patients will benefit from services that are contemporary and reflect best clinical practice. Improved access to these services supports earlier diagnosis, safer prescribing and improved health outcomes.

Who was consulted on the changes?

The Department of Health, Disability and Ageing (the department) consulted with a range of stakeholders including experts from the pathology sector. Some of the stakeholders consulted for these changes to the MBS included:

- Australian Pathology
- Murdoch Children's Research Institute (MCRI)
- Public Pathology Australia
- Royal Australasian College of Physicians (RACP)
- The Royal College of Pathologists of Australasia (RCPA)
- The Australasian Society of Diagnostic Genomics (ASDG)

How will the changes be monitored and reviewed?

Providers are responsible for ensuring Medicare services claimed or requested 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 or request. More information about 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 2026)

Category 6 – Pathology Services

Group P7 - Genetics

73433

Next generation sequencing (~~NGS~~) test for neurotrophic receptor tyrosine kinase (*NTRK1*, *NTRK2*, *NTRK3*) fusions by RNA or DNA in tumour tissue from a patient with locally advanced or metastatic solid tumour, if:

- (a) the tumour is at risk of being caused by an *NTRK* gene fusion as determined by either:
 - (i) occurring in a child less than 18 years of age; or
 - (ii) being mammary analogue secretory carcinoma of the salivary gland; or
 - (iii) being secretory breast carcinoma; **or**
 - (iv) being glioma, glioneuronal tumour or glioblastoma; and**
- (b) the test is requested by a specialist or consultant physician ~~to determine if requirements relating to~~ for *NTRK* gene fusion status **to determine eligibility for a relevant treatment for access to a tropomyosin receptor kinase (Trk) inhibitor** under the Pharmaceutical Benefits Scheme ~~are fulfilled~~

This item cannot be claimed if item 73430, **73431 or 73432** has been claimed for the same patient during the same cancer diagnosis

Applicable only once per cancer diagnosis

Fee: \$1,000.00 Benefit: 75% = \$750.00 85% = \$891.50

Category 6 – Pathology Services

Group P4 - Immunology

71099

Double-stranded DNA antibodies - quantitation by one or more methods ~~other than the Crithidia method~~

Fee: \$27.85 Benefit: 75% = \$20.90 85% = \$23.70

Category 6 – Pathology Services

Group P7 - Genetics

73358

Characterisation, via whole exome or genome sequencing and analysis, of germline variants known to cause monogenic disorders, if:

(a) the characterisation is:

- (i) requested by a consultant physician practising as a clinical geneticist; or
- (ii) requested by a consultant physician practising as a specialist paediatrician, ~~following consultation with a clinical geneticist~~; and

(b) the patient is aged 10 years or younger and is strongly suspected of having a monogenic condition, based on the presence of:

- (i) dysmorphic facial appearance and one or more major structural congenital anomalies; or
- (ii) intellectual disability or global developmental delay of at least moderate severity, as determined by a specialist paediatrician; and

(c) the characterisation is performed following the performance for the patient of a service to which item 73292 applies for which the results were non-informative; and

(d) the characterisation is not performed in conjunction with a service to which item 73359 applies

Applicable only once per lifetime

Category 6 – Pathology Services

Fee: \$2,100.00 Benefit: 75% = \$1,575.00 85% = \$1,991.50

Category 6 – Pathology Services

Group P7 - Genetics

73359

Characterisation, via whole exome or genome sequencing and analysis, of germline variants known to cause monogenic disorders, if:

(a) the characterisation is:

- (i) requested by a consultant physician practising as a clinical geneticist; or
- (ii) requested by a consultant physician practising as a specialist paediatrician, ~~following consultation with a clinical geneticist~~; and

(b) the request for the characterisation states that singleton testing is inappropriate; and

(c) the patient is aged 10 years or younger and is strongly suspected of having a monogenic condition, based on the presence of:

- (i) dysmorphic facial appearance and one or more major structural congenital anomalies; or
- (ii) intellectual disability or global developmental delay of at least moderate severity, as determined by a specialist paediatrician; and

(d) the characterisation is performed following the performance for the patient of a service to which item 73292 applies for which the results were non-informative; and

(e) the characterisation is performed using a sample from the patient and a sample from each of the patient's biological parents; and

(f) the characterisation is not performed in conjunction with a service to which item 73358 applies

Applicable only once per lifetime

Fee: \$2,900.00 Benefit: 75% = \$2,175.00 85% = \$2,791.50

Category 6 – Pathology Services

Group P7 - Genetics

73360

Re-analysis of whole exome or genome data obtained in performing a service to which item 73358 or 73359 applies, for characterisation of previously unreported germline gene variants related to the clinical phenotype, if:

(a) the re-analysis is:

- (i) requested by a consultant physician practising as a clinical geneticist; or

Category 6 – Pathology Services

- (ii) requested by a consultant physician practising as a specialist paediatrician, ~~following consultation with a clinical geneticist~~; and
- (b) the patient is aged 15 years or younger and is strongly suspected of having a monogenic condition; and
- (c) the re-analysis is performed at least 18 months after:
 - (i) a service to which item 73358 or 73359 applies; or
 - (ii) a service to which this item applies

Applicable only twice per lifetime

Fee: \$500.00 Benefit: 75% = \$375.00 85% = \$425.00

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.