Expansion of MBS item 73295 for *BRCA* variant testing to determine eligibility for a PBS treatment

Last updated: 21 February 2025

- From 1 January 2025, the Government is amending Medicare Benefits Schedule (MBS) item 73295. This item provides a benefit for breast cancer gene 1 and 2 (*BRCA)* variant detection in patients with ovarian, fallopian tube, primary peritoneal or breast cancer who are being considered for a relevant Pharmaceutical Benefits Scheme (PBS) listed treatment.
- Prior to the change, breast cancer patients seeking testing under MBS item 73295 must have been diagnosed with triple negative early breast cancer, or hormone receptor positive, HER2 negative, early breast cancer with one or more high risk characteristics. To enable testing for metastatic breast cancer patients under item 73295, amendments will remove reference to any subtypes of breast cancers to support testing in any breast cancer patients who are being considered for a relevant PBS listed treatment.
- The item will maintain testing in patients with advanced (FIGO III-IV) high-grade serous or high-grade epithelial ovarian, fallopian tube or primary peritoneal cancer for whom testing of tumour tissue is not feasible and who are being considered for a relevant PBS listed treatment.
- This change is relevant for specialists, consultant physicians and pathologists who manage patients with these cancers.

What are the changes?

From 1 January 2025, existing MBS item 73295 will be expanded to support:

- determining patient eligibility for any relevant treatment under the PBS. This may also include treatments listed on the PBS in the future for the specified malignancies. MBS item 73295 previously only supported testing for access to a poly (ADP-ribose) polymerase (PARP) inhibitor.
- testing in breast cancer patients for the purposes of determining patient eligibility for a relevant treatment under the PBS. Item 73295 previously only supported testing for triple negative early breast cancer patients, or hormone receptor positive and HER-2 negative early breast cancer patients with one or more high risk characteristics for the purposes of determining patient eligibility for a PARP inhibitor listed on the PBS.

Table summary of changes:

Indications	Before 1 January 2025	From 1 January 2025
Breast cancer	Testing requested by a specialist or consultant physician, to determine eligibility for treatment with a poly (adenosine diphosphate [ADP] ribose) polymerase (PARP) inhibitor under the PBS in a patient with: • triple negative early breast cancer; or • hormone receptor positive, HER2 negative, early breast cancer with one or more high risk characteristics.	Testing requested by a specialist or consultant physician, to determine eligibility for a relevant treatment under the PBS in a patient with breast cancer.
Ovarian, fallopian tube or primary peritoneal cancer	Testing requested by a specialist or consultant physician, to determine eligibility for treatment with a poly (adenosine diphosphate [ADP] ribose) polymerase (PARP) inhibitor under the PBS in a patient with advanced (FIGO III-IV) high-grade serous or high-grade epithelial ovarian, fallopian tube or primary peritoneal cancer for whom testing of tumour tissue is not feasible.	Testing requested by a specialist or consultant physician, to determine eligibility for a relevant treatment under the PBS in a patient with advanced (FIGO III-IV) high-grade serous or high-grade epithelial ovarian, fallopian tube or primary peritoneal cancer for whom testing of tumour tissue is not feasible.

These changes ensure testing under 73295 is available for the patient populations supported by MSAC including:

- triple negative early breast cancer;
- hormone receptor positive, HER2 negative, early breast cancer with one or more high risk characteristics; and
- HER2 negative metastatic breast cancer who have received prior (neo)adjuvant chemotherapy.

MBS item 73295 remains applicable once per lifetime.

For private health insurance purposes, item 73295 will continue to be listed under the following clinical category and procedure type:

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

For their patients to be eligible for Medicare benefits, providers providing this service must be accredited according to the pathology accreditation standards specified in the *Health Insurance (Accredited Pathology Laboratories-Approval) Principles 2017*.

Why are the changes being made?

The Australian Government recognises that breast cancer is a significant health issue for Australians and is committed to improving the diagnosis and treatment of this disease.

The changes arise from recommendations of the Medical Services Advisory Committee (MSAC) and Pharmaceutical Benefits Advisory Committee (PBAC) under codependent Application 1507.1.

At its August 2024 meeting, the Medical Services Advisory Committee (MSAC) supported the expansion of item 73295 after its assessment of Application 1507.1. Further details about MSAC applications can be found under MSAC Applications on the MSAC website.

At its July 2024 meeting, the Pharmaceutical Benefits Advisory Committee (PBAC) supported the listing for olaparib for HER2-negative metastatic breast cancer on the PBS. Further details about PBAC applications on the PBAC website.

Who was consulted on the changes?

The Medical Oncology Group of Australia provided input during the MSAC process.

How will the changes be monitored and reviewed?

Providers must ensure that Medicare services requested or claimed using their provider number meet all legislative requirements. These services should also be considered acceptable by a general body of their profession. All Medicare claiming and requesting is subject to compliance checks. Providers or requesters may be required to submit evidence about the services they bill or request and should retain adequate and contemporaneous records. More information about the Department of Health and Aged Care's (the department) 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.

The department provides an email advice service for providers seeking advice on interpretation of 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 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 (taking effect 1 January 2025)

Category 6 – Pathology Services
Group 7 - Genetics
73295 Detection of germline *BRCA1* or *BRCA2* pathogenic or likely pathogenic gene variants, requested by a specialist or consultant physician, to determine eligibility for a relevant treatment under the Pharmaceutical Benefits Scheme (PBS), in a patient with: (a) advanced (FIGO III-IV) high-grade serous or high-grade epithelial ovarian, fallopian tube or primary peritoneal cancer for whom testing of tumour tissue is not feasible; or (b) breast cancer. Applicable once per lifetime. Fee: $1,200.00 Benefit: 75% = $900.00 85% = $1,097.60*

*subject to Greatest Permissible Gap.

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.