



# Somatic gene panel testing for the diagnosis and classification of gliomas – new item 73429

Last updated: 13 June 2023

- From 1 July 2023, one new Medicare Benefits Schedule (MBS) item will be introduced to support somatic gene panel testing for the diagnosis and classification of brain cancers called gliomas, which include glioblastomas and glioneuronal tumours.
- The new item will be pathologist-determinable and will support specialists to ensure patients with suspected or diagnosed glioma are better identified and more appropriately managed.
- This change is relevant for specialists, consultant physicians and pathologists who manage patients with suspected or diagnosed glioma.

## What are the changes?

From 1 July 2023, new MBS item 73429 will be introduced to support somatic gene panel testing for the diagnosis and classification of brain cancers called gliomas, which include glioblastomas and glioneuronal tumours. **Attachment A** to this factsheet lists the new item.

The new MBS item will be available at the initial diagnosis of patients presenting with suspected or diagnosed glioma and at relapse after therapy.

Current MBS items 73371 and 73372 will remain in place for somatic single-gene testing to diagnose and classify glioma and current MBS item 73373 will be retained for characterising MGMT methylation in brain tumour tissue.

For private health insurance purposes, new MBS item 73429 will 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?

In 2021, the World Health Organization (WHO) recommended adding genetic testing for specific genes to aid in the diagnosis and severity grading of brain cancers and other central nervous system cancers.

Finding changes in these particular genes will help patients and their clinicians better understand the patient's specific type of cancer, determine likely prognosis and achieve the best possible outcomes, including potentially identifying an appropriate treatment.

At its meeting in March-April 2022, the Medical Services Advisory Committee (MSAC) supported the creation of a new MBS item for somatic gene panel testing for the diagnosis and classification of gliomas under MSAC application [1709 – Somatic gene testing for the diagnosis of glioma, including glioblastoma](#).

Existing MBS items 73371, 73372, and 73373 support genetic testing for the diagnosis and classification of glioma by single-gene testing (i.e., testing relevant genes one at a time). In contrast, new MBS item 73429 will support diagnosis and classification by gene panel testing (i.e., testing multiple relevant genes at once). Gene panel testing is faster, more efficient, usually more precise, and uses less tumour tissue than sequential single gene testing.

## What does this mean for requesters and providers?

Specialists, consultant physicians and pathologists who manage patients with suspected or diagnosed gliomas will be able to request gene panel testing for diagnosis and classification at initial diagnosis of the tumour, and at each relapse. Each of these occasions represents a “diagnostic episode” and such testing may be performed once per diagnostic episode.

The new item will be pathologist-determinable, so pathologists may determine the service is necessary on the basis of information learned from certain tissue pathology services previously provided to the patient (i.e., any service to which MBS items 72813, 72816, 72817, 72818, 72823, 72824, 72825, 72826, 72827, 72828, 72830, 72836, or 72838 apply).

To be eligible for Medicare benefits, laboratories providing this service must be accredited according to the pathology accreditation standards specified in the [Health Insurance \(Accredited Pathology Laboratories-Approval\) Principles 2017](#).

## How will these changes affect patients?

The listing of this service will allow more rapid diagnosis and classification of gliomas. It will support more appropriate patient management and will improve health outcomes.

## Who was consulted on the changes?

The introduction of new MBS item 73429 was informed by consultation feedback from the Royal College of Pathologists of Australasia, Australian Pathology, Telethon Kids Institute, Cancer Australia, the Industry Genomics Network Alliance, the Neurosurgical Society of Australasia, Public Pathology Australia, and the Cooperative Trials Group for Neuro-Oncology.

## 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 and information on other changes to the MBS can be found on the MBS Online website at [www.mbsonline.gov.au](http://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](mailto:askMBS@health.gov.au).

Private health insurance information on the product tier arrangements is available at [www.privatehealth.gov.au](http://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](mailto: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: New item and explanatory note (effective 1 July 2023)

| Category 6 – Pathology Services |   |
|---------------------------------|---|
| Group P7 - Genetics             |   |
| 73429                           | <p>Genetic testing (including characterisation of single nucleotide variants, structural variants, fusions and copy number alterations) in a single gene panel, requested by a specialist or consultant physician, for a patient with clinical or laboratory evidence of a glioma, glioneuronal tumour or glioblastoma, to aid diagnosis and classification of the relevant tumour, including assessments of at least the following kinds:</p> <ul style="list-style-type: none"><li>a. IDH1, IDH2—variant testing;</li><li>b. 1p/19q—co-deletion assessment;</li><li>c. H3F3A—variant status;</li><li>d. TERT—promoter variant status;</li><li>e. EGFR—amplification;</li><li>f. CDKN2A/B—deletion;</li><li>g. BRAF—variants</li></ul> |
|                                 | <p>Applicable to one test per diagnostic episode<br/>MBS fee: \$887.90<br/>Benefit: 75% = \$665.95      85% = \$794.70</p>  |
| PN.7.10                         | <p>Somatic gene testing for the diagnosis and characterisation of gliomas - Item 73429</p> <p>Testing should include, but not be restricted to, genes described in the current World Health Organization Classification of Tumours.</p> <p>Item links: 73429</p>  |

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.