



Amendment to genetic testing of reproductive partners for cardiac arrhythmia to align with genetic testing of reproductive partners for cardiomyopathy

Last updated: 22 November 2023

- From 1 November 2023, the schedule fee of Medicare Benefits Schedule (MBS) item 73418 for genetic testing of reproductive partners for cardiac arrhythmia was increased from \$400 to \$1,200. The claiming restrictions of MBS item 73418 were also amended, such that the item will apply once per gene per lifetime, rather than once per variant per lifetime.
- The changes were made to align MBS item 73418 with MBS item 73394 for genetic testing for cardiomyopathy and allow patients access to a higher benefit for a service rendered under item 73418.
- These changes are relevant for specialists, consultant physicians and pathologists who manage patients undergoing genetic testing for cardiac arrhythmia.

What are the changes?

Effective 1 November 2023, a revised structure for genetic testing of reproductive partners for cardiac arrhythmia was introduced. **Attachment A** to this factsheet lists the amended item. The new structure includes:

An amended item 73418 for genetic testing of reproductive partners for cardiac arrhythmia where there is:

- An increase in the MBS schedule fee to \$1,200.
- A frequency restriction of 'once per gene per lifetime'

For private health insurance purposes, item 73418 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?

- An increase in the MBS schedule fee for item 73418 to \$1,200 is commensurate with gene sequencing using next-generation sequencing (NGS) methodology, aligning item 73418 with item 73394.
- A frequency restriction of 'once per gene per lifetime' aligns with the scope of testing being one or more genes rather than once per variant per lifetime.

The amendment of this service was recommended by the Medical Services Advisory Committee (MSAC) Executive in December 2022. More information about the MSAC Executive is available in [MSAC Executive Terms of Reference](#) in the Department of Health and Aged Care website ([Department of Health and Aged Care website](#)).

What does this mean for requestors and providers?

Requesters and providers can continue to access item 73418 for their patients. The scheduled fee for item 73418 has been increased and will provide parity with the fee for item 73394, ensuring that the fee accurately reflects the cost of the provision of this service.

How will these changes affect patients?

Patients will continue to receive Medicare benefits for cardiac arrhythmia genetic testing of services. Effective 1 November 2023, the Government increased the benefit for cardiac arrhythmia genetic testing services. Patients will receive increased Medicare benefits for services as there should be less variation between similar items.

Who was consulted on the changes?

Consultation was undertaken by the Department of Health and Aged Care with the Royal College of Pathologists of Australasia as part of the MSAC process.

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(s) and information on other changes to the MBS can be found on the MBS Online website at 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.

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 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:

Amended item descriptors (commenced 1 November 2023)

Category 6 – Pathology Services

Group P7 - Genetics

73418

Characterisation of one or more recessive pathogenic or likely pathogenic germline genes, requested by a specialist or consultant physician, for the purpose of determining the reproductive risk of cardiac arrhythmia or channelopathy in a patient:

(a) who is a reproductive partner of a person who is a known carrier of a pathogenic or likely pathogenic germline gene variant of a gene confirmed by laboratory findings; and

(b) for whom a service to which item 73416 applies has not previously been performed; and

(c) for whom carrier status of a pathogenic or likely pathogenic germline gene variant is unknown; and

(d) who has a clinical history, family history or laboratory findings suggesting there is a low probability of cardiac arrhythmia or channelopathy

Applicable once per gene per lifetime

Fee: \$1,200.00 **Benefit:** 75% = \$900.00 85% = \$1,101.30

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.