



Amendment to item 73343 for 17p deletion testing of lymphocytic lymphoma patients to remove reference to test methodologies

Last updated: 14 October 2024

What are the changes?

From **1 November 2024**, item 73343 will be amended to remove specification of test methodology. The new item descriptor is outlined in **Attachment A**.

For private health insurance purposes, item 73343 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 amendment will allow patients with chronic lymphocytic leukaemia or small lymphocytic lymphoma to receive testing for 17p chromosomal deletion under the Medicare Benefits Schedule (MBS) using methodologies not limited to just fluorescence in situ hybridisation (FISH) or genome wide micro-array (GWMA). The amendment responds to advice provided by the sector that Next Generation Sequencing (NGS) is increasingly replacing FISH as a testing methodology.

The listing of these services was recommended by the Medical Services Advisory Committee (MSAC) in November 2019. The amendment of this service was recommended by the MSAC Executive in August 2023. Further details about MSAC applications can be found under [MSAC Applications](#) on the MSAC website ([Medical Services Advisory Committee](#)).

What does this mean for providers?

Accredited pathology laboratories will be able to run the requested service using their preferred methodology and will no longer be restricted to using FISH and GWMA only.

How will these changes affect patients?

Item 73343 will remain available on the MBS for patients with chronic lymphocytic leukaemia or small lymphocytic lymphoma.

Who was consulted on the changes?

The Royal College of Pathologists Australasia (RCPA), Public Pathology Australia (PPA), and Australian Pathology (AP) were consulted on the amendment.

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 and Aged Care'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.

The Department 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 descriptor (to take effect 1 November 2024)

Category 6 – Pathology Services

Group P7 - Genetics

73343

Detection of 17p chromosomal deletions in a patient with chronic lymphocytic leukaemia or small lymphocytic lymphoma, on a peripheral blood, bone marrow or lymph node sample, requested by a specialist or consultant physician

For any particular patient:

- (a) at initial diagnosis; or
- (b) at disease relapse; or
- (c) on disease progression;

but only where initiation of, or change in, therapy is anticipated

Fee: \$589.90 Benefit: 75% = \$442.45 85% = \$501.45

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.