Australian Government
Department of Health, Disability and Ageing

1 July 2026 Pathology Services Changes

Last updated: 2 June 2026

From **1 July 2026**, changes will apply to selected Medicare Benefits Schedule (MBS) pathology services. The changes include two new genetic testing items, streamlined hepatitis C RNA testing, and updated coagulation testing descriptors.

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 July 2026**, the MBS pathology changes include the following:

New MBS item for HLA genotyping

A new MBS item supports human leukocyte antigen (HLA) genotyping to predict the risk of severe drug hypersensitivity reactions.

MBS item **73400** allows genetic testing of two or more *HLA* variants (including *HLA-A*31:01 and HLA-B*15:02).* The test assesses a patient's risk of hypersensitivity reaction to carbamazepine (CBZ) or oxcarbazepine (OXC).

The item applies to patients who are about to start, or have just started, carbamazepine or oxcarbazepine treatment.

Explanatory note PN.7.23 provides additional guidance to clinicians on the use of MBS item 73400.

For private health insurance purposes, MBS item 73400 will be listed under the following clinical category and procedure type:

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

New MBS item for *FGFR2* fusion or rearrangement and *IDH1* variant status testing for patients with Cholangiocarcinoma.

A new MBS item **73329** supports multi-gene panel testing of tumour tissue to detect Fibroblast Growth Factor Receptor 2 (*FGFR2)* fusion or rearrangement and Isocitrate Dehydrogenase 1 (*IDH1)* variant status for patients with cholangiocarcinoma (CCA).

MBS item **73329** allows genetic testing of CCA patients for determining eligibility for a relevant treatment under the Pharmaceutical Benefits Schedule (PBS) (including for Futibatinib) for improved patient outcomes. It is scheduled to coincide with the listing of Futibatinib on the PBS for this group of patients.

The new item **73329** enables a multi-gene panel combined test for at least *FGFR2* fusion and rearrangement and *IDH1* gene variant status through a single Medicare funded service. Although *IDH1* testing to determine eligibility for a PBS listed treatment is already available on the MBS (item 73319), that item does not provide for detection of any other variants, fusions or rearrangements.

MBS item **73329** is a pathologist-determinable service. This allows approved pathology practitioners to determine whether to conduct the *FGFR2/IDH1* panel test following outcomes of other pathology tests (such as histological examination), without requiring a new request.

For private health insurance purposes, MBS item **73329** will be listed under the following clinical category and procedure type:

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

Amendments to MBS items for hepatitis C RNA testing items

MBS items **69499** and **69500** relate to the detection of Hepatitis C viral (HCV) RNA.

MBS item 69499 will be amended to remove the requirement for two different HCV serology assays to be performed (previously known as Rule 19).

The change will also apply to MBS item 69500, as it refers to a test described in item 69499 when performed by a receiving approved pathology practitioner.

Both MBS items 69499 and 69500 will be made pathologist-determinable services. This allows approved pathology practitioners to determine whether to conduct the HCV RNA tests following the result from an HCV serology test, without requiring a new request from the treating practitioner.

The test frequency remains unchanged. HCV RNA testing under items 69499 and 69500 is limited to once in a 12-month period, in total.

For private health insurance purposes, MBS items 69499 and 69500 will continue to be listed under the following clinical category and procedure type:

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

Amendments to coagulation testing MBS item 65150

MBS item **65150** will be amended to remove references to specific assay test methodologies to allow for assay selection for von Willebrand factor testing.

The amended item allows laboratories to use both quantitative and qualitative testing methods. This change reflects contemporary laboratory practice and supports advancements in testing methodologies.

The item descriptor will also be updated to replace outdated terminology. References to “Fletcher factor” and “Fitzgerald factor” will be replaced with “prekallikrein” and “high-molecular-weight kininogen”.

For private health insurance purposes, MBS item **65150** 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) or MSAC Executive recommended these changes. Further details about MSAC applications can be found under MSAC Applications on the MSAC website (Medical Services Advisory Committee).

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 July 2026**:

- A Medicare benefit is available for *HLA* testing to assess the risk of CBZ and OXC hypersensitivity reactions.
- A Medicare benefit is available for *FGFR2* and *IDH1* testing for CCA patients to determine eligibility for relevant PBS treatments (including Futibatinib).
- HCV RNA testing is streamlined. Only one serology test result is required before RNA testing can proceed.
- Pathologists can determine when HCV RNA testing is clinically appropriate, without a new test request.
- Laboratories can select contemporary coagulation assays that best support clinical diagnosis.

These services can be requested by any medical practitioner and 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:

- Australasian College of Dermatologists
- Australasian Society of Clinical and Experimental Pharmacologists and Toxicologists
- Australian Pathology
- Epilepsy Society of Australia
- National Pathology Accreditation Advisory Council
- Public Pathology Australia
- The Royal Australian & New Zealand College of Psychiatrists
- The Royal College of Pathologists of Australasia (RCPA)
- The RCPA's Haematology Advisory Committee.
- The Society of Hospital Pharmacists

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'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.

New item descriptors (to take effect 1 July 2026)

Category 6 – Pathology Services

Group P7 − Genetics

73400

Genetic testing for at least 2 *HLA* variants to predict the patient's risk of a severe drug hypersensitivity reaction to carbamazepine or oxcarbazepine, if the service is conducted before or during the initiation of treatment with carbamazepine or oxcarbazepine

Applicable once per lifetime

Fee: $139.00 Benefit: 75% = $104.25 85% = $118.15

(See PN.7.23 of explanatory notes to this Category).

73329

A nucleic acid-based multi-gene panel test of tumour tissue from a patient with cholangiocarcinoma requested by, or on behalf of, a specialist or consultant physician, if the test is to:

(a) detect at least *IDH1* variant status, and

(b) detect the fusion or rearrangement status of at least *FGFR2*; and

(c) determine eligibility for a relevant treatment under the Pharmaceutical Benefits Scheme

including a service described in item 73319.

Applicable once per lifetime

Fee: $800.00 Benefit: 75% = $600.00 85% = $695.50

(See PN.1.2 of explanatory notes to this Category)

Amended item descriptors (to take effect 1 July 2026)

Category 6 – Pathology Services

Group P3 − Microbiology

69499

Detection of hepatitis C viral RNA if:

~~(a) 2 different assays of Hepatitis C antibodies in the patient are positive or inconclusive; or~~

(a) the patient is hepatitis C seropositive; or

(aa) the patient's hepatitis C serological status is uncertain after an inconclusive serology test result; or

(b) the test is performed for the purpose of:

(i) determining the hepatitis C status of an immunosuppressed or immunocompromised patient; or

(ii) the detection of acute hepatitis C prior to seroconversion if considered necessary for the clinical management of the patient

(Item is subject to rule 25 – not more than once in a 12-month period in total for both items 69499 and 69500)

Fee: $92.20 Benefit: 75% = $69.15 85% = $78.40

Group P1 - Haematology

65150

~~Quantitation of von Willebrand factor antigen, von Willebrand factor activity (ristocetin cofactor assay), von Willebrand factor collagen binding activity, factor II, factor V, factor VII, factor VIII, factor IX, factor X, factor XI, factor XII, factor XIII, Fletcher factor, Fitzgerald factor, circulating coagulation factor inhibitors other than by Bethesda assay—one test~~

Assessment of von Willebrand factor, factor II, factor V, factor VII, factor VIII, factor IX, factor X, factor XI, factor XII, factor XIII, prekallikrein, high-molecular-weight kininogen, circulating coagulation factor inhibitors other than by Bethesda assay—one test

(Item is subject to rule 6)

*Fee: $74.50 Benefit: 75% = $55.90 85% = $63.35

*This fee includes indexation that applies to relevant MBS items from **1 July 2026**.

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.