



Quantification of BNP or NT-proBNP in patients with previously diagnosed pulmonary arterial hypertension (PAH) – new item 66586

Last updated: 31 May 2024

- From 1 July 2024, one new Medicare Benefits Schedule (MBS) item will be introduced to support laboratory-based testing of brain natriuretic peptide (BNP) or N-terminal pro-BNP (NT-proBNP) in a patient with diagnosed pulmonary arterial hypertension (PAH).
- The new MBS item will support medical practitioners to quantify BNP or NT-proBNP for the ongoing risk assessment of patients with previously diagnosed PAH.
- This change is relevant for specialists, consultant physicians and pathologists who manage patients with diagnosed PAH.

What are the changes?

Effective 1 July 2024, new MBS item 66586 will be introduced to support BNP or NT-proBNP testing for ongoing risk assessment in patients with previously diagnosed PAH.

Attachment A to this factsheet lists the new item.

Item 66586 is restricted to a maximum of four tests per patient in a 12-month period.

For private health insurance purposes, item 66586 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?

The new item will support Medicare-eligible patients with previously diagnosed PAH to access BNP and NT-proBNP testing for monitoring of their condition.

If left untreated, PAH can lead to heart failure. Although there is no cure for PAH, it can be managed with medications, so early diagnosis and treatment are important to slow down disease progression.

BNP and NT-proBNP results can help doctors determine the risk of disease progression within the next year for patients with PAH. This information can help doctors decide which treatment(s) a patient should have to manage their PAH.

BNP and NT-proBNP blood testing is more accessible than some other diagnostic tools, including transthoracic echocardiograms (TTE), particularly for people in rural and remote communities as TTEs are only offered in certain healthcare facilities.

At its meeting in July 2023, the Medical Services Advisory Committee (MSAC) supported the listing of the new item for BNP or NT-proBNP testing in patients with diagnosed PAH under MSAC [Application 1689.1](#). Further details about [MSAC applications](#) can be found under MSAC Applications on the MSAC website ([Medical Services Advisory Committee](#)).

What does this mean for requesters and providers?

From 1 July 2024, medical practitioners will be able to request Medicare funded testing to quantify BNP or NT-proBNP in a patient with PAH.

A medical practitioner (other than a specialist or consultant physician) requesting the service should only do so for patients already being treated by a specialist or consultant physician who manages the treatment of the patient.

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 new item will allow Medicare-eligible patients with previously diagnosed PAH to access Medicare funded BNP or NT-proBNP testing for ongoing risk assessment. BNP (or NT-proBNP) blood testing is more accessible than TTE, especially for people in rural and remote communities.

Who was consulted on the changes?

Consultation has been undertaken with the Australian Scleroderma Interest Group (ASIG), Scleroderma Australia, Thoracic Society of Australia and New Zealand, Australian Rheumatology Association, Public Pathology Australia, The Royal College of Pathologists of Australasia, Lung Foundation Australia 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.

Providers are responsible for ensuring services claimed from Medicare using their provider number meet all legislative requirements. These changes are subject to MBS compliance checks and providers may be required 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: New item descriptor (effective 1 July 2024)

Category 6 – Pathology Services
Group P2 - Chemical
66586 Quantification of BNP or NT-proBNP testing in a patient with diagnosed pulmonary arterial hypertension to monitor for disease progression. Applicable 4 times in any 12 month period MBS Fee: \$58.50 Benefit: 75% = \$43.90 85% = \$49.75

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.