



Amendment of Medicare Benefits Schedule (MBS) item 73451 for reproductive carrier testing for cystic fibrosis (CF), spinal muscular atrophy (SMA) and fragile X (FXS) syndrome

Last updated: 14 October 2024

What are the changes?

From **1 November 2024**, existing MBS item 73451 for reproductive carrier testing for CF, SMA and FXS will be updated. A co-claiming restriction will be added to item 73451 to prevent services under the item from being provided in addition to services described in other similar items, i.e. items 73300, 73305 and 73345 to 73350. The amended item descriptor is outlined in **Attachment A**.

For private health insurance purposes, item 73451 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?

On 1 November 2023, two new pathology items (item 73451 and 73452) were introduced for genetic testing to determine carrier status of CF, SMA and FXS in people who are planning pregnancy or who are already pregnant and their reproductive partners.

The listing of this service was recommended by the Medical Services Advisory Committee (MSAC) in July 2020. Further details about MSAC applications can be found under [MSAC Applications](#) on the MSAC website ([Medical Services Advisory Committee](#)).

The original policy intent of item 73451 was to include co-claiming restrictions to assist in avoiding duplicative testing. Amending the item to include this co-claiming restriction will align the item with the original policy intent.

How will these changes affect patients?

Item 73451 will remain available on the MBS for patients who are pregnant, or planning pregnancy.

Who was consulted on the changes?

The Royal College of Pathologists of Australasia (RCPA) provided consultation feedback on the amendment of item 73451.

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
73451 Testing of a patient (who is pregnant or planning pregnancy) to identify carrier status for pathogenic or likely pathogenic variants in a gene mentioned in paragraph (a), (b) or (c), to determine: (a) for the cystic fibrosis transmembrane conductance regulator (CFTR) gene—reproductive risk of cystic fibrosis; (b) for the survival motor neuron 1 (SMN1) gene—reproductive risk of spinal muscular atrophy; (c) for the fragile X mental retardation 1 (FMR1) gene—reproductive risk of fragile X syndrome; (other than a service associated with a service to which item 73300, 73305, 73345, 73346, 73347, 73348, 73349 or 73350 applies) One test per lifetime Fee: \$400.00 Benefit: 75% = \$300.00 85% = \$340.00

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.