**1 November 2022 amendment to pathology MBS item 73410 for genetic testing for alpha thalassaemia**

Last updated: 5 October 2022

## What are the changes?

From 1 November 2022, the descriptor for Medicare Benefits Schedule (MBS) item 73410 will be amended to clarify that patients with beta thalassaemia can access Medicare funded genetic testing for the diagnosis of alpha thalassaemia. The amended item descriptor is on page two of this factsheet.

For private health insurance purposes, MBS item 73410 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?

Patients with beta-thalassaemia will be able to access genetic testing for the diagnosis of alpha-thalassaemia under MBS item 73410.

The change was recommended by the Medical Services Advisory Committee Executive at its March 2022 meeting to align the item with standard clinical practice.

## What does this mean for requesters and providers?

## The amendment will enable MBS item 73410 to be requested and claimed for testing provided to eligible patients, including patients with beta-thalassaemia.

## How will these changes affect patients?

This amendment will ensure patients with beta thalassaemia can access Medicare funded genetic testing for the diagnosis of alpha thalassaemia under MBS item 73410.

## Amended item descriptors (effective from 1 November 2022) (deletions in red strike through, additions in red text)

**Item:** 73410

**Amended item descriptor**: Deletion testing of HBA1 and HBA2 for:

(a) the diagnosis of alpha thalassaemia in a patient of reproductive age:

(i) who has abnormal red cell indices; and

(ii) for whom thalassaemia screening ~~for beta‑thalassaemia was not conclusive~~ was suggestive of thalassaemia; and

(iii) who does not have a concurrent iron deficiency (or who, irrespective of iron status, is pregnant); and

(iv) who has no historic normal cell indices; or

(b) the determination of carrier status in a person:

(i) who is a reproductive partner of a person of child‑bearing potential with diagnosed alpha thalassaemia; and

(ii) who has abnormal red cell indices; and

(iii) who does not have a concurrent iron deficiency

(See para PN.7.5 of explanatory notes to this Category)

## Fee: $100.00 Benefit: 75% = $75.00 85% = $85.00

## 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 current item descriptor and information on other changes to the MBS can be found on the MBS Online website at [www.mbsonline.gov.au](http://www.mbsonline.gov.au) with this amendment becoming available on 1 November 2022. You can also subscribe to future updates by visiting [MBS Online](http://www.mbsonline.gov.au/) 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, please email [askMBS@health.gov.au](mailto:askMBS@health.gov.au).

Subscribe to ‘[News for Health Professionals](https://www.servicesaustralia.gov.au/news-for-health-professionals?type%5Bvalue%5D%5Bnews%5D=news)’ 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 will be available via the MBS Online website under the [Downloads](https://protect-au.mimecast.com/s/YGuBCWLVnwSNGEDUxwHa2?domain=mbsonline.gov.au) page.

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 sheet is current as of the Last updated date shown above and does not account for MBS changes since that date.