

Changes to Pre-implantation Genetic Testing (PGT) items 73385, 73386 and 73387

Last updated: 8 June 2022

- From 1 July 2022, the item descriptors for three existing Medicare Benefits Schedule (MBS) items for Preimplantation Genetic Testing (PGT) of biopsied embryo(s) (73385, 73386 and 73387) will be amended to clarify the intent of these services.
- From 1 July 2022, note TN.1.4, relating to Assisted Reproductive Treatment (ART) services (items 13200 to 13221), will be amended to clarify that all four existing MBS pathology items for PGT (73384, 73385, 73386 and 73387) can be claimed with ART services.
- Eligible patients will continue to have access to MBS item 73384 for the genetic analysis of patients and (if relevant) their reproductive partners, and to MBS items 73385, 73386, 73387 for the genetic analysis of biopsied embryonic tissue for the purpose of providing a PGT of one (73385), two (73386), or three or more (73387) embryos.

What are the changes?

From 1 July 2022, the descriptors of MBS items 73385, 73386 and 73387 for PGT will be amended to clarify the intent of these services, and to specify that only one item for the genetic analysis of biopsied embryonic tissue for the purpose of providing PGT (item 73385, 73386 or 73387) may be claimed per ART cycle (i.e., items 73385, 73386 and 73387 cannot be claimed together in the same ART cycle).

Additionally, from 1 July 2022, note TN.1.4, relating to ART services (items 13200 to 13221), will be amended to clarify that MBS items 73384, 73385, 73386 and 73387 for PGT can be claimed with ART services.

Why are the changes being made?

These amendments are being made to clarify the intended usage of these services and will support appropriate claiming of these items by providers.

What does this mean for providers/referrers/other stakeholders?

Providers will benefit from item descriptors that are clear and unambiguous, supporting appropriate billing under Medicare.

How will these changes affect patients?

Eligible patients will continue to have access to MBS items 73384 for genetic analysis of patients and (if relevant) their reproductive partners' samples for the purpose of providing an assay for pre-implantation genetic testing, and to MBS



items 73385, 73386 and 73387 for the genetic analysis of biopsied embryonic tissue for the purpose of providing a PGT of one (73385), two (73386), or three or more (73387) embryos.

Who was consulted on the changes?

No consultation was undertaken on the changes to items 73385, 73386 and 73387 and note TN.1.4 as the changes are considered minor and administrative in nature and reflect the original policy intent of the services.

How will the changes be monitored and reviewed?

PGT MBS items will continue to be subject to MBS compliance processes and activities, including random and targeted audits which may require a provider to submit evidence about the services claimed.

Significant variation from forecasted expenditure may warrant review and amendment of the items and fees, and incorrect use of MBS items can result in penalties including the health professional being asked to repay monies that have been incorrectly received.

PGT MBS items will be reviewed by MSAC approximately 24 months post-implementation.

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 <u>www.mbsonline.gov.au</u>. You can also subscribe to future MBS updates by visiting <u>MBS Online</u> and clicking 'Subscribe'.

The Department of Health provides an email advice service for providers seeking advice on interpretation of the MBS items and rules and the Health Insurance Act and associated regulations. If you have a query relating exclusively to interpretation of the Schedule, you should email <u>askMBS@health.gov.au</u>.

Subscribe to '<u>News for Health Professionals</u>' 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 <u>Downloads</u> 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.