



Amendment of MBS item 73410 to extend carrier testing for Alpha thalassaemia (and other minor amendments to items 73410, 73411, 73412 and 73413)

Last updated: 31 May 2024

- From 1 July 2024, MBS item 73410 will be amended to allow for testing of individuals with normal red cell indices where their reproductive partner has been diagnosed with a heterozygous 2-gene deletional alpha thalassemia.
- MBS items 73410, 73411, 73412 and 73413 will also be amended to omit 'of child-bearing potential with diagnosed alpha thalassaemia' and substitute with 'with alpha thalassaemia'.

What are the changes?

MBS item 73410 will be amended to include carrier testing of individuals with normal red cell indices, if their reproductive partner has been diagnosed with a heterozygous 2-gene deletional alpha thalassemia. This is a very rare form of thalassemia and the exclusion (or otherwise) of non-deletional and single-gene deletional alpha thalassaemia in the partners of individuals with heterozygous 2-gene deletions, will inform reproductive options for at-risk couples. An amendment to MBS item 73410 will allow for testing of this particular group of people and was supported by the MSAC Executive at its June 2023 meeting.

The MSAC Executive also supported the removal of the term 'child bearing potential' to allow for testing of reproductive partner in any order. MBS items 73411, 73412 and 73413 will also be amended to omit 'of child-bearing potential with diagnosed alpha thalassaemia' and substitute 'with alpha thalassaemia'.

For private health insurance purposes, the amended items 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 amendment of item 73410 will make provision of testing to detect non-deletional and single-gene deletional alpha thalassaemia in the reproductive partners of individuals with a rare, heterozygous 2-gene deletion. These people are currently excluded from testing if their red cell indices are normal, even if their partners have this serious form of alpha thalassaemia. The MSAC Executive agreed at its June 2023 meeting that it was important for these people to be tested for alpha thalassaemia regardless of their red cell status and considered this to be consistent with MSAC's previous supportive recommendation for [MSAC application 1531](#).

It was also agreed by the MSAC Executive that removing the words 'of child-bearing potential' from items 73410 – 73413, would allow for testing of reproductive couples in either order, not necessarily female first. The amendment will not change the intent of the item.

What does this mean for requestors and providers?

Requestors will be able to order genetic testing for alpha thalassaemia under item 73410, if a person's reproductive partner has a heterozygous 2-gene deletion, even if that person's red cell indices are normal. These people would previously not have been eligible this MBS item.

Additionally, amendments to items 73410 – 73413 will allow for requestors and providers to offer genetic testing of reproductive partners for alpha thalassaemia, to both partners in any order.

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?

People with normal red cell indices will be eligible for MBS funded testing to see whether they carry a gene variant associated with alpha thalassaemia, in situations where their reproductive partner has alpha thalassaemia and a heterozygous 2-gene deletion. This addition to MBS item 73410 captures a new, though small group of people who were previously ineligible for testing under the item unless they had abnormal red cell indices (without a concurrent iron deficiency). This change has been made as it is important for all people to be tested when their reproductive partner has been diagnosed with this particular form of alpha thalassaemia.

Previously, the item descriptors for alpha thalassaemia testing of reproductive couples were written assuming female-first testing of reproductive couples. An amendment has now been made to items 73410 – 73413 to make these items support the testing of reproductive partners in either order.

Who was consulted on the changes?

The Royal College of Pathologists of Australasia has been involved throughout the process of consideration of the amendments to these items.

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 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.

Amended item descriptors (to take effect 1 July 2024)

Category 6 – Pathology Services

Group P7 - Genetics

73410

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 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 with alpha thalassaemia; and
- (ii) who has abnormal red cell indices; and
- (iii) who does not have a concurrent iron deficiency; or

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

- (i) who is a reproductive partner of a person with alpha thalassaemia and heterozygous 2-gene deletion; and**
- (ii) who has normal red cell indices**

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

MBS Fee: **\$100.00** Benefit: **75% = \$75.00 85% = \$85.00**

Category 6 – Pathology Services

Group P7 - Genetics

73411

Sequencing of HBA1 or HBA2, if the results of deletion testing described in item 73410 were inconclusive and a less common or rare variant is suspected, either:

- (a) for the diagnosis of alpha thalassaemia in a patient of reproductive age; or
- (b) for the determination of carrier status in a reproductive partner of a person **with alpha thalassaemia**

Applicable once per gene per lifetime

MBS Fee: **\$400.00** Benefit: **75% = \$300.00 85% = \$340.00**

Category 6 – Pathology Services

Group P7 - Genetics

73412

Sequencing of HBA1 or HBA2, if the results of deletion testing described in item 73410 were inconclusive and a large deletion variant is suspected, either:

- (a) for the diagnosis of alpha thalassaemia in a patient of reproductive age; or
- (b) for the determination of carrier status in a reproductive partner of a person **with alpha thalassaemia**

Applicable once per gene per lifetime

MBS Fee: **\$250.00** Benefit: **75% = \$187.50 85% = \$212.50**

Category 6 – Pathology Services

Group P7 - Genetics

73413

Non-deletion testing of HBA1 and HBA2 using techniques other than sequencing, if the results of deletion testing described in item 73410 were inconclusive, either:

- (a) for the diagnosis of alpha thalassaemia in a patient of reproductive age ; or
- (b) for the determination of carrier status in a reproductive partner of a person **with alpha thalassaemia**

MBS Fee: **\$250.00** Benefit: **75% = \$187.50 85% = \$212.50**

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.