**Amendment to MBS items 73295 and 73301 for BRCA1 and BRCA2 status testing**

Last updated: 24 August 2022

## What are the changes?

From 1 September 2022, items 73295 and 73301 will be amended to replace the specific drug name of ‘olaparib’ with the name of the class of drugs ‘poly (adenosine diphosphate [ADP]-ribose) polymerase (PARP) inhibitor’.The amended item descriptor is on page two of this fact sheet.

## Why are the changes being made?

At its March 2022 meeting, the Pharmaceutical Benefits Advisory Committee (PBAC) supported the listing of niraparib on the Pharmaceutical Benefits Scheme (PBS) for the treatment of high grade epithelial ovarian, fallopian tube or primary peritoneal cancer in patients with BRCA1 or BRCA2 pathogenic gene variants, who are either completely or partially responsive to 1L platinum-based chemotherapy. The PBAC recommendation for listing would require an eligible patient to have evidence of a BRCA1 or BRCA2 pathogenic gene.

The amendment permits MBS items 73295 and 73301 to be used to determine PBS eligibility for not only olaparib, but also niraparib and other PARP inhibitors that may be approved in the future by PBAC for listing on the PBS in regard to the treatment of the conditions listed in MBS items 73295 and 73301. The amendment to items 73295 and 73301 were supported by the Medical Services Advisory Committee Executive at its April 2022 meeting.

## What does this mean for providers?

## Providers will be able to request MBS funded testing for patients with epithelial ovarian, fallopian tube or primary peritoneal cancer to determine eligibility related to BRCA status for access to PARP inhibitor treatment under the PBS.

## How will these changes affect patients?

## The changes will enable patients with epithelial ovarian, fallopian tube or primary peritoneal cancer to receive Medicare benefits for BRCA status testing to determine eligibility for access to PARP inhibitor treatment under the PBS.

## Amended item descriptors (effective from 1 September 2022)

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| **Amended** | **Group P7 – Genetics** |
| **73295** | Detection of germline *BRCA1* or *BRCA2* pathogenic or likely pathogenic gene variants, in a patient with advanced (FIGO III‑IV) high‑grade serous or high‑grade epithelial ovarian, fallopian tube or primary peritoneal cancer for whom testing of tumour tissue is not feasible, requested by a specialist or consultant physician, to determine eligibility for ~~olaparib~~ treatment with a poly (adenosine diphosphate [ADP]-ribose) polymerase (PARP) inhibitor under the Pharmaceutical Benefits Scheme (PBS)  Maximum of one test per patient’s lifetime |
| **73301** | A test of tumour tissue from a patient with advanced (FIGO III‑IV), high grade serous or high grade epithelial ovarian, fallopian tube or primary peritoneal cancer, requested by a specialist or consultant physician, to determine eligibility relating to BRCA status for ~~olaparib~~ access to treatment with a poly (adenosine diphosphate [ADP]-ribose) polymerase (PARP) inhibitor under the Pharmaceutical Benefits Scheme (PBS)  Applicable once per primary tumour diagnosis |

## 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.

The Department will continue to work with stakeholders and practitioners to consider how changes introduced on 1 September 2022 are operating, and where necessary, address any concerns or unintended consequences for patients.

## Where can I find more information?

The current item descriptor(s) 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). 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, you should 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.