



# Changes to the Medicare Benefits Schedule (MBS) items 73420 and 73421 for Rhesus D non-invasive prenatal testing (NIPT) of non-alloimmunised patients

Last updated: 14 October 2024

## What are the changes?

From **1 November 2024**, the schedule fee for item 73420 is increased to \$150.40 from \$56.00. Item 73421 will also be amended to allow for alloimmunised patients with non-singleton pregnancies (i.e. expecting a multiple birth) to access services listed under that item. Minor wording changes are also made to each item to reflect current clinical terminology. The amended item descriptors are outlined in **Attachment A**.

For private health insurance purposes, items 73420 and 73421 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 schedule fee for 73420 is being increased to address concerns that services under the item are not readily available to patients as the item is not considered to be commercially viable at the fee of \$56.00. The increased fee will improve patient access this test.

The amendment of item 73421 will allow alloimmunised patients with non-singleton pregnancies to be eligible for testing under this item. Prior to 1 November 2024, the item was restricted to alloimmunised patients with singleton pregnancies.

The listing of these services was recommended by the Medical Services Advisory Committee (MSAC) in March 2020, noting that the fee would likely require further consideration. The amendments to these services were recommended by the MSAC Executive in March 2024. Further details about MSAC applications can be found under [MSAC Applications](#) on the MSAC website ([Medical Services Advisory Committee](#)).

## How will these changes affect patients?

It is intended that eligible patients will be able to access testing under item 73420 more readily, with the fee for this item being increased. The population for 73421 will be expanded to include eligible patients who are expecting a multiple birth. Patients who were eligible for testing prior to 1 November 2024 will continue to have access to these items.

## Who was consulted on the changes?

Consultation input was received on the amendments from the Royal College of Pathologists of Australasia (the RCPA), Australian and New Zealand Society of Blood Transfusion (ANZSBT), Public Pathology Australia (PPA) and Australian Pathology (AP).

## 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](mailto:askMBS@health.gov.au).

Private health insurance information on the product tier arrangements is available at [www.privatehealth.gov.au](http://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](mailto: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 items (to take effect 1 November 2024)

## Category 6: Pathology Services

### Group P7 - Genetics

73420

Non-invasive prenatal testing of blood from an RhD negative pregnant patient for the detection of the RHD gene from fetal DNA circulating in maternal blood, **if the patient has not been previously alloimmunised against RhD.**

**Fee: \$150.40 Benefit: 75% = \$112.80 85% = \$127.85**

73421

Non-invasive prenatal testing of blood from an RhD negative pregnant patient for the detection of the RHD gene from fetal DNA circulating in maternal blood, **if the patient has been previously alloimmunised against RhD.**

Fee: \$550.00 Benefit: 75% = \$412.50 85% = \$467.50

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