



Quantification of B-type natriuretic peptide (BNP) or N-Terminal-pro brain natriuretic peptide (NT-proBNP) testing to aid in the diagnosis of patients with suspected heart failure (HF) in non-hospital settings

Last updated: 14 October 2024

What are the changes?

From **1 November 2024**, one new item for BNP or NT-proBNP testing to aid diagnosis of patients with uncertain but suspected HF in non-hospital settings will be listed on the Medicare Benefits Schedule (MBS). **Attachment A** contains additional information concerning the new item.

For private health insurance purposes, item 66829 will 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?

Differential diagnosis of HF is often difficult as the symptoms of HF are non-specific and patients often suffer from other conditions. Patients with uncertain but suspected HF often present in non-hospital settings such as general practice. They are usually sent to have a test called an echocardiogram to help diagnose the condition. Echocardiograms are not easily available to some patients (such as those living in rural and remote areas) and can involve high out-of-pocket costs for patients.

BNP testing and NT-proBNP testing are blood tests that measure the levels of a protein called BNP in the blood. Higher levels of BNP and NT-proBNP in the bloodstream may mean problems with the heart, such as heart failure. Heart failure is confirmed through more tests, including an echocardiogram. However, if the patient's BNP and NT-proBNP levels are low enough to rule out heart failure, the patient may not need an echocardiogram.

This can help prevent patients from having unnecessary echocardiograms.

The listing of this service was recommended by the Medical Services Advisory Committee (MSAC) in November 2023 under application 1740. Further details about MSAC applications can be found under [MSAC Applications](#) on the MSAC website ([Medical Services Advisory Committee](#)).

What does this mean for requestors and providers?

From 1 November 2024, medical practitioners will be able to request Medicare funded testing to quantify BNP or NT-proBNP as a triage test for echocardiography in patients with uncertain but suspected HF.

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?

Patients will have access to testing that more quickly rules out HF and avoids unnecessary echocardiograms; saving patients time and money and improving equity of access for First Nations people and people in rural and remote areas. Patients will receive Medicare benefits for testing that is clinically appropriate and reflects modern clinical practice guidelines in Australia and internationally.

Who was consulted on the changes?

Feedback was received from a broad range of stakeholders including the Lung Foundation Australia, National Heart Foundation of Australia, Royal Australian College of General Practitioners (RACGP) and considered by the MSAC prior to making its final recommendations.

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 at www.mbsonline.gov.au. You can also subscribe to future MBS updates by visiting [MBS Online](#) and clicking 'Subscribe'.

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.

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.

Attachment A: New item descriptor (to take effect 1 November 2024)

Category 6 – Pathology Services
Group P2 - Chemical
66829 Quantitation of BNP or NT-proBNP for the exclusion of a diagnosis of heart failure in patients presenting to a non-hospital setting to assist in decision-making regarding the clinical necessity of an echocardiogram, where heart failure is suspected based on signs and symptoms but diagnosis is uncertain. Applicable once in any 12-month period Fee: \$58.50 Benefit: 85% = \$49.75

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.