



Amendments to Medicare Benefits Schedule (MBS) for urine testing in asymptomatic patients

Last updated: 3 June 2025

What are the changes?

From 1 July 2025, Medicare Benefits Schedule (MBS) item for urine testing (69333) will be amended to reduce clinically unnecessary testing and improve patient outcomes by requiring that asymptomatic urine testing be only performed when clinically indicated.

This amendment stipulates that urine testing and examination (including serial examinations) are only required when symptoms of a urinary tract infection or kidney disease are present. Practitioners are encouraged to consult the most up-to-date guidelines on indications of urinary tract infection or kidney disease. At the time of publishing, this may include not only pain with urination and frequency of urination, but also systemic presentations such as suspected sepsis, delirium or fever of unknown origin.

Exception to this amendment is made for specified patient groups who may be asymptomatic including those who are:

- Pregnant
- Less than 16 years of age
- Recipients of renal transplants
- Suffering from recurrent urinary tract infections
- Being investigated or monitored for kidney disease
- Undergoing urinary tract instrumentation, urological procedures, or transurethral resection of the prostate

Why are the changes being made?

These changes are a result of a review by the MBS Review Taskforce, which was informed by a [Diagnostic Medicine Clinical Committee \(DMCC\) report](#) published in 2018. The amendments to urine examination will reduce clinically unnecessary testing of asymptomatic patients and improve patient outcomes.

More information about the Taskforce and associated Committees is available in [Medicare Benefits Schedule Review](#) in the consumer section of the [Department of Health, Disability and Ageing \(the department\) website](#).

What does this mean for providers?

From 1 July 2025, practitioners will be able to request Medicare funded testing for urine examination only when local or systemic signs and symptoms of a urinary tract infection or kidney disease are present. Exceptions to this amendment are made for specified patient groups who may be asymptomatic. This means clinicians can continue to request clinically relevant testing for symptomatic and asymptomatic patients. However non-guideline supported testing, such as the routine testing of asymptomatic aged care patients, will no longer be Medicare funded.

Alongside the amended item, a pathology note will be published on [MBS Online](#), to assist requesting practitioners on when it is appropriate to request this service for their patient.

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?

Effective 1 July 2025, the Government is ensuring appropriate use of urine examination tests by requiring that asymptomatic urine testing should be performed only in certain patients. Asymptomatic testing is still available for certain patients including pregnant patients, children, kidney transplant patients, and patients requiring testing before urological surgery.

The changes will reduce clinically unnecessary testing of asymptomatic patients, leading to improved health outcomes.

Patients with any local or systemic symptoms suggestive of a urinary tract infection continue to have access to urine testing and will not be affected by the amended item. All patients where asymptomatic testing is clinically indicated will have continued access to clinically relevant services.

Who was consulted on the changes?

Following the MBS Review (during implementation), ongoing consultation occurred with the following stakeholders:

- Australian and New Zealand Society for Geriatric Medicine
- Australian and New Zealand Society of Nephrologists
- Australian Medical Association
- Australian Pathology
- Public Pathology Australia
- Royal Australian College of General Practitioners
- Royal Australian College of Physicians
- Royal College of Pathologists of Australasia

How will the changes be monitored and reviewed?

Providers must ensure that Medicare services requested or claimed using their provider number meet all legislative requirements. These services should also be considered acceptable by a general body of their profession. All Medicare claiming and requesting is subject to compliance checks. Providers or requesters may be required to submit evidence about the services they bill or request and should retain adequate and contemporaneous records. More information about the department'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.

Providers seeking advice on interpretation of MBS items, explanatory notes and associated legislation can use the department's email advice service by emailing 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 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 when available can be accessed via the [Downloads](#) page.

Amended item descriptors (to take effect 1 July 2025)

Category 6 – Pathology Services

Group P3 – Microbiology

Private Health Insurance Classification:

Clinical category: Support list (pathology)

Procedure type: Type C

69333

Urine examination (including serial examinations), if:

- (a) the patient has symptoms of urinary tract infection or kidney disease, or is a clinically-indicated asymptomatic patient who is:
- (i) pregnant; or
 - (ii) less than 16 years of age; or
 - (iii) a renal transplant recipient; or
 - (iv) suffering from recurrent urinary tract infections; or
 - (v) being investigated or monitored for kidney disease; or
 - (vi) undergoing urinary tract instrumentation, a urological procedure or transurethral resection of the prostate; and
- (b) the examination is performed by any means other than simple culture by dip slide, including:
- (i) cell count; and
 - (ii) culture; and
 - (iii) colony count; and
 - (iv) (if performed) stained preparations; and
 - (v) (if performed) identification of cultured pathogens; and
 - (vi) (if performed) antibiotic susceptibility testing; and
 - (vii) (if performed) examination for pH, specific gravity, blood, protein, urobilinogen, sugar, acetone or bile salts

MBS fee: \$20.55

Benefit: 75% = \$15.45 85% = \$17.50

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.