



Extension of temporary Pathology items for SARS-CoV-2 (COVID-19) and other respiratory pathogens to 30 June 2024

Last updated: 12 December 2023

- The Australian Government has extended the existing temporary Medicare Benefits Schedule (MBS) pathology items for pathology laboratory testing for SARS-CoV-2 (COVID-19) and other respiratory pathogens from 1 January 2024 until 30 June 2024.
- The items will be amended such that public pathology providers receive the same reimbursement as private providers, in line with other MBS pathology items.
- All other existing requirements of the current MBS items will remain in place, including that out-of-hospital patients must be bulk-billed, and that these services apply where a medical or nurse practitioner determines the test is necessary for the clinical management of their patient.
- During 2024, the Government will consider the finalised advice of the Medical Services Advisory Committee (MSAC) on permanent MBS arrangements for COVID-19 testing, which was published in October 2023 under MSAC Application 1747.

What are the changes?

The current temporary MBS items for testing for COVID-19 and other respiratory pathogens have been extended to 30 June 2024.

The only change to the existing temporary MBS items is that they will be amended to allow public pathology providers to receive the same reimbursement as private providers, in line with other MBS pathology items.

In practice, the fee parity will be achieved by ceasing the items for public providers (items 69506 – 69510) and amending the items for private providers (69511 – 69515) such that they may be claimed by any pathology provider.

All other existing requirements of the current MBS items will remain in place, including that out-of-hospital patients must be bulk-billed, and that these services apply where a medical or nurse practitioner determines the test is necessary for the clinical management of their patient.

Attachment A contains additional information concerning the extended temporary items.

Existing generic nucleic acid amplification test (NAAT) MBS items 69494, 69495 and 69496 remain in place to support testing for non-respiratory pathogens where a treating practitioner has not requested their patient be tested for respiratory pathogens including COVID-19.

Where a treating practitioner considers a test for COVID-19 to be necessary for the clinical management of their patient, it should be **explicitly stated in the request**, including where testing for COVID-19 is requested alongside testing for other respiratory pathogens (e.g., “Respiratory virus polymerase chain reaction (PCR) including COVID-19”).

These items will continue to be listed under the following Private health insurance minimum benefit classifications:

- Clinical category: Support list (pathology)
- Procedure type: Type C.

Why are the changes being made?

This extension will provide continued access to Medicare funded COVID-19 PCR pathology laboratory nucleic acid amplification testing where requested as clinically necessary by a treating medical or nurse practitioner.

This will ensure Medicare-eligible patients at risk of severe illness – including older Australians, patients with pre-existing conditions and residents of aged care facilities – can access MBS funded COVID-19 pathology laboratory testing. Access to testing is critical for at-risk cohorts to receive a COVID-19 diagnosis as soon as possible to facilitate commencing treatments pathways, including with antivirals where applicable.

The fee differential between public and private providers will be removed to acknowledge that the National Partnership for Priority Groups COVID-19 Testing and Vaccination will cease on 31 December 2023.

The Commonwealth previously provided additional funding to states and territories for COVID-19 testing through the 50-50 cost sharing arrangements agreed to under the National Partnership. With the cessation of the National Partnership, the removal of the fee differential is appropriate as it aligns the temporary COVID-19 items with other MBS pathology items.

The extension will also provide time in early 2024 for the Government to consider the finalised advice of MSAC concerning appropriate permanent MBS arrangements for COVID-19 testing. MSAC considered this under MSAC Application 1747 and published its finalised advice to the Minister for Health and Aged Care in October 2023.

What does this mean for requesters and providers?

The extension of the temporary MBS items will allow continued support for pathology providers testing for COVID-19 and other respiratory pathogens.

Under the temporary arrangements that have been extended to apply to pathology laboratory tests conducted from 1 January 2024 until 30 June 2024, all pathology providers (public or private) may claim:

- MBS item 69511 **only**, where a treating practitioner has requested that their Medicare-eligible patient receives a test for COVID-19 only; or
- MBS item 69512, 69513, 69514 or 69515 **only**, where a treating practitioner has requested that their Medicare-eligible patient receives a test for COVID-19 and other respiratory pathogen(s); or
- MBS item 69494, 69495 or 69496 **only**, where a treating practitioner has requested that their Medicare-eligible patient receives a test for respiratory pathogen(s) but has not specified a test for COVID-19.

Due to the amendments that allow public providers to receive the same reimbursements as private providers for tests provided from 1 January 2024, MBS items 69506 - 69510 will no longer be available for testing for COVID-19 and other respiratory pathogens.

Where a pathology provider considers there is any ambiguity concerning what test(s) the treating provider has requested, the pathology provider should discuss and clarify the request with the treating practitioner.

The temporary MBS items continue to be exempt from episode coning arrangements. Laboratories must be specifically accredited for SARS-CoV-2 testing and, under the national pathology accreditation program requirements, are required to participate in a relevant external Quality Assurance Program for testing methods to provide testing for SARS-CoV-2.

MBS items 69494, 69495 and 69496 will remain on the schedule to support tests for non-respiratory pathogens. Where a treating practitioner has requested that their Medicare eligible patient receive a test for COVID-19 and/or other respiratory pathogen(s) **and** a non-respiratory pathogen, providers may co-claim the relevant extended temporary item (MBS items 69511, 69512, 69513, 69514 or 69515) **and** an existing permanent item (MBS items 69494, 69495 or 69496).

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?

The extension of the temporary MBS items will ensure Medicare-eligible patients have continued access to bulk-billed pathology laboratory-based testing for COVID-19 until 30 June 2024.

Who was consulted on the changes?

The extension will provide time in early 2024 for the Government to consider appropriate permanent MBS arrangements for COVID-19 testing, which will be informed by the finalised

advice of MSAC under Application 1747, as well as ongoing consultation with Australian Pathology, Public Pathology Australia, and the Royal College of Pathologists of Australasia.

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.

Attachment A: Amended Item descriptors (effective 1 January 2024)

| Category 6 – Pathology Services | |
|---------------------------------|--|
| Group P3 - Microbiology | |
| 69511 | Detection of a SARS-CoV-2 nucleic acid if the person receives a bulk-billed service |
| MBS Fee: \$68.85 | |
| Benefit: 75% = \$51.65 | 85% = \$58.55 |
| 69512 | Detection of a viral, fungal, atypical pneumonia pathogen or Bordetella species nucleic acid from a nasal swab, throat swab, nasopharyngeal aspirate and/or lower respiratory tract sample, including a service described in 69511, if the person receives a bulk-billed service |
| 2 to 4 tests | |
| MBS Fee: \$74.75 | |
| Benefit: 75% = \$56.10 | 85% = \$63.55 |
| 69513 | 5 to 8 tests described in 69512 |
| MBS Fee: \$80.65 | |
| Benefit: 75% = \$60.50 | 85% = \$68.60 |
| 69514 | 9 to 12 tests described in 69512 |
| MBS Fee: \$86.55 | |
| Benefit: 75% = \$64.95 | 85% = \$73.60 |
| 69515 | 13 or more tests described in item 69512 |
| MBS Fee: \$92.45 | |
| Benefit: 75% = \$69.35 | 85% = \$78.60 |

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.