



New Medicare Benefits Schedule (MBS) items for point of care (PoC) testing for detection of sexually transmitted infections (STIs) in remote areas

Last updated: 14 October 2024

What are the changes?

From **1 November 2024**, two new items (73813 and 73825) for PoC testing for STIs will be listed on the MBS for neisseria gonorrhoea (NG); chlamydia trachomatis (CT) and trichomonas vaginalis (TV).

These tests can be provided by a medical practitioner, nurse practitioner, or a health professional on behalf of a medical practitioner who is employed by an organisation that:

- i. delivers health services in remote areas, as specified under the Modified Monash Areas 6 or 7 (MM6 and MM7); and
- ii. is participating in the First Nations Molecular PoC Testing Program

The medical practitioner, nurse practitioner or health professional delivering the service will need to have achieved competency as a PoC operator by the First Nations Molecular PoC Testing Program for the tests performed.

Benefits are payable only if the PoC test(s) gives valid patient result(s).

The new items are outlined in **Attachment A**.

For private health insurance purposes, these items will be listed under following clinical category and procedure type:

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

Why are the changes being made?

At its November 2023 meeting, the Medical Services Advisory Committee (MSAC) supported PoC testing for STIs in remote and very remote populations under application 1627.1. The MSAC considered such testing is safe and effective and would deliver value for those with a high need for access to a reliable and fast PoC testing within remote and very remote

communities (MM6 and MM7). Further details about MSAC applications can be found under [MSAC Applications](#) on the MSAC website ([Medical Services Advisory Committee](#)).

The MSAC recognised that there is a clinical need for the proposed testing due to a high prevalence of STIs and the serious consequences of untreated infections as a significant public health issue for remote and very remote populations.

What does this mean for requesters and providers?

From 1 November 2024, eligible providers will be able to perform PoC testing for STIs in remote and very remote populations in MM 6 and MM7. Consistent with the MSAC supported single item for detecting all three pathogens – NG, CT, and TV must be tested in order to meet item descriptor requirements.

Item 73813 can be used by medical practitioners or, on their behalf, by a health professional who is employed by an organisation that is participating in the First Nations Molecular PoC Testing Program, and has achieved competency as a PoC operator by the Program.

Item 73825 can be used by a nurse practitioner who is employed by an organisation that is participating in the First Nations Molecular PoC Testing Program, and has achieved competency as a PoC operator by the Program.

How will these changes affect patients?

Patients attending remote and very remote Aboriginal and Torres Strait Islander health services can now access a Medicare benefit for point of care testing for specific STIs (gonorrhoea, chlamydia, and trichomoniasis). Point of care tests are done at or near the health service.

Who was consulted on the changes?

The Department of Health and Aged Care received consultation feedback from stakeholders during the MSAC process. For example:

- Australasian Society for HIV, Viral Hepatitis and Sexual Health Medicine (ASHM)
- Australian Pathology (AP)
- DiaSorin Australia Pty Ltd.
- Mawarnkarra Health Service
- National Pathology Accreditation Advisory Council (NPAAC)
- Ngaanyatjarra Health Service
- Public Pathology Australia (PPA)
- The Australian Indigenous Doctors' Association (AIDA)
- The National Rural Health Alliance (NRHA)
- The Royal Australian College of General Practitioners (RACGP)
- The Royal Australian College of Physicians (RACP)
- Aboriginal Health Council of SA Ltd's Sexual Health and BBV Program

All feedback was supportive of the new items.

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'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 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 descriptors (to take effect 1 November 2024)

Category 6 – Pathology Services

Group P9 – Simple Basic Pathology Tests

73813

Detection performed by, or on behalf of, a medical practitioner of:

- (a) chlamydia trachomatis (CT) and neisseria gonorrhoeae (NG) via molecular point-of-care testing for the diagnosis of CT or NG infection; and
- (b) trichomonas vaginalis (TV) via molecular point-of-care testing for the diagnosis of TV infection

Fee: \$117.65 Benefit: 85% = \$100.05

73825

Detection performed by a participating nurse practitioner of:

- (a) chlamydia trachomatis (CT) and neisseria gonorrhoeae (NG) via molecular point-of-care testing for the diagnosis of CT or NG infection; and
- (b) trichomonas vaginalis (TV) via molecular point-of-care testing for the diagnosis of TV infection

Fee: \$117.65 Benefit: 85% = \$100.05

Practice Rule 9.5

Item 73813 applies to a service only if:

- (a) the service is rendered at, or from, a practice location in:
 - (i) a Modified Monash 6 area; or
 - (ii) a Modified Monash 7 area;
- (b) the medical practitioner providing the service, or the health professional providing the service on behalf of a medical practitioner, is employed by an organisation that:
 - (i) delivers health services; and

Category 6 – Pathology Services

(ii) is participating in the First Nations Molecular Point-of-Care (PoC) Testing Program;

(c) the service is provided in accordance with the Program referred to in subparagraph (b)(ii);

(d) the service is conducted by a medical practitioner, or on behalf of a medical practitioner by a health professional, who has achieved competency as a PoC operator by the First Nations Molecular PoC Testing Program for the test(s) performed;

(e) the PoC test(s) gives valid patient result(s).

Practice Rule 9.6

Item 73825 applies to a service only if:

(a) the service is rendered at, or from, a practice location in:

(i) a Modified Monash 6 area; or

(ii) a Modified Monash 7 area;

(b) the nurse practitioner providing the service:

(i) is employed by an organisation that:

(A) delivers health services; and

(B) is participating in the First Nations Molecular Point-of-Care (PoC) Testing Program;

(c) the service is provided in accordance with the Program referred to in subparagraph (b)(i)(B);

(d) the service is conducted by a nurse practitioner who has achieved competency as a PoC operator by the First Nations Molecular PoC Testing Program for the test(s) performed; and

(e) the PoC test(s) gives valid patient result(s).

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.