



1 November 2022 amendments to National Cervical Screening Program (NCSP) MBS items

Last updated: 5 October 2022

What are the changes?

From 1 November 2022, the following changes will be made to the NCSP Medicare Benefits Schedule (MBS) items:

- MBS item 73072 will be amended to remove the requirement to perform a test for oncogenic human papillomavirus on a liquid based cervical specimen. The provision for a co-test (Human papillomavirus (HPV) + liquid based cytology (LBC)) for a patient previously treated for a genital tract malignancy will also be included in the item descriptor. These amendments will enable higher risk populations to choose self-collection at the 3-year interval recommended for these patients and will also enable patients who have had a clinician collected primary screening sample and require a follow up test at 12/24 months to have the choice between a clinician-collected and a self-collected test.
- MBS item 73074 will be amended to remove the requirement for a test for oncogenic human papillomavirus to be performed on a liquid based vaginal vault specimen. This amendment will enable this HPV test to be performed on a self-collected sample.
- MBS item 73073 will be deleted to avoid duplication with the updated MBS item 73072 .

For private health insurance purposes, MBS items 73072 and 73074 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?

From 1 July 2022, NCSP MBS items 73071 and 73073 were amended to expand access to self-collected vaginal Cervical Screening Tests to all patients with a cervix under the NCSP.

As part of the implementation work for the 1 July 2022 expansion of self-collection policy, the Cancer Council Australia (CCA) was engaged by the Department of Health and Aged Care to update the NCSP guidelines for the management of screen-detected abnormalities, screening in specific populations and investigation of abnormal vaginal bleeding (Clinical Guidelines) to support the expansion of access to self-collected Cervical Screening Tests. During updates to the NCSP Clinical Guidelines, CCA suggested additional amendments to MBS items 73072 and 73074, and removal of MBS item 73073, to support the management

of immunocompromised patients, patients undergoing their recommended follow up tests and patients exiting the NCSP following hysterectomy through the NCSP Clinical Guidelines recommended screening pathways.

The updated NCSP Clinical Guidelines can be viewed on the Cancer Council Australia website: [National Cervical Screening Program: Guidelines for the management of screen-detected abnormalities, screening in specific populations and investigation of abnormal vaginal bleeding](#).

The revised NCSP Clinical Guidelines have been reviewed and endorsed by the Royal Australian College of General Practitioners (RACGP), the Royal College of Pathologists of Australasia (RCPA), the Royal Australian and New Zealand College of Obstetricians and Gynaecologists (RANZCOG), the Australian Society for Colposcopy and Cervical Pathology (ASCCP) and the Australian Society of Gynaecologic Oncologists (ASGO).

What does this mean for requesters and providers?

In line with the NCSP National Cervical Screening Policy, self-collection for cervical screening must be ordered and overseen by a healthcare professional. Self-collection swabs will be provided to patients (if they choose to self-collect) by a healthcare professional at the time of the consultation. The test is not a mail out/home kit model like the National Bowel Cancer Screening Program.

Note that where HPV is detected through a self-collected sample, further follow up by patients to obtain a clinician-collected cervical sample is required to determine the appropriate clinical management.

Note that self-collection is not suitable if patients are experiencing any symptoms such as unusual bleeding, pain or discharge.

How will these changes affect patients?

The amendments to these MBS items will contribute to increasing participation rates under the NCSP and assist the NCSP achieve its objective of reducing morbidity and mortality from cervical cancer. It will also help address inequities in outcomes for at risk groups, including for Aboriginal and Torres Strait Islander patients.

Amended item descriptors (effective from 1 November 2022) (deletions in red strike through, additions in red text)

Item: 73072

Amended item descriptor: A test, including partial genotyping, for oncogenic human papillomavirus, ~~performed on a liquid based cervical specimen:~~

(a) for the investigation of a patient in a specific population that appears to have a higher risk of cervical pre-cancer or cancer; or

- (b) for the follow-up management of a patient with a previously detected oncogenic human papillomavirus infection or cervical pre-cancer or cancer; or
- (c) for the investigation of a patient with symptoms suggestive of cervical cancer; or
- (d) for the follow-up management of a patient after treatment of high grade squamous intraepithelial lesions or adenocarcinoma in situ of the cervix; or
- (e) for the follow-up management of a patient with glandular abnormalities; or
- (f) for the follow-up management of a patient exposed to diethylstilboestrol in utero; or
- (g) for a patient previously treated for a genital tract malignancy when performed as a co-test for both human papillomavirus (HPV) and liquid-based cytology (LBC)

Fee: \$35.00 **Benefit:** 75% = \$26.25 85% = \$29.75

Item: 73074

Amended item descriptor: A test, including partial genotyping, for oncogenic human papillomavirus, for the investigation of a patient following a total hysterectomy :

~~(a) performed on a liquid based vaginal vault specimen; and~~

~~(b) for the investigation of a patient following a total hysterectomy~~

Fee: \$35.00 **Benefit:** 75% = \$26.25 85% = \$29.75

Deleted Item: 73073

Deleted item descriptor: ~~A test, including partial genotyping, for oncogenic human papillomavirus:~~

~~(a) performed on a self-collected vaginal specimen; and~~

~~(b) for the follow-up management of a patient with oncogenic human papillomavirus infection or cervical pre-cancer or cancer that was detected by a test to which item 73071 applies~~

~~**Fee:** \$35.00 **Benefit:** 75% = \$26.25 85% = \$29.75~~

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 current item descriptor(s) and information on other changes to the MBS can be found on the MBS Online website at www.mbsonline.gov.au with these amendments becoming available on 1 November 2022. You can also subscribe to future 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, please email askMBS@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 will be available via the MBS Online website under the [Downloads](#) page.

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 sheet is current as of the Last updated date shown above and does not account for MBS changes since that date.