

MBS Item numbers for Cervical Screening in General Practice

***The Medicare requirements for each item should be read before any claims are made: see www.health.gov.au/mbsonline or call Medicare Australia on 132 150**

These Items should be used in place of the usual attendance item where as part of a consultation, a sample for cervical screening is collected from a person between the ages of 24 years and 9 months and 74 years inclusive who has not had a cervical smear in the last four years.

When providing this service, the doctor must satisfy themselves that the person has not had a cervical screening test in the last four years by:

- (a) Asking the person if they can remember having a cervical screening test in the last four years;
- (b) Checking their own practice's medical records; and
- (c) Checking the National Cancer Screening Register.

Item number	Duration of consultation	Place of screening and by who	Additional Notes
2497 A	-	GP	Short patient history and, if required, limited examination and management; and a cervical screening service is collected from the patient;
2501 B	<20 mins	GP	Can include any of the following: taking a patient history; performing a clinical examination; arranging any necessary investigation; implementing a management plan; providing appropriate preventive health care; for one or more health-related issues.
2504 C	>20 mins	GP	Including any of the following that are clinically relevant: Taking a detailed patient history; performing a clinical examination; arranging any necessary investigation; implementing a management plan; providing appropriate preventive health care; in relation to 1 or more health-related issues, with appropriate documentation
2507 D	>40 mins	GP	Including any of the following that are clinically relevant: taking an extensive patient history; performing a clinical examination; arranging any necessary investigation; implementing a management plan; providing appropriate preventive health care; for one or more health-related issues
2598	<5 mins in duration	Non- GP	When providing this service, the doctor must satisfy themselves that the person has not had a cervical screening test in the last four years.
2600	>5 mins but <25mins	Non- GP	
2603	>25 mins, but <45 mins	Non- GP	
2606	>45 mins	Non- GP	

Note: The following item numbers are used when a cervical screen is done outside of a general practice: 2503, 2506, 2509, 2610, 2613, 2616.

Where a practice nurse has collected the cervical screening sample from the patient, the medical practitioner cannot bill any of the above items. Instead, the medical practitioner can claim an attendance item, time spent with the practice nurse is not to be included in the 'timed' attendance item.

Cervical screen performed by a non GP in an eligible area MBS Item numbers 251-257

Medical practitioner who is not a general practitioner, specialist or consultant physician, for example a nurse practitioner.

Eligible area is a Modified Monash area 2 to 7. To find out what your area is classified as go to: http://www.doctorconnect.gov.au/internet/otd/publishing.nsf/Content/MMM_locator. These numbers will initiate a Cervical Screening SIP through the PIP if the non-GP has a provider number.

Penrith, Katoomba, Pitt town, Richmond, North Richmond, Wilberforce, Windsor, South Windsor, Bligh park are a **Modified Monash area 1** and therefore are **not eligible** to claim **MBS item numbers 251 to 257** and should use Item numbers in the above table.

Item number	Duration of consultation	Additional Notes
251	<5 mins	Professional attendance at consulting rooms by a medical practitioner in an eligible area at which a specimen for a cervical screening service is collected from the patient, if the patient is at least 24 years and 9 months of age but is less than 75 years of age and has not been provided with a cervical screening service or a cervical smear service in the last 4 years
252	>5 mins but <25 mins	
254	>25 mins but <45 mins	
256	>45 mins	
253	>5 mins but <25 mins	Professional attendance at a place other than consulting by a medical practitioner in an eligible area, at which a specimen for a cervical screening service is collected from the patient, if the patient is at least 24 years and 9 months of age but is less than 75 years of age and has not been provided with a cervical screening service or a cervical smear service in the last 4 years
255	>25 mins but <45 mins	
255	>25 mins but <45 mins	
257	> 45 mins	

Note: the above items 251-257 should be used in place of the usual attendance item.

MBS Item numbers to be indicated on the pathology request form

Item no.	Description
73070 Routine screening program	A test, including partial genotyping, for oncogenic human papillomavirus that may be associated with cervical pre-cancer or cancer: performed on a liquid based cervical specimen; and for an asymptomatic patient who is at least 24 years and 9 months of age For any particular patient, once only in a 57 month period
73071 Routine screening program	A test, including partial genotyping, for oncogenic human papillomavirus that may be associated with cervical pre cancer or cancer: performed on a Self-collected vaginal specimen; and for an asymptomatic patient who is at least 30 years of age For any particular patient, once only in a 7 year period
73072	A test, including partial genotyping, for oncogenic human papillomavirus, performed on a liquid based cervical specimen: for the investigation of a patient in a specific population that appears to have a higher risk of cervical pre cancer or cancer; or for the follow up management of a patient with a previously detected oncogenic human papillomavirus infection or cervical pre cancer or cancer; or for the investigation of a patient with symptoms suggestive of cervical cancer; or for the follow up management of a patient after treatment of high grade squamous intraepithelial lesions or adenocarcinoma in situ of the cervix or for the follow up management of a patient with glandular abnormalities; or for the follow up management of a patient exposed to diethylstilboestrol in utero.
73073	A test, including partial genotyping, for oncogenic human papillomavirus: performed on a self-collected vaginal specimen; and 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 For any particular patient, once only in a 21 month period
73074	A test, including partial genotyping, for oncogenic human papillomavirus: performed on a liquid based vaginal vault specimen; and for the investigation of a patient following a total hysterectomy
73075	A test, including partial genotyping, for oncogenic human papillomavirus, if: the test is a repeat of a test to which item 73070, 73071, 73072, 73073, 73074 or this item applies; and the specimen collected for the previous test is unsatisfactory
73076	Cytology of a liquid-based cervical or vaginal vault specimen, where the stained cells are examined microscopically or by automated image analysis by or on behalf of a pathologist, if: the cytology is associated with the detection of oncogenic human papillomavirus infection by: a test to which item 73070, 73071, 73073, 73074 or 73075 applies; or a test to which item 73072 applies for a patient mentioned in paragraph (a) or (b) of that item; or the cytology is associated with a test to which item 73072 applies for a patient mentioned in paragraph (c), (d), (e) or (f) of that item; or the cytology is associated with a test to which item 73074 applies; or the test is a repeat of a test to which this item applies, if the specimen collected for the previous test is unsatisfactory; or the cytology is for the follow-up management of a patient treated for endometrial adenocarcinoma

Frequently Asked Questions

1. Can a general practitioner in the general practice setting bill the following numbers. If not could you please identify who can bill these items (eg - pathology organisation)? 73070 – 73076 If so, is the general practitioner able to also bill a consult such as item 23?

Cervical Screening items 73070, 73071, 73072, 73073, 73074, 73075 and 73076 can be **requested** by a medical practitioner when clinically required. However the treating pathologist will **render and bill the service**.

2. The following items 2497-2507 are related to SIP items in the general practice setting. Are these still valid and do they trigger the SIP items related to the Cervical Screening PIP?

MBS item numbers 2497, 2501, 2504 and 2507 should be used in place of the usual attendance item by general practitioners where as part of a consultation, a sample for cervical screening is collected from a person between the ages of 24 years and 9 months and 74 years inclusive who has not had a cervical smear in the last four years.

In addition to attracting a Medicare rebate, the use of these items will initiate a Cervical Screening Service Incentive Payment (SIP) through the Practice Incentive Program (PIP). That is, the SIP is paid on top of the consultation fee or bulk bill benefit.

GPs should use the usual MBS attendance item numbers for cervical screens on ineligible patients.

3. Can a general practitioner also bill for example an item 2501 and 73070?

A GP can claim item 2501 when he/she has ensured the service requirements of the item descriptor have been met for a clinically relevant service.

Ordering the new Cervical Screening Test

Requesting medical practitioners need to fill in pathology request forms differently under the renewed program. It is critical that the doctor provides the pathology laboratory with the correct patient details, clinical presentation and any previous cervical screening history.

This ensures that the pathology laboratory conducts the right test(s), makes the correct clinical recommendations and selects the correct MBS item. If this information is not provided, patients may be charged for the test, or have to return for a repeat examination.

You can visit this link to the National Cervical Screening Program website '**Pathology Test Guide for Cervical and Vaginal Testing**' to find out how to correctly order the new Cervical Screening Test:

<http://cancerscreening.gov.au/internet/screening/publishing.nsf/Content/pathology-test-guide-cervical-vaginal-testing>

4. Under item 2603, the description states "Professional attendance at consulting rooms of more than 25 minutes, but not more than 45 minutes in duration by a medical practitioner who practises in general practice (other than a general practitioner), at which a specimen for a cervical screening service is collected from the patient, if the patient is at least 24 years and 9 months of age but is less than 75 years of age and has not been provided with a cervical screening service or a cervical smear service in the last 4 years". Would you please clarify if this covers a registered nurse that has undertaken the cervical screening accreditation training?

Item 2603 must be performed and claimed by a medical practitioner. This includes the provision of the cervical screening service upon the patient. All Category 1 Professional Attendance items have a 'personal performance' requirement (except items 170-172, 342-346).

Where a practice nurse has collected the cervical screening sample from the patient, the medical practitioner **cannot bill** item 2603 or any other SIP item 2497 - 2509 and 2598 - 2616.

Instead, the medical practitioner can claim an attendance item, for example 23/36 or 53/54, that will reflect the time spent personally attending the patient and providing active treatment. Time spent with the practice nurse is not to be included in the 'timed' attendance item.