



Administrative amendment to existing Medicare Benefits Schedule (MBS) item 73812

Last updated: 13 June 2023

- From 1 July 2023, the item descriptor for existing MBS item 73812, for quantitation of glycated haemoglobin (HbA1c) point of care testing, will be updated.

What are the changes?

From 1 July 2023, the item descriptor for MBS item 73812 will be updated to align the drafting of the item descriptor with the title of the Royal Australian College of General Practitioners (RACGP) Standards for point-of-care testing. The amended item descriptor is provided at **Attachment A**.

For private health insurance purposes, item, 73812 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?

Item 73812 will be amended to align the drafting of the item descriptor with the title of the RACGP Standards for point-of-care testing. This is an administrative amendment only.

What does this mean for requestors and providers?

This change is an administrative change only and will not change the service available under MBS item 73812.

How will these changes affect patients?

This change is an administrative change only and will not change the service available under MBS item 73812.

Who was consulted on the changes?

No consultation was required as this change is an administrative change only.

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 descriptor (to take effect 1 July 2023)

(Deletions in red strikethrough, additions in red text)

Category 6 – Pathology Services

Group P9 – Simply Pathology Tests

73812

Quantitation of glycated haemoglobin (HbA1c) performed in the management of established diabetes, if performed:

(a) as a point-of-care test; and

(b) by or on behalf of a medical practitioner who works in a general practice that is accredited to the Royal Australian College of General Practitioners Standards for point-of care testing under the National General Practice Accreditation Scheme; and

(c) using a method and instrument certified by the National Glycohemoglobin Standardization Program (NGSP), if the instrumentation used has a total coefficient variation less than 3.0% at 48 mmol/mol (6.5%).

Applicable not more than 3 times per 12 months per patient.

(See para PR.9.4 of explanatory notes to this Category)

MBS Fee: \$11.80

Benefit: 75% = \$8.85 85% = \$10.05

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.