



Improvements to the National Cervical Screening Program Self-Collection Policy

Last updated: 21 June 2022

- From 1 July 2022, National Cervical Screening Program (NCSP) Medicare Benefits Schedule (MBS) items 73071 and 73073 will be amended to expand access to self-collected Cervical Screening Tests under the NCSP.
- Women and people with a cervix aged 25 to 74 years of age are invited to have a Cervical Screening Test every 5 years.
- These amendments will provide program participants with the choice of either a self-collected (which involves collecting cells from the vagina) or a clinician-collected (which involves collecting cells from the cervix) Cervical Screening Test, whereas previously self-collect was only available to under-screened participants.

What are the changes?

The amendments will give effect to recommendations made by the Medical Services Advisory Committee (MSAC) to amend MBS items 73071 and 73073 to provide eligible patients a choice in screening method (increase access to self-collect) under the renewed NCSP.

MSAC advised that there was no material difference in human papillomavirus (HPV) diagnostic performance between self-collected and clinician-collected samples and that the associated increase in costs would be justified by the intended increase in screening uptake.

Why are the changes being made?

The amendments to these items were recommended by MSAC at its March-April 2021 meeting.

The amendments to MBS items 73071 and 73073 will contribute to increasing participation rates under the NCSP and assist the NCSP to 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 women and Aboriginal and Torres Strait Islander people with a cervix.

What does this mean for providers/referrers/other stakeholders?

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.

To be eligible for Medicare rebates, 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?

Increasing eligibility for self-collect under the NCSP will provide patients with increased choice over how their sample is collected. This may remove barriers to patient access to the program, increasing the number of patients that participate in the NCSP. The expansion will also ensure equity of access and remove obstacles for disadvantaged patients to access the NCSP such as those located in rural and remote Australia.

Who was consulted on the changes?

Consultation has been undertaken with key stakeholders, clinical experts and providers as part of the MSAC process, including the Royal Australian College of Pathology Australasia, the Australian College of Rural and Remote Medicine, and the Royal Australian College of General Practitioners (amongst others).

How will the changes be monitored and reviewed?

The MBS items will be subject to MBS compliance processes and activities, including random and targeted audits which may require a provider to submit evidence about the services claimed.

Significant variation from forecasted expenditure may warrant review and amendment of the items and fees, and incorrect use of MBS items can result in penalties including the health professional being asked to repay monies that have been incorrectly received.

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 provides an email advice service for providers seeking advice on interpretation of the MBS items and rules and the Health Insurance Act and associated regulations. If you have a query relating exclusively to interpretation of the Schedule, you should email askMBS@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 vendor when available can be accessed via 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.