



# Increase to complexity levels for placental tissue examinations

Last updated: 15 October 2025

- From 1 November 2025, Part 3 of Schedule 1 of the *Health Insurance (Pathology Services Table) Regulations 2020* (the PST) will be amended so that all placental tissue examinations will be increased from complexity level 4 to complexity level 5 or 6.
- This will allow for placental examinations to be claimed under Medicare Benefits Schedule (MBS) items with a higher rebate, 72830 (complexity level 5) or 72836 (complexity level 6), depending on the nature of the examination, as determined in Part 3 of Schedule 1 of the PST.
- Additionally, placental tissue examinations for very early neonatal deaths will be expanded to include early neonatal deaths within seven days of birth, at complexity level 6 on the PST.

## What are the changes?

A placental examination is where a pathologist performs a detailed examination on the placenta following the birth of a baby. The pathologist performing the placental examination will check its size, shape and weight, along with the condition of the placental tissue and umbilical cord. Additionally, a number of other tests and microscopic evaluation(s) will be used to create a detailed report. The placental examination can inform doctors about signs of infection and/or abnormalities that may provide information about potential health issues for both the parent and/or baby.

Effective 1 November 2025, there will be an update to Part 3 of Schedule 1 of the PST, which specifies complexity levels for the examination of different tissue specimen types. Tissue examinations are claimed under a range of MBS items for tissue pathology, depending on the assigned complexity level. These changes include:

- Increasing the placental tissue examination complexity from level 4 to levels 5 or 6. This will allow for placental examinations to be claimed under MBS item 72830 (complexity level 5) or 72836 (complexity level 6) depending on the nature of the examination, as determined in the PST. These items have a higher MBS rebate than items for complexity level 4 tissue examinations. Specific changes:
  - Placental tissue examination at second trimester (12 to <20 weeks gestation) pregnancy, excluding dilation and curettage specimens or for all live births – change from level 4 to level 5
  - Placental tissue examination for stillbirths (delivered  $\geq 20$  weeks gestation) or live birth associated with neonatal death within seven days of birth (expanding very early

neonatal death from within 24 hours of birth previously) – change from level 4 to level 6

- Further defining ‘products of conception’ specimen types to the following:
  - Products of conception, termination of pregnancy less than 12 weeks – retain existing complexity level 3
  - Products of conception at first trimester (<12 weeks) pregnancy excluding termination of pregnancy or at second trimester (12 to <20 weeks) pregnancy with specimens from dilating and curettage procedure only – retain existing complexity level 4.

Changes to the complexity levels for placental tissue examinations will result in these being claimed under existing MBS items 72830 and 72836. For private health insurance purposes, these MBS items are listed under the following clinical category and procedure type:

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

For their patients to be eligible for Medicare benefits, providers providing this service must be accredited according to the pathology accreditation standards specified in the [Health Insurance \(Accredited Pathology Laboratories-Approval\) Principles 2017](#).

## Why are the changes being made?

In November 2024, MSAC supported an application from the Royal College of Pathologists of Australasia for an increase to the complexity levels of the PST items for clinically indicated gross and histologic placental examination. MSAC also recommended the proposed wordings for placental tissue examination of very early neonatal deaths should be expanded to include early neonatal deaths within seven days (rather than 24 hours) of birth.

MSAC acknowledged the importance of placental tissue examinations and considered the amended complexity levels to be appropriate and reflective of the time and complexity of the placental examinations.

Further details about this MSAC application can be found in the [MSAC 1777 public summary document](#).

## What does this mean for requesters?

From 1 November 2025, amendments to Part 3 of Schedule 1 of the PST will allow for placental examinations to be claimed under MBS item 72830 (complexity level 5) or 72836 (complexity level 6) depending on the nature of the placental tissue to be examined. Additionally, placental tissue examinations for very early neonatal deaths will be expanded to include early neonatal deaths within 7 days of birth, at complexity level 6. Increasing the complexity level also means an increase to the MBS rebate for these services.

These tissue examinations items can be requested by any medical practitioner but are most likely to be ordered by obstetricians and gynaecologists. All MBS funded testing is to be rendered by Approved Pathology Practitioners.

## How will these changes affect patients?

Placental examinations are important in identifying underlying issues associated with live births, stillbirths and where the death of a baby occurs within a relatively short period of time after birth. The results of a placental examination help guide clinical management and improve outcomes for both the parent and baby and may provide information for management of subsequent pregnancies.

Placental examinations will continue to be conducted as previously. The changes to Part 3 of Schedule 1 of the PST ensure that MBS reimbursement reflects the complexity of these examinations. In addition, placental tissue examinations for very early neonatal deaths will be expanded to include early neonatal deaths within 7 days of birth.

## Who was consulted on the changes?

The organisations who submitted input were:

- Australian Pathology (AP)
- Public Pathology Australia (PPA)
- The Royal Australian and New Zealand College of Obstetricians and Gynaecologists (RANZCOG)

The consultation feedback received was generally supportive.

## 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 of Health, Disability and Ageing (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](#). You can also subscribe to future MBS updates by visiting '[Subscribe to the MBS](#)' on the MBS Online website.

Providers seeking advice on interpretation of MBS items, explanatory notes and associated legislation can use the department's email advice service by emailing [askMBS@health.gov.au](mailto:askMBS@health.gov.au).

Private health insurance information on the product tier arrangements is available at [www.privatehealth.gov.au](http://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](mailto:PHI@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 when available can be accessed via the [Downloads](#) page.

## Amendments to Part 3 of Schedule 1 of the PST (to take effect 1 November 2025)

NOTE - No MBS items will be added, removed or amended. Amendments will occur to Part 3 of Schedule 1 of the PST (Table specifying complexity levels for tissue pathology items) instead, with the placental tissue examination (and related) items being amended as follows:

| Specimen Type                                                                                                                                                                                                                                                                                                               | Complexity Level |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------|
| Fetus with dissection                                                                                                                                                                                                                                                                                                       | 6*               |
| Placenta — not third trimester                                                                                                                                                                                                                                                                                              | 4                |
| Placenta — third trimester, abnormal pregnancy or delivery                                                                                                                                                                                                                                                                  | 4                |
| Placenta – live birth at any gestation                                                                                                                                                                                                                                                                                      | 5                |
| Placenta – live birth at any gestation, associated with neonatal death within 7 days of birth                                                                                                                                                                                                                               | 6                |
| Placenta – second trimester pregnancy at or after 12 weeks gestation but less than 20 weeks gestation, excluding specimens from dilation and curettage procedure                                                                                                                                                            | 5                |
| Placenta – stillbirth of a baby delivered at or after 20 weeks gestation                                                                                                                                                                                                                                                    | 6                |
| Products of conception, <del>spontaneous or missed abortion</del> – first trimester pregnancy (at less than 12 weeks gestation) excluding termination of pregnancy, or second trimester pregnancy at or after 12 weeks gestation but less than 20 weeks gestation with specimens from dilation and curettage procedure only | 4*               |
| Products of conception, termination of pregnancy less than 12 weeks gestation                                                                                                                                                                                                                                               | 3*               |

Note: Red text (additions) and black strikethrough (deletions) indicate amendments to the current PST

\* indicates items that have not been proposed to change in complexity.

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.