Amendments to Medicare Benefits Schedule (MBS) for Vitamin B12 testing

Last updated: 3 June 2025

What are the changes?

From 1 July 2025, Medicare Benefits Schedule (MBS) items for vitamin B12 (66838 and 66839) will be amended to clarify the appropriate testing pathway of these items and improve patient outcomes.

To support testing for patients where holotranscobalamin, also called active vitamin B12, is recommended as the initial vitamin B12 test, this amendment will include holotranscobalamin as a first-line test to quantify vitamin B12 levels (66838).

Item 66839 continues to support homocysteine or methylmalonic acid testing in patients with a clinical need for assessment of these vitamin B12 markers. An 11-month frequency restriction will be implemented on the quantification of Vitamin B12 markers such as homocysteine or methylmalonic acid (66839). This change aligns with the existing frequency restriction in place for the quantification of total vitamin B12 and holotranscobalamin (66838).

The introduction of a new exception item for vitamin B12 testing (at same fee as 66838) will enable more frequent testing for those with a clinical need. This includes patients requiring subsequent testing following inconclusive initial vitamin B12 test results, or those who have risk factors for abnormal vitamin B12 levels (such as low dietary intake, family history, previous abdominal or pelvic radiotherapy, previous gastrointestinal tract surgery, recreational nitrous oxide use, or other clinical conditions with a risk of B12 deficiency).

Practitioners will be able to request more frequent vitamin B12 testing for those patient groups with a clinical need under the new exception item 66842. There are no restrictions on the frequency or number of tests per year under item 66842, which allows the clinician to determine the appropriate testing frequency for the patient they are treating.

Why are the changes being made?

These changes are a result of a review by the MBS Review Taskforce, which was informed by a Diagnostic Medicine Clinical Committee (DMCC) report published in 2018. The amendments to vitamin B12 test items will clarify the appropriate testing pathway of vitamin B12 levels, reduce clinically unnecessary testing and increase access to testing for patients where clinically required, contributing to improved patient outcomes.

More information about the Taskforce and associated Committees is available in Medicare Benefits Schedule Review in the consumer section of the Department of Health, Disability and Ageing (the department) website.

These amendments have also been informed by the latest NICE guidelines on *Vitamin B12 deficiency in over 16s: diagnosis and management* (March 2024) as well as Australian clinical practice guidelines such as the Royal Children's Hospital Immigration Health Service.

What does this mean for providers?

From 1 July 2025, medical practitioners will be able to request Medicare funded testing for total vitamin B12 and/or holotranscobalamin as a first line vitamin B12 test (66838). Where initial vitamin B12 result (66838) is inconclusive or abnormal, additional testing can be done to quantify homocysteine or methylmalonic acid in the same episode (66839).

The frequency restriction currently applying to 66838 will be shortened from yearly to 11 months and applied to vitamin B12 testing item 66839. Practitioners will be able to request more frequent vitamin B12 testing for those patient groups with a clinical need under the new exception item 66842.

Under item 66842, clinicians can stipulate the test required including total vitamin B12, active vitamin B12 and other vitamin B12 markers such as methylmalonic acid, or homocysteine. Clinical need includes patients requiring subsequent testing following inconclusive initial vitamin B12 test results, or those who have risk factors for abnormal vitamin B12 levels (such as low dietary intake, family history, previous abdominal or pelvic radiotherapy, previous gastrointestinal tract surgery, recreational nitrous oxide use, or other clinical conditions with a risk of B12 deficiency).

To ensure patient access to an MBS benefit, pathology requests for vitamin B12 testing should provide sufficient information for the provider to determine the appropriate test, such as the required test and patient's clinical indications.

Alongside these items, a pathology note will be published on MBS Online to assist requesting practitioners determine when it is appropriate to request this service for their patient.

To be eligible for Medicare benefits, 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?

From 1 July 2025, testing of active vitamin B12 as a first line test will now be available under the MBS, without first testing total vitamin B12. First-line active vitamin B12 testing is recommended in Australian guidelines for pregnant patients suspected of vitamin B12 deficiency. The MBS did not previously support this.

Additionally a new exception item has been created for testing of vitamin B12, without a frequency limit.

The changes aim to improve health outcomes and reduce clinically unnecessary testing by clarifying the appropriate testing pathways for vitamin B12 and increasing access to clinically relevant services.

Patients, including pregnant women and those with risk factors for vitamin B deficiency, will benefit from being able to access the right test for their needs as well as increased access to testing. Patients who have been accessing vitamin B12 testing will not be negatively affected by these changes and will have continued access to clinically relevant services.

Who was consulted on the changes?

Following the MBS Review (during implementation), ongoing consultation occurred with the following stakeholders:

- Australian and New Zealand Society for Geriatric Medicine
- Australian and New Zealand Society of Nephrologists
- Australian Medical Association
- Australian Pathology
- Public Pathology Australia
- Royal Australian College of General Practitioners
- Royal Australian College of Physicians
- Royal College of Pathologists of Australasia

How will the changes be monitored and reviewed?

Providers must ensure that Medicare services requested or claimed using their provider number meet all legislative requirements. These services should also be considered acceptable by a general body of their profession. All Medicare claiming and requesting is subject to compliance checks. Providers or requesters may be required to submit evidence about the services they bill or request and should retain adequate and contemporaneous records. More information about 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.

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 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.

Amended item descriptors (to take effect 1 July 2025)

Category 6 – Pathology Services
Group P2 – Chemical
Private Health Insurance Classification: Clinical category: Support list (pathology) Procedure type: Type C
66838 Quantification of either or both of total vitamin B12 and holotranscobalamin Applicable not more than once per 11 months MBS fee: $23.60 Benefit: 75% = $17.70 85% = $20.10
66839 Quantification of methylmalonic acid or homocysteine, rendered in the same patient episode as a service to which item 66838 applies if the result of that service is inconclusive or abnormal Applicable not more than once per 11 months MBS fee: $42.95 Benefit: 75% = $32.25 85% = $36.55

New item descriptors (to take effect 1 July 2025)

Category 6 – Pathology Services

Group P2 – Chemical

Private Health Insurance Classification:

Clinical category: Support list (pathology)

Procedure type: Type C

66842

Quantification of one or more of total vitamin B12, holotranscobalamin, methylmalonic acid, or homocysteine for a patient:

a) who:
   (i) is still experiencing symptoms of vitamin B12 deficiency 3 to 6 months after a service described in item 66838 or 66839 was rendered for the patient; or
   (ii) obtained inconclusive results from a service described in item 66839; or

b) to whom one or more of the following applies:
   (i) the patient has a diet low in vitamin B12;
   (ii) the patient has a family history of vitamin B12 deficiency or an autoimmune condition;
   (iii) the patient has previously had abdominal or pelvic radiotherapy;
   (iv) the patient has previously had surgery involving the gastrointestinal tract;
   (v) the patient uses, or has a recent history of using, recreational nitrous oxide;
   (vi) the patient requires monitoring of vitamin B12 treatment;
   (vii) the patient uses vitamin B12-antagonistic medicines;
   (viii) the patient has one or more clinical conditions with a recognised risk of vitamin B12 deficiency

MBS fee: $23.60

Benefit: 75% = $17.70 85% = $20.10

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.