



Public Pathology
AUSTRALIA



Business Case PEI Parity

Putting **patients** first

Executive Summary

Submission

Pathology services under the Medicare Benefits Schedule (MBS) play an important role in enabling patients in the community to receive timely diagnoses, monitoring of appropriate management and optimising the treatment of disease.

Public Pathology providers and patients who utilise their services, are disadvantaged by receiving a lower MBS Patient Episode Initiation (PEI) fee compared to their private pathology counterparts for the same service. PEI fees cover the collection costs of pathology specimens. PEI fees range from \$5.95 to \$17.60 for the private sector but are a nominal \$2.40 for every public pathology episode. The public PEI current fee does not cover the costs of specimen collection. PEI parity is required to enable the public sector to maintain its presence in the market, to offer effective competition and to provide bulk billed services in areas of need. This would address issues of health inequity, provide greater patient choice, continuity of care and competitive pressure to ensure the Commonwealth receives value for its investment in the pathology sector. **Public Pathology Australia seeks an increase to the PEI fees** payable to public providers to the same rate as is paid to other pathology providers under the MBS.

Funding equality is required to ensure patient access to bulk billed public pathology services.

About

Public Pathology Australia is the national peak body for public pathology in Australia.

Public Pathology Australia originated as the National Coalition of Public Pathology (NCOPP) in 2001. The organisation was formed to provide a single voice for the public pathology services operating throughout Australia.

Public pathology is the foundation of pathology in Australia. Pathology is the medical specialty that focuses on determining the cause and nature of diseases. By examining and testing body tissues (e.g. biopsies, pap smears) and fluids (e.g. blood, urine) pathology helps doctors diagnose and treat patients correctly. 70 per cent of all medical diagnoses and 100 per cent of all cancer diagnoses require pathology.

Public pathology represents a core part of Australia's public hospital and health care services. Unlike other pathology providers, public pathology providers operate for the benefit of the public health system and its patients.

Public Pathology Australia members are the major government owned and operated pathology services in each State and Territory in Australia. They provide the vast majority of pathology services in Australia's public hospitals, service a number of private hospitals, and operate community based collection services for patients upon referral from GPs and Specialists.

In addition to diagnostic services, our members conduct research and teaching in the areas of new and existing diseases, tests and treatments, and collaborate closely with colleagues in all areas of patient care, with many pathologists also performing clinical roles. Their laboratory testing and medical consultation services play a crucial role in timely clinical diagnosis, in monitoring therapy and in prevention of disease in individuals and the community.

Public Pathology Australia

Vision

For public pathology to be recognised as an integral clinical service that enables quality health outcomes.

Mission

To advocate and advance public pathology services by promoting initiatives and providing a respected, unified voice to all stakeholders at a national and state level.

Values

Trust and respect, integrity, strategic leadership, accountability, commitment to quality and safety and innovation.

Key Activities

Federal and State Government liaison in relation to issues that affect public pathology and its patients (such as health policy and funding), promoting the role and value of pathology, member based activities, and developing and promoting best practice in the clinical and business practice of pathology.



Public Pathology – an integral clinical services that enables quality health outcomes

Background

Definition

Within the Pathology Services Table (PST) of the Commonwealth Medical Benefits Schedule (MBS), there are two broad types of pathology items:

- (1) Groups P1-P8 Pathology Test items.
- (2) Groups P10-P11 Pathology Episode Initiation and Specimen Referral items. These are referred to as PEI Fees.

Providers, whether public or private, are entitled to claim MBS fees for tests for eligible patients in line with the PST. However public pathology providers (i.e. providers owned and operated by State Governments) receive a lesser amount for specimen collection episodes than the private laboratories.

PEI fees are for the collection and management of specimens – not for the pathology tests themselves. The PST contains item numbers and different fees relating to the collection of pathology specimens in various circumstances. Public pathology providers only receive a nominal \$2.40 for every episode compared to fees between \$5.95 and \$17.60 (see Appendix A) depending on the nature of the specimen collection episode in the private sector.

The PEI item is to cover the costs of collection, not the costs of providing the tests requested. Both private and public providers incur the costs which the PEI was intended to be used as reimbursement, such as collection centre rent, use of equipment and consumables, staff, marketing, education, collection, transport, report delivery, invoicing and receipting etc. Pathologists employed by public laboratories are required to meet the same costs usually by payment of infrastructure / management / facility fees. These costs are not covered by State Government funding. The presence of two different levels of PEI fees for private and public providers distorts the market.

The relevant section of the MBS dealing with PEIs is P6.2 and PEI fees are outlined in Group P10 of the PST (Appendix A). Note that public pathology services are prescribed laboratories under P6.4.

P.6.2. PATIENT EPISODE INITIATION FEES (PEIs)

Items in Groups P10 of the Pathology Services Table are only applicable to services performed:

- (i) by or on behalf of an Approved Pathology Practitioner who is a recognised specialist pathologist; and
- (ii) in private practice.

Accordingly, these fees are not payable for pathology services rendered by an Approved Pathology Practitioner, being a specialist pathologist when requested for a privately referred out-patient of a recognised hospital. The patient episode initiation fees (PEIs) will be applicable on an episodic basis i.e. a claim may be made for the provision of pathology services requested by a practitioner in respect of one individual on the same day. For example, if a practitioner orders three pathology tests for a person on the one day, Medicare benefits will be payable for each of those tests but only one PEI will be applicable.

This Rule applies even when the treating practitioner has requested pathology tests from two or more Approved Pathology Practitioners. Thus a PEI will only be paid for the first account submitted unless an exemption listed in Rule 4 or 14.(7) applies or an exemption has been granted under "S4B(3)".

The patient episode initiation benefits are two-tiered. Higher benefits are paid for the collection of specimens from patients who are not private inpatients or private outpatients of a recognised hospital where the specimens are tested in a private laboratory.

A lower and uniform PEI benefit is paid where patients are private patients associated with a recognised hospital and the specimens are tested in a private laboratory or where the testing is performed by a prescribed laboratory on specimen collected from a patient eligible to claim Medicare benefits.

The Market

The Australian MBS funded pathology market is dominated by two private providers, Sonic Healthcare and Primary Healthcare (with market shares of 41.4% and 32.7% respectively¹). Barriers to entry and compete in the industry are high. This has been due to heavy regulation, the high cost of building large laboratories, intensifying competitive pressures, the cost of collection centres, building a referral base and the presence of economies of scale and scope. The basis of competition has been on volumes and securing market share by offering high rents for collection space within especially large and multi-provider medical practices or by vertical integration and buying out of medical practices. Growth by acquisition of smaller pathology practices has also been a driving strategy for the two largest corporate providers.

Public providers compete on the basis of quality, they do not compete by offering artificially high rents for collection space. Volumes are dependent on the geographical area in which public providers are authorised to operate and to what degree the private pathology companies service those areas. Not all public laboratories undertake the same level of MBS billing. MBS revenue equates to 12% - 59% of expenditure budget of public providers.² WA, SA and NSW have a relatively large network of collection centres to service the needs of their respective populations. 30.6% of all collections in Approved Collection Centres (ACCs) are processed by public laboratories³. Public providers tend to provide the services that the private sector deem unprofitable. For example, public pathology provides after hours services, complex histopathological examinations, genetic tests and service remote communities (e.g. APY lands of South Australia). They fill an important gap in the market.

There are 5442 Approved Collection Centres in Australia.⁴ Over 1200 of these (22%) are operated by the public sector. The public sector plays a very important role in the MBS-funded pathology market. The public sector provides quick turnaround times for pathology results, an alternative provider of bulk-billed services and ensuring that patients do not have to travel extensively to access pathology services. By way of example, PathWest operates 77 collection sites. 55 (71%) are located outside the metropolitan area. 18 collection sites are located in remote areas where there are no GPs, 25 are in rural areas and 12 are in regional areas.

¹ Ibis (2014) Pathology Services in Australia.

² Public Pathology Australia (2014), Member Survey.

³ Australian Government, http://medicarestatistics.humanservices.gov.au/statistics/mbs_group.jsp.

⁴ Australian Government

<https://www2.medicareaustralia.gov.au/pext/pdsPortal/pub/aprovedCollectionCentreSearch.faces>

History

Commonwealth/State Funding Arrangements

In 1975, differential fees (“SP”, “OP” and “HP”) were first introduced for public pathology laboratories on the basis that the Commonwealth had already underwritten the infrastructure for these services through the Federal/State health funding agreements.

The National Healthcare Agreement and National Health Reform Agreement (NHRA) explicitly defines the scope of funding provided by the Commonwealth to State Governments. Medicare funded services are excluded from the funding formula.⁵ Thus there can no longer be an argument that costs covered by the PEI are already funded by the Commonwealth in its funding arrangements for State Government health services.

Public pathology services indirectly receive Commonwealth funding through tied or specialty grants for hospital capital expenditure. These grants presumably cover the cost of hospital based collection infrastructure, such as a collection space inside a hospital. These funding sources do not cover the costs of community based collection that the PEI covers such as staffing for specimen collection, storage and transportation.

Existing funding arrangements under the NHRA therefore do not cover public pathology services for MBS-eligible services. Furthermore, public pathology services are subject to increasing financial pressure in relation to those pathology services covered by the NHRA (e.g. pathology for public admitted patients), due to the proposed reduction to public hospital funding via cessation of the funding guarantees under the NHRA. This change in health funding policy was announced in the May 2014 Federal Budget.

Similarly, the previous Australian Health Care Agreements did not reference any subsidy by the Commonwealth to support pathology infrastructure. There is no factual basis to the claim that infrastructure funding of public pathology is already funded by the Commonwealth through the Commonwealth/State funding agreements.

Introduction of the PEI in 1992

In 1992, the Licensed Collection Centre (LCC) Scheme was introduced. SP/OP/HP differential fees were replaced by a two-tier pathology funding formula, consisting of Test Fees and PEI Fees. Test Fees were identical between public and private pathology, reflecting the lack of material difference in their funding structure and the basis by which they incurred costs. The components of costs included in the PEI fees represent costs other than those directly involved in the test procedure and include the costs associated collection and transport of the samples to the laboratory. The LCC scheme and PEI fees were available only to the private sector.

In 2001, the LCC scheme was replaced with the Approved Collection Centre (ACC) scheme. The ACC Scheme includes both private and public pathology organisations and the regulatory requirements for operating collection centres are the same. A pathologist employed by a public pathology provider exercising their rights of private practice to bill MBS is obliged to meet the regulatory costs of the ACC scheme but is denied the same benefit of the revenues associated with the P10 PEI as the private sector.

⁵ The NHRA requires the Independent Hospital Pricing Authority (IHPA) to discount funding that the Commonwealth provides to public hospitals through programs other than the NHRA to prevent the hospital being funded twice for the same service (IHPA Pricing Framework 2014-15). The NHRA states that the Commonwealth will not fund patient services through

the Agreement if the same service (or any part of the same service) is funded through any other Commonwealth program (NHRA Clause A6). Services provided to non-admitted public patients are included in IHPA's pricing framework, however MBS-eligible pathology services are excluded by virtue of this clause.

Acceptance of PEI Equality in 2004

The funds derived by the individual pathologists exercising their rights of private practice under the MBS⁶ are separate from the funds used to operate public pathology laboratories that are the responsibility of State Governments. This was accepted by the Department of Health when making the (partial) PEI available to public pathologists.

The Department agreed with the introduction of a public PEI in principle in their letter dated 30 April 2004. The Department put forward a proposal on 17 May 2004 that included funding of \$98m for the public sector PEI (with a scaled introduction 50/75/100% over years 3-5, from within the Pathology Funding Agreement cap). Public Pathology Australia's predecessor the National Coalition of Public Pathology declined the offer in the interests of securing a single agreement by the profession.

In the Pathology Quality and Outlays Memorandum of Understanding (MOU) 2004-2009 signed between the Commonwealth and the Pathology Profession, section 8 proposed the phased introduction of the PEI so that public pathology will become eligible for PEI fee reimbursement, identical to that existing for their private providers. Partial PEI fees were introduced for the public sector on 1 May 2007, with the intention to explore removing the distinction between public and private laboratory access to PEI items:

“All parties agree to explore this issue with the intention of removing the distinction between public and private laboratory access to all PEI items for private patients. The Australian Government will take this issue into consideration in developing its position in relation to future health care funding arrangements with States and Territories (Clause 8.6, Pathology Funding Agreement 2004-2009).”

Despite support for fee parity, there was no progression of the issue. Currently, PEI fees are between \$5.95 and \$17.60 (see Appendix A) per episode for the private sector, but only a nominal \$2.40 per episode for the public sector.

6

http://www.health.nsw.gov.au/policies/pd/2005/PD2005_533.html

The Case for PEI Parity

A sustainable and diverse pathology sector is essential to ensure patients have access to pathology services. PEI parity is required to enable the public sector to maintain its presence in the market, to offer effective competition and to provide bulk billed services in areas of need. This would address issues of health inequity, provide greater patient choice, continuity of care and competitive pressure to ensure the Commonwealth receives value for its investment in the pathology sector.

Health Equity

Retaining capacity to provide community pathology services through the public sector is critical to ensuring there is sufficient capacity to meet appropriate levels of demand. The private sector prioritises profit over patient needs and will not deliver services in unprofitable areas. The public sector provides these services and is the backbone of pathology services in Australia. A viable public sector is essential to ensuring health equity. PEI parity will demonstrate the Federal Government's commitment to ensuring all patients have access to pathology services.

Patient Choice & Continuity of Care

Higher fees for private providers provides an unfair competitive advantage. It restricts competition. The public sector cannot afford to enter into new markets and this restricts choice and greater access for patients. Patients are unable to make an informed choice about their pathology provider. The message that they can take their request form to any pathology provider is generally written in very small typeface on branded referral forms.

PEI parity would offer patients more choice. PEI parity would enable public pathology services to extend their reach in areas of need. Public pathology is important in ensuring continuity of care from inpatient episodes to community treatment. For example, having pathology provided by the one public provider would enable consistent reporting and monitoring of patients as they pass through continuum of care from an inpatient stay through to stabilisation and ongoing management in the community setting. Limiting the public sector involvement in the community pathology market due to funding arrangements fragments the provision of healthcare to patients. PEI parity would demonstrate government's commitment to prioritise patient care over corporate profits. PEI parity would be an investment in the health of Australians.

Capacity

Sonic and Primary Healthcare are known to be paying significantly above market rent for collection space to secure referral streams. Large private providers have also been acquiring medical practices to provide vertically integrated services with only one pathology and radiology provider. The public sector will not pay above local real estate rates for collection space as this would be misuse of public funds. The vast majority of costs in the public sector are for salaries and wages which are governed by State Government Industrial Awards. Should public providers withdraw from the community pathology market space, it is unlikely that the private sector will fill the gap, reducing patient access to pathology services.

Competition

Where government changes to policies have a demonstrable flow-on effect to pathology, fees can be and have been adjusted under the PST. However, PEI fees have not been adjusted to reflect principles of open competition that were the basis of the 2001 ACC regulatory change.

In order to have a world class pathology service, patients need to have access to high quality, affordable pathology services. A higher PEI for private providers gives them a competitive advantage over public providers. There are also inherent risks in the market with only two dominant providers. Equal remuneration would assist in levelling the playing field and mitigating these risks. High quality, bulk-billed public pathology services provide competitive pressure on the private sector to also deliver high quality services. There is duopoly pricing behaviour in the pathology market, with both the major private pathology providers stating that they will charge co-payments should the Bulk Billing Incentive be removed. Public pathology providers abide by the principles of State Government health care and want to continue to bulk bill patients even if the Bulk Billing Incentive is abolished. Failure to receive a higher PEI will challenge the sustainability and affordability of public ACCs and its role in providing a balance in the market.

Furthermore, under the principles of competitive neutrality, private providers have secured public hospital tenders for pathology services and are therefore partly funded by state governments. However, patients of bulk-billed (so-called privatised) outpatient clinics have their samples collected in

the community by the private provider, who will charge Medicare the private (higher) PEI fees as their owner is not a prescribed laboratory. There is no competitive advantage for the public sector in being funded by state government. There is also no identified subsidy in Commonwealth funding arrangements for publicly provided non-hospital pathology collection services.

Cost of Collection

Given the fee attributable for doing the tests are the same from both public and private, unless there is a clear and explicit difference in costs for collection of the specimen, then the fees for the collection should also be the same.

The public PEI of \$2.40 does not cover the true costs associated with collection and these transactional costs are not cheaper in the public sector compared to the private sector. Even in a suburban or metropolitan collection centre the staffing cost alone will exceed the PEI by a factor of 2 to 3. Additional costs include rental, collection equipment, tubes and IT infrastructure to name only a few. The real cost is in the range of \$15-20 depending on the number of collections in the centre. In addition the public sector has to fulfil community service obligations and provide services in non-profitable areas. One only has to think of a pathology specimen collected in a remote Western Australian community or the APY lands of South Australia by the public pathology providers, to put transportation costs into perspective.

Other Branches of Medicine

Nowhere else in the MBS is there a distinction between public and corporate (private) medicine. The PEI fee is unique in medicine in that it applies only in pathology and to the PST. The reasoning that led to the introduction of the PEI does not appear to have been applied to any other branch of medicine.

Administrative Precedent

There is no administrative impediment to instituting fee parity, and this has been achieved elsewhere in the PST, for instance when the public sector was given access to P11 items (prior to 2007). Catholic Healthcare laboratories associated with NSW Schedule 2 Hospitals (and analogous arrangements in other States) were given access to the private PEI in 1999/2000.

Change required

A change to MBS Rules (e.g. P.6.2), adjustment to P10 fees and other fees associated with items referenced to the PEI e.g. P13 cervical screening PEI (referenced in P6.3), Health Insurance (Pathology Services Table) Regulations 2015, Division 2.10, 2(a)) is required to ensure that the public and private sectors are remunerated the same amount for the same tests. The Department has modelled the financial impact of this change to be \$20 million annually.

Impact of Change

Public pathology providers play a critical public interest role in ensuring that the full range of testing is available, not just the most profitable, and that all patients can access pathology testing based on need, not on the ability to pay. The payment of the PEI consistent with that paid to non-public providers will enable greater financial stability and certainty for patients and medical practitioners particularly in regional and rural areas. Public pathology is committed to bulk billing its patients and maximising opportunities for equal access to high quality pathology service. However, the costs of operating ACCs are continually reviewed in order to maximise the efficiency and consideration to the closure or winding back of services is constant.

In SA alone, equivalence in PEI fees would enable consideration of the following:

- continuation of services at Yorktown which commenced mid 2015 however its financial position is marginal – there is no other pathology collection within this area;
- establishment of a collection service at Burra where there is currently no collection service. Doctors visit from Clare twice a week and will collect specimens themselves where required, reducing the available consultation times;
- the financial position for pathology collection at Ceduna would support the business case to establish a collection centre at this Western Eyre Peninsula town.

Consideration outside the MBS Review Process

Public Pathology Australia requires adjustment to PEI fees outside the MBS Review process in recognition of the government's acceptance of the claim in 2004 which was never fully implemented. Furthermore, consideration of PEI parity is required outside the Review process to ensure objective assessment. The government has proposed further fee adjustments to the MBS outside the MBS Review, establishing a precedent for item changes outside the Review process.

Conclusion

For the same test episode, all providers should be paid the same PEI under the MBS to ensure fair access to quality pathology services to all Australians. This will allow the public sector to maintain its presence in the market, to offer effective competition and to provide bulk billed services in areas of need. The PEI fee paid to public pathology providers must be adjusted to the same rate already received by private providers.

Appendix A – Medicare Benefits Schedule, Pathology Services Table

Group P10--Patient episode initiation					
Item	Pathology service	Fee (\$)	Item	Pathology service	Fee (\$)
73899	Initiation of a patient episode that consists of a service described in item 72858 or 72859 in circumstances other than those mentioned in item 73900	5.95	73900	Initiation of a patient episode that consists of a service described in item 72858 or 72859 if the service is rendered in a prescribed laboratory	2.40
73922	Initiation of a patient episode that consists of a service described in item 73053, 73055 or 73057 (in circumstances other than those described in item 73923)	8.20	73923	Initiation of a patient episode that consists of a service described in item 73053, 73055 or 73057 if: (a) the person is a private patient in a recognised hospital; or (b) the person receives the service from a prescribed laboratory	2.40
73924	Initiation of a patient episode that consists of one or more services described in items 72813, 72816, 72817, 72818, 72823, 72824, 72825, 72826, 72827, 72828, 72830, 72836 and 72838 (in circumstances other than those described in item 73925) from a person who is an inpatient of a hospital	14.65	73925	Initiation of a patient episode that consists of one or more services described in items 72813, 72816, 72817, 72818, 72823, 72824, 72825, 72826, 72827, 72828, 72830, 72836 and 72838 if the person is: (a) a private patient of a recognised hospital; or (b) a private patient of a hospital who receives the service or services from a prescribed laboratory	2.40
73926	Initiation of a patient episode that consists of one or more services described in items 72813, 72816, 72817, 72818, 72823, 72824, 72825, 72826, 72827, 72828, 72830, 72836 and 72838 (in circumstances other than those described in item 73927) from a person who is not a patient of a hospital	8.20	73927	Initiation of a patient episode by a prescribed laboratory that consists of one or more services described in items 72813, 72816, 72817, 72818, 72823, 72824, 72825, 72826, 72827, 72828, 72830, 72836 and 72838 from a person who is not a patient of a hospital	2.40
73928	Initiation of a patient episode by collection of a specimen for one or more services (in circumstances other than those described in item 73920, 73922, 73923, 73924, 73925, 73926, 73927 or	5.95	73929	Initiation of a patient episode by collection of a specimen for one or more services (in circumstances other than those described in item 73922, 73923, 73924, 73925, 73926 or 73927) if	2.40

	73929) if the specimen is collected in an approved collection centre		the specimen is collected in an approved collection centre by: (a) an approved pathology practitioner of a prescribed laboratory; or (b) an employee of an approved pathology authority of a prescribed laboratory		
73930	Initiation of a patient episode by collection of a specimen for one or more services (in circumstances other than those described in item 73922, 73923, 73924, 73925, 73926, 73927 or 73931) if the specimen is collected from a person who is an inpatient of a hospital other than a recognised hospital by an approved pathology practitioner or an employee of an approved pathology authority	5.95	73931	Initiation of a patient episode by collection of a specimen for one or more services (in circumstances other than those described in item 73922, 73923, 73924, 73925, 73926 or 73927) if the specimen is collected: (a) from a person who is a private patient of a hospital by an approved pathology practitioner of a prescribed laboratory; or (b) from a person who is a private patient of a hospital by an employee of an approved pathology authority that operates a prescribed laboratory; or (c) from a person who is a private patient of a recognised hospital by an approved pathology practitioner of an approved pathology authority; or (d) from a person who is a private patient of a recognised hospital by an employee of an approved pathology authority	2.40
73932	Initiation of a patient episode by collection of a specimen for one or more services (in circumstances other than those described in item 73922, 73923, 73924, 73925, 73926, 73927 or 73933) if the specimen is collected from a person in the place where the person resides, and that place is not an institution, by: (a) an approved pathology practitioner of an approved pathology authority; or (b) an employee of an approved pathology authority	10.25	73933	Initiation of a patient episode by collection of a specimen for one or more services (in circumstances other than those described in item 73922, 73923, 73924, 73925, 73926 or 73927) if the specimen is collected from a person in the place where the person resides, and that place is not an institution, by: (a) an approved pathology practitioner of a prescribed laboratory; or (b) an employee of an approved pathology authority that operates a prescribed laboratory	2.40
73934	Initiation of a patient episode by collection of a specimen for one or more services (in circumstances other than those described in item 73922, 73923, 73924, 73925,	17.60	73935	Initiation of a patient episode by collection of a specimen for one or more services (in circumstances other than those described in item 73922, 73923,	2.40

	73926, 73927 or 73935) if the specimen is collected from a person in an institution by: (a) an approved pathology practitioner; or (b) an employee of an approved pathology authority		73924, 73925, 73926 or 73927) if the specimen is collected from a person in an institution by: (a) an approved pathology practitioner of a prescribed laboratory; or (b) an employee of an approved pathology authority that operates a prescribed laboratory		
73936	Initiation of a patient episode by collection of a specimen for one or more services (in circumstances other than those described in item 73922, 73923, 73924, 73925, 73926, 73927 or 73937) if the specimen is collected from the person by the person	5.95	73937	Initiation of a patient episode by collection of a specimen for one or more services (in circumstances other than those described in item 73922, 73923, 73924, 73925, 73926 or 73927) if the specimen is collected from the person by the person, and: (a) the service is performed in a prescribed laboratory; or (b) the person is a private patient in a recognised hospital	2.40
73938	Initiation of a patient episode by collection of a specimen for one or more services (in circumstances other than those described in item 73922, 73923, 73924, 73925, 73926, 73927 or 73939) if the specimen is collected by, or on behalf of, the treating practitioner	7.95	73939	Initiation of a patient episode by collection of a specimen for one or more services (in circumstances other than those described in item 73922, 73923, 73924, 73925, 73926 or 73927) if the specimen is collected by, or on behalf of, the treating practitioner and: (a) the service is performed in a prescribed laboratory; or (b) the person is a private patient in a recognised hospital	2.40
73920	Initiation of a patient episode by collection of a specimen for one or more services (other than those described in item 73922, 73924 or 73926) if the specimen is collected in an approved collection centre that the approved pathology authority operates in the same premises as it operates a category GX or GY pathology laboratory	2.40			

