



Changes to Gynaecological Oncology MBS items

Last updated: 21 February 2022

- From 1 March 2022, some of the Medicare Benefits Schedule (MBS) items for gynaecology services are changing to align with contemporary and evidenced based treatment. The changes are a result of the MBS Review Taskforce recommendations for gynaecology and extensive consultation with stakeholders.
- The changes relate to four subspecialty areas - General Gynaecology, Assisted Reproductive Technology, Urogynaecology and Gynaecological Oncology. There is a separate factsheet for each area.
- This factsheet covers Gynaecological Oncology services.

What are the changes?

From 1 March 2022, changes will be made to some of the Gynaecological Oncology services funded through the MBS. The changes comprise 7 new items, 23 amended items and 8 deleted items.

New items: 35609, 35610, 35668, 35669, 35671, 35721, 35724

Amended items: 35536, 35539, 35545, 35548, 35552, 35557, 35560, 35561, 35562, 35564, 35608, 35612, 35614, 35615, 35644, 35645, 35647, 35648, 35667, 35717, 35720, 35723, 35726

Deleted items: 35530, 35542, 35613, 35618, 35646, 35664, 35670, 35713

This factsheet also includes Private Health Insurance (PHI) classifications and categorisations for the new and amended MBS items.

Why are the changes being made?

These changes give effect to the recommendations of the independent MBS Review Taskforce, which was informed by the Gynaecology Clinical Committee, plus further consultation with clinical experts and stakeholders through the Gynaecology Implementation Liaison Group. The changes will promote best clinical practice, patient safety and quality of care.

More information about the Taskforce and associated Committees is available on the Department of Health website: [Medicare Benefits Schedule Review](#). A full copy of the Taskforce's final report, including the rationales for the changes which are outlined in this factsheet, can be found at: 2020 – [Medicare Benefits Schedule Review Taskforce. – Final Report on the Review of Gynaecology MBS Items](#).



What does this mean for providers?

Providers will need to familiarise themselves with the changes to the MBS items relevant to their practice, and any associated rules and/or explanatory notes. Providers have a responsibility to ensure that any services they bill to Medicare fully meet the eligibility requirements outlined in the legislation.

How will these changes affect patients?

Patients will continue to receive Medicare rebates for Gynaecological Oncology services that reflect contemporary clinical practice.

Who was consulted on the changes?

A number of peak bodies were consulted during the MBS Review process, including the Royal Australian and New Zealand College of Obstetrician and Gynaecologists, National Association of Specialist Obstetricians and Gynaecologists, Australian Society of Gynaecologic Oncologists, UroGynaecological Society of Australia, Fertility Society of Australia, Australian Gynaecological Endoscopy & Surgery Society, Royal Australian College of General Practitioners, Australian Medical Association, Private Healthcare Australia, Australian Private Hospital Association, and consumer representatives.

New item descriptors (to take effect from 1 March 2022)

Group T8 – Surgical Operations	
Subgroup 3 – Gynaecology	
Item	Descriptor
35609	<p>Cervix, cone biopsy or amputation (Anaes.)</p> <p>MBS Schedule Fee: \$226.80 85% Benefit: \$192.80 75% Benefit: \$170.10</p> <p>Extended Medical Safety Net (EMSN) cap: nil</p> <p>PHI Procedure Type: Type B Non-band specific PHI Clinical Category: Gynaecology</p> <p>Note: Item 35609 and 35610 result from deleting and splitting item 35618 into two new items.</p>
35610	<p>Cervix, cone biopsy for histologically proven malignancy (Anaes.)</p> <p>MBS Schedule Fee: \$396.95</p>



	<p>85% Benefit: \$337.45 75% Benefit: \$297.75</p> <p>Extended Medical Safety Net (EMSN) cap: nil</p> <p>PHI Procedure Type: Type A Surgical PHI Clinical Category: Gynaecology</p> <p>Note: Item 35609 and 35610 result from deleting and splitting item 35618 into two new items.</p>
35668	<p>Hysterectomy, radical (with or without excision of uterine adnexae) including excision of any one or more of the following:</p> <ul style="list-style-type: none">(a) parametrium;(b) paracolpos;(c) upper vagina;(d) contiguous pelvic peritoneum; <p>utilising nerve sparing techniques and involving ureterolysis, if performed in a patient with malignancy and previous pelvic radiation or chemotherapy treatment (H) (Anaes.) (Assist.)</p> <p>MBS Schedule Fee: \$1,926.35 75% Benefit: \$1,444.80</p> <p>Extended Medical Safety Net (EMSN) cap: nil</p> <p>PHI Procedure Type: Type A Advanced Surgical PHI Clinical Category: Gynaecology</p>
35669	<p>Hysterectomy, peripartum, performed for histologically proven placenta increta or percreta, or placenta accreta, if the patient has been referred to another practitioner for the management of severe intractable peripartum haemorrhage (H) (Anaes.)(Assist.)</p> <p>MBS Schedule Fee: \$1,926.35 75% Benefit: \$1,444.80</p> <p>Extended Medical Safety Net (EMSN) cap: nil</p> <p>PHI Procedure Type: Type A Advanced Surgical PHI Clinical Category: Gynaecology</p>
35671	<p>Hysterectomy, peripartum, for ongoing intractable haemorrhage where other haemorrhage control techniques have failed, for the purpose of providing lifesaving emergency treatment, not being a service associated with a service to which item 35667, 35668 or 35669 applies (H) (Anaes.) (Assist.)</p>



	<p>MBS Schedule Fee: \$1,511.10 75% Benefit: \$1,133.35</p> <p>Extended Medical Safety Net (EMSN) cap: nil</p> <p>PHI Procedure Type: Type A Advanced Surgical PHI Clinical Category: Gynaecology</p>
35721	<p>Radical debulking, involving the radical excision of a macroscopically disseminated gynaecological malignancy from the abdominal and pelvic cavity, where cancer has extended beyond the pelvis, including any of the following:</p> <p>(a) resection of peritoneum over any of the following:</p> <ul style="list-style-type: none">(i) the diaphragm;(ii) the paracolic gutters;(iii) the greater or lesser omentum;(iv) the porta hepatis; <p>(b) cytoreduction of recurrent gynaecological malignancy from the abdominal cavity following previous abdominal surgery, radiation or chemotherapy;</p> <p>(c) cytoreduction of recurrent gynaecological malignancy from the pelvic cavity following previous pelvic surgery, radiation or chemotherapy;</p> <p>not being a service to which a service associated with a service to which item 35720 or 35726 applies (H) (Anaes.) (Assist.)</p> <p>MBS Schedule Fee: \$3,319.15 75% Benefit: \$2,489.40</p> <p>Extended Medical Safety Net (EMSN) cap: nil</p> <p>PHI Procedure Type: Type A Advanced Surgical PHI Clinical Category: Gynaecology</p> <p>Note: This new item is a result of splitting item 35720 into two items; 35720 and 35721.</p>
35724	<p>Para-aortic lymph node dissection (pelvic or above the aortic bifurcation) after prior similar dissection, radiotherapy or chemotherapy for malignancy (H) (Anaes.) (Assist.)</p> <p>MBS Schedule Fee: \$2,171.30 75% Benefit: \$1,628.50</p> <p>Extended Medical Safety Net (EMSN) cap: nil</p> <p>PHI Procedure Type: Type A Advanced Surgical PHI Clinical Category: Gynaecology</p>



Amended item descriptors (to take effect from 1 March 2022)

Group T8 – Surgical Operations	
Subgroup 3 – Gynaecology	
Item	Descriptor
35536	<p>Vulva, wide local excision or hemivulvectomy, one or both procedures, for suspected malignancy or vulval lesions with a high risk of malignancy (Anaes.) (Assist.)</p> <p>MBS Schedule Fee: \$362.05 85% Benefit: \$308.25 75% Benefit: \$271.95</p> <p>Extended Medical Safety Net (EMSN) cap: nil</p> <p>PHI Procedure Type: Type A Surgical and Type B Non-band specific PHI Clinical Category: Gynaecology</p>
35539	<p>Colposcopically directed laser therapy for histologically-confirmed high grade intraepithelial neoplastic changes of the vagina, vulva, urethra or anal canal, including any associated biopsies—one anatomical site (Anaes.)</p> <p>MBS Schedule Fee: \$284.00 85% Benefit: \$241.40 75% Benefit: \$213.00</p> <p>Extended Medical Safety Net (EMSN) cap: nil</p> <p>PHI Procedure Type: Type B Non-band specific PHI Clinical Category: Gynaecology</p>
35545	<p>Colposcopically directed laser therapy for condylomata, unsuccessfully treated by other methods (Anaes.)</p> <p>MBS Schedule Fee: \$191.05 85% Benefit: \$162.40 75% Benefit: \$143.30</p> <p>Extended Medical Safety Net (EMSN) cap: nil</p> <p>PHI Procedure Type: Type B Non-band specific PHI Clinical Category: Gynaecology</p>



35548	<p>VULVECTOMY, radical, for malignancy (H) (Anaes.) (Assist)</p> <p>MBS Schedule Fee: \$1,301.75 75% Benefit: \$976.35</p> <p>Extended Medical Safety Net (EMSN) cap: nil</p> <p>PHI Procedure Type: Type A Advanced Surgical and Type B Non-band specific PHI Clinical Category: Gynaecology</p> <p>Note: The schedule fee will increase from \$867.85 to \$1,301.75.</p>
35552	<p>Pelvic lymph nodes, radical excision of, unilateral or sentinel node dissection, following similar previous dissection, radiation or chemotherapy (H) (Anaes.) (Assist)</p> <p>MBS Schedule Fee: \$1,447.50 75% Benefit: \$1,085.65</p> <p>Extended Medical Safety Net (EMSN) cap: nil</p> <p>PHI Procedure Type: Type A Advanced Surgical PHI Clinical Category: Common list</p>
35557	<p>Vagina, complete excision of benign tumour (including Gartner duct cyst), with histological documentation (Anaes.)</p> <p>MBS Schedule Fee: \$223.20 85% Benefit: \$189.75 75% Benefit: \$167.40</p> <p>Extended Medical Safety Net (EMSN) cap: nil</p> <p>PHI Procedure Type: Type B Non-band specific PHI Clinical Category: Gynaecology</p>
35560	<p>Partial or complete vaginectomy, for either or both of the following: (a) deeply infiltrating vaginal endometriosis, if accompanied by histological confirmation from excised tissue; (b) pre-invasive or invasive lesions Not being a service associated with hysterectomy for non invasive indications (H) (Anaes) (Assist)</p> <p>MBS Schedule Fee: \$711.60 75% Benefit: \$533.70</p>



	<p>Extended Medical Safety Net (EMSN) cap: nil</p> <p>PHI Procedure Type: Type A Surgical and Type B Non-band specific</p> <p>PHI Clinical Category: Gynaecology</p>
35561	<p>VAGINECTOMY, radical, for proven invasive malignancy - 1 surgeon (H) (Anaes.) (Assist).</p> <p>MBS Schedule Fee: \$1,597.25 75% Benefit: \$1,197.95</p> <p>Extended Medical Safety Net (EMSN) cap: nil</p> <p>PHI Procedure Type: Type A Advanced Surgical</p> <p>PHI Clinical Category: Gynaecology</p> <p>Note: The schedule fee will increase from \$1,435.35 to \$1,597.25.</p>
35562	<p>VAGINECTOMY, radical, for proven invasive malignancy, conjoint surgery - abdominal surgeon (including aftercare) (H) (Anaes.) (Assist)</p> <p>MBS Schedule Fee: \$1,345.55 75% Benefit: \$1,009.20</p> <p>Extended Medical Safety Net (EMSN) cap: nil</p> <p>PHI Procedure Type: Type A Advanced Surgical</p> <p>PHI Clinical Category: Gynaecology</p> <p>Note: The schedule fee will increase from \$1,178.45 to \$1,345.55.</p>
35564	<p>VAGINECTOMY, radical, for proven invasive malignancy, conjoint surgery - perineal surgeon (H) (Assist.)</p> <p>MBS Schedule Fee: \$672.80 75% Benefit: \$504.60</p> <p>Extended Medical Safety Net (EMSN) cap: nil</p> <p>PHI Procedure Type: Type A Surgical</p> <p>PHI Clinical Category: Gynaecology</p> <p>Note: The schedule fee will increase from \$544.00 to \$672.80.</p>



35608	<p>Cervix, one or more biopsies, cauterisation (other than by chemical means), ionisation, diathermy or endocervical curettage of, with or without dilatation of cervix (Anaes.)</p> <p>MBS Schedule Fee: \$66.55 85% Benefit: \$56.60 75% Benefit: \$49.95</p> <p>Extended Medical Safety Net (EMSN) cap: nil</p> <p>PHI Procedure Type: Type C PHI Clinical Category: Gynaecology</p>
35612	<p>Cervix, residual stump, removal of, by abdominal approach for non-malignant lesions (Anaes.) (Assist.)</p> <p>MBS Schedule Fee: \$526.50 85% Benefit: \$447.55 75% Benefit: \$394.90</p> <p>Extended Medical Safety Net (EMSN) cap: nil</p> <p>PHI Procedure Type: Type A Surgical and Type B Non-band specific PHI Clinical Category: Gynaecology</p>
35614	<p>Examination of the lower genital tract using a colposcope in a patient who:</p> <ul style="list-style-type: none">(a) has a human papilloma virus related gynaecology indication; or(b) has symptoms or signs suspicious of lower genital tract malignancy; or(c) is undergoing follow-up treatment of lower genital tract malignancy; or(d) is undergoing assessment or surveillance of a vulvovaginal pre-malignant or malignant disease; or(e) is undergoing assessment or surveillance as part of an identified at risk population <p>MBS Schedule Fee: \$66.45 85% Benefit: \$56.50 75% Benefit: \$49.85</p> <p>Extended Medical Safety Net (EMSN) cap: nil</p> <p>PHI Procedure Type: Type C PHI Clinical Category: Gynaecology</p>
35615	<p>Vulva or vagina, biopsy of, when performed in conjunction with a service to which item 35614 applies</p> <p>MBS Schedule Fee: \$73.25 85% Benefit: \$62.30 75% Benefit: \$54.95</p>



	<p>Extended Medical Safety Net (EMSN) cap: nil</p> <p>PHI Procedure Type: Unlisted</p> <p>PHI Clinical Category: Gynaecology</p> <p>Note: The schedule fee will increase from \$55.85 to \$73.25.</p>
35644	<p>Cervix, ablation by electrocoagulation diathermy, laser or cryotherapy, with colposcopy, including any local anaesthesia and biopsies, for previously biopsy confirmed HSIL (CIN 2/3) in a patient with a Type 1 or 2 (completely visible) transformation zone, if there is:</p> <p>(a) no evidence of invasive or glandular disease; and</p> <p>(b) no discordance between cytology and previous histology;</p> <p>not being a service associated with a service to which item 35647 or 35648 applies (Anaes.)</p> <p>MBS Schedule Fee: \$211.90</p> <p>85% Benefit: \$180.15</p> <p>75% Benefit: \$158.95</p> <p>Extended Medical Safety Net (EMSN) cap: nil</p> <p>PHI Procedure Type: Type B Non-band specific</p> <p>PHI Clinical Category: Gynaecology</p>
35645	<p>Cervix, ablation by electrocoagulation diathermy, laser or cryotherapy, with colposcopy, including any local anaesthesia or biopsies, in conjunction with ablative therapy of additional areas of biopsy proven high grade intraepithelial lesions of one or more sites of the vagina, vulva, urethra or anus, for previously biopsy confirmed HSIL (CIN2/3) in a patient with a Type 1 of 2 (completely visible) transformation zone, if there is:</p> <p>(a) no evidence of invasive or glandular disease; and</p> <p>(b) no discordance between cytology and previous histology;</p> <p>not being a service associated with a service to which item 35647 or 35648 applies (Anaes.)</p> <p>MBS Schedule Fee: \$331.60</p> <p>85% Benefit: \$281.90</p> <p>75% Benefit: \$248.70</p> <p>Extended Medical Safety Net (EMSN) cap: nil</p> <p>PHI Procedure Type: Type A Surgical and Type B Non-band specific</p> <p>PHI Clinical Category: Gynaecology</p>
35647	<p>Cervix, complete excision of the endocervical transformation zone, using large loop or laser therapy, including any local anaesthesia and biopsies (Anaes.)</p>



	<p>MBS Schedule Fee: \$211.90 85% Benefit: \$180.15 75% Benefit: \$158.95</p> <p>Extended Medical Safety Net (EMSN) cap: nil</p> <p>PHI Procedure Type: Type B Non-band specific PHI Clinical Category: Gynaecology</p>
35648	<p>Cervix, complete excision of the endocervical transformation zone, using large loop or laser therapy, including any local anaesthesia and biopsies, in conjunction with ablative treatment of additional areas of biopsy-proven high grade intraepithelial lesions of one or more sites of the vagina, vulva, urethra or anus (Anaes.)</p> <p>MBS Schedule Fee: \$331.60 85% Benefit: \$281.90 75% Benefit: \$248.70</p> <p>Extended Medical Safety Net (EMSN) cap: nil</p> <p>PHI Procedure Type: Type B Non-band specific PHI Clinical Category: Gynaecology</p>
35667	<p>Radical hysterectomy or radical trachelectomy (with or without excision of uterine adnexae) for proven malignancy, including excision of any one or more of the following: (a) parametrium; (b) paracolpos; (c) upper vagina; (d) contiguous pelvic peritoneum; utilising nerve sparing techniques and involving ureterolysis, if performed (H) (Anaes.) (Assist.)</p> <p>MBS Schedule Fee: \$1,658.00 75% Benefit: \$1,243.50</p> <p>Extended Medical Safety Net (EMSN) cap: nil</p> <p>PHI Procedure Type: Type A Advanced Surgical PHI Clinical Category: Gynaecology</p> <p>Note: This amendment consolidates deleted items 35664 and 35670 into this service and increases the schedule fee from \$1,284.25 to \$1,648.00.</p>
35717	<p>Laparotomy, involving oophorectomy, salpingectomy, salpingo-oophorectomy, removal of ovarian, parovarian, fimbrial or broad ligament cyst—one or more such procedures, unilateral or bilateral,</p>



	<p>including adhesiolysis, for benign disease (including ectopic pregnancy by tubal removal or salpingostomy), not being a service associated with hysterectomy (H) (Anaes.) (Assist.)</p> <p>MBS Schedule Fee: \$887.75 75% Benefit: \$665.85</p> <p>Extended Medical Safety Net (EMSN) cap: nil</p> <p>PHI Procedure Type: Type A Advanced Surgical PHI Clinical Category: Gynaecology</p> <p>Note: This amendment consolidates deleted item 35713 into this service and increases the schedule fee from \$567.35 to \$887.75.</p>
35720	<p>Radical debulking, involving the radical excision of a macroscopically disseminated gynaecological malignancy from the pelvic cavity, including resection of peritoneum from the following: (a) the pelvic side wall; (b) the pouch of Douglas; (c) the bladder; for macroscopic disease confined to the pelvis, not being a service associated with a service to which item 35721 applies (H) (Anaes.) (Assist.)</p> <p>MBS Schedule Fee: \$1,659.55 75% Benefit: \$1,244.70</p> <p>Extended Medical Safety Net (EMSN) cap: nil</p> <p>PHI Procedure Type: Type A Advanced Surgical PHI Clinical Category: Gynaecology</p> <p>Note: This amendment splits item 35720 into two items; 35720 and 35721 and increases the schedule fee from \$701.85 to \$1,659.55.</p>
35723	<p>Para-aortic lymph node dissection from above the level of the aortic bifurcation (unilateral), for staging or restaging of gynaecological malignancy (H) (Anaes.) (Assist.)</p> <p>MBS Schedule Fee: \$1,143.25 75% Benefit: \$857.45</p> <p>Extended Medical Safety Net (EMSN) cap: nil</p> <p>PHI Procedure Type: Type A Advanced Surgical PHI Clinical Category: Gynaecology</p>



	Note: The schedule fee will increase from \$502.70 to \$1,143.25.
35726	<p>Infra-colic omentectomy, with or without multiple peritoneal biopsies, for staging or restaging of gynaecological malignancy, not being a service to which item 35721 applies (H) (Anaes.) (Assist.)</p> <p>MBS Schedule Fee: \$502.70 75% Benefit: \$377.05</p> <p>Extended Medical Safety Net (EMSN) cap: nil</p> <p>PHI Procedure Type: Type A Surgical PHI Clinical Category: Gynaecology</p>

Deleted item descriptors

Group T8 – Surgical Operations	
Subgroup 3 – Gynaecology	
Item	Descriptor
35530	<p>Clitoris, amputation of, where medically indicated (Anaes.) (Assist.)</p> <p>MBS Schedule Fee: \$280.75</p> <p>Note: Where appropriate, item 35536 and 35548 may be used.</p>
35542	<p>COLPOSCOPICALLY DIRECTED CO² LASER THERAPY for previously confirmed intraepithelial neoplastic changes of the cervix, vagina, vulva, urethra or anal canal, including any associated biopsies 2 or more anatomical sites (Anaes.) (Assist.)</p> <p>MBS Schedule Fee: \$332.50</p> <p>Note: This item has been consolidated into item 35645.</p>
35613	<p>CERVIX, RESIDUAL STUMP, removal of, by vaginal approach</p> <p>MBS Schedule Fee: \$421.20</p> <p>Note: Where appropriate, item 35609 and 35610 may be used.</p>
35618	<p>CERVIX, cone biopsy, amputation or repair of, other than a service to which item 35577 or 35578 applies (Anaes.)</p>



	<p>MBS Schedule Fee: \$226.80</p> <p>Note: This item has been split into two new items, 35609 and 35610 to distinguish between malignant and non-malignant indications.</p>
35646	<p>CERVIX, colposcopy with radical diathermy of, with or without cervical biopsy, for previously confirmed intraepithelial neoplastic changes of the cervix (Anaes.)</p> <p>MBS Schedule Fee: \$211.90</p>
35664	<p>RADICAL HYSTERECTOMY with radical excision of pelvic lymph nodes (with or without excision of uterine adnexae) for proven malignancy including excision of any 1 or more of parametrium, paracolpos, upper vagina or contiguous pelvic peritoneum and involving ureterolysis where performed (Anaes.) (Assist.)</p> <p>MBS Schedule Fee: \$1,511.10</p> <p>Note: This item has been consolidated into item 35667.</p>
35670	<p>HYSTERECTOMY, abdominal, with radical excision of pelvic lymph nodes, with or without removal of uterine adnexae (Anaes.) (Assist.)</p> <p>MBS Schedule Fee: \$1,057.70</p> <p>Note: This item has been consolidated into item 35667.</p>
35713	<p>LAPAROTOMY, involving OOPHORECTOMY, SALPINGECTOMY, SALPINGO-OOPHORECTOMY, removal of OVARIAN, PARAOVARIAN, FIMBRIAL or BROAD LIGAMENT CYST - one such procedure, other than a service associated with hysterectomy (Anaes.) (Assist.)</p> <p>MBS Schedule Fee: \$471.20</p> <p>Note: This item has been consolidated into item 35717.</p>



How will the changes be monitored and reviewed?

The impact of these changes will be closely monitored. The Department will continue to work with stakeholders following implementation of the changes.

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 current gynaecology item descriptor(s) and information on other changes to the MBS can be found on the MBS Online website at www.mbsonline.gov.au. The updated item descriptors will be live on the website from 1 March 2022.

You can also subscribe to future MBS updates by visiting [MBS Online](#) and clicking 'Subscribe'.

The Department of Health provides an email advice services for providers seeking advice on interpretation of 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 askMBS@health.gov.au.

For questions regarding the PHI classifications, please 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 Services Australia on the Provider Enquiry Line – 13 21 50.

The data file for software vendors will be available via the MBS Online website under 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.