



New and amended items for long-acting reversible contraceptives (LARC)

Last updated: 8 October 2025

- **What?** From 1 November 2025, MBS items for insertion and removal of LARC are changing to make LARC services more affordable and accessible for patients.
- **Who?** These changes are relevant for patients who are eligible for Medicare Benefits Schedule (MBS) items relating to LARC services and health professionals providing these services under the MBS.
- **What does this mean for patients and providers?** Patients will receive higher MBS benefits for LARC insertion and removal items. Providers who choose to bulk bill all services related to LARC insertion and removal, including associated consultations, can claim the new loading item (MBS item 35501).

What are the changes?

Effective 1 November 2025:

- Four (4) existing MBS items for insertion/removal of LARC will have their MBS fees increased. The items are 35503, 35506, 14206 and 30062.
- One (1) new item will be introduced to provide a 'loading' of 40% of the fee for the relevant LARC insertion/removal item/s, when a patient's LARC insertion or removal service and any consultation or other MBS items associated with providing the service are also bulk billed.
- Three (3) items will have consequential changes to their item descriptors. The item descriptor for items 35503 and 35506 will be amended to add a reference to new MBS item 35501, and the descriptor for item 30062 will be amended to remove reference to 'as an independent procedure'.

For private health insurance purposes, new MBS item 35501 will be listed under the following clinical category and procedure type:

Private Health Insurance Classification:

- Clinical category: Common List
- Procedure type: Unlisted

Why are the changes being made?

These changes are informed by recommendations from the MBS Review Advisory Committee (MRAC) and were announced by Government in February 2025 as part of

Strengthening Medicare Women's Health Package. More information about the Budget including MYEFO and decisions taken can be found at www.budget.gov.au.

What does this mean for providers?

Providers who choose to bulk bill all services related to LARC introduction/implantation and removal, including associated consultations, can claim the new loading item (MBS item 35501). Providers must claim an eligible LARC insertion or removal item and then claim the LARC loading item in the same bulk bill claim.

How will these changes affect patients?

Patients will receive higher MBS benefits for LARC insertion and removal services. The fee increases and new loading item aim to make LARC services more affordable and accessible for patients.

Who was consulted on the changes?

Following the MRAC recommendations, ongoing consultation occurred with the Royal Australian and New Zealand College of Obstetricians and Gynaecologists (RANZCOG), the National Association of Specialist Obstetricians and Gynaecologists (NASOG), the Australian Medical Association (AMA), Australasian Sexual and Reproductive Health Alliance (ASRHA), the Australian College of Rural and Remote Medicine (ACRRM), the Australian College of Nurse Practitioners (ACNP), and the Royal Australian College of General Practitioners (RACGP).

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's (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 items (to take effect 01 November 2025)

Category 3 – Therapeutic Procedures

Group T8 – Surgical Operations

Subgroup 4 – Gynaecological

35503

Introduction of an intra-uterine device for abnormal uterine bleeding or contraception or for endometrial protection during oestrogen replacement therapy, if the service is not associated with a service to which another item in this Group applies (other than a service described in item 30062, **35501**, 35506 or 35620)

~~Fee: \$91.35 Benefit: 75% = \$68.55 85% = \$77.65~~

Fee: \$215.95 Benefit: 75% = \$161.95 85% = \$183.55

35506

Intra-uterine device, removal of under general anaesthesia, for a retained or embedded device, not being a service associated with a service to which another item in this Group applies (other than a service described in item **35501** or 35503)

~~Fee: \$61.15 Benefit: 75% = \$45.90 85% = \$52.00~~

Fee: \$134.45 Benefit: 75% = \$100.85

35501

A medical service to which:

- a) either item 35503, 35506, 14206, 30062 applies; and
- b) the service or services are bulk billed in relation to the fees for:
 - i. any one of the items noted in (a); and

<p>ii. any other item in this Schedule applying to the service</p> <p>Fee: 40% of the fee for item 35503, 35506, 14206 or 30062.</p>
Category 3 – Therapeutic Procedures
Group T1 – Miscellaneous Therapeutic Procedures
Subgroup 13 – Other Therapeutic Procedures
<p>14206</p> <p>Hormone or living tissue implantation by cannula</p> <p>Fee: \$40.55 Benefit: 75% = \$30.45 85% = \$34.50</p> <p>Fee: \$100.40 Benefit: 75% = \$75.30 85% = \$85.35</p>
Category 3 – Therapeutic Procedures
Group – T8 – Surgical Operations
Subgroup – 1 – General
<p>30062</p> <p>Etonogestrel subcutaneous implant, removal of, as an independent procedure.</p> <p>Fee: \$69.20 Benefit: 75% = \$51.90 85% = \$58.85</p> <p>Fee: \$105.15 Benefit: 75% = \$78.85 85% = \$89.40</p>

Examples of GP/specialist use of MBS LARC items with new loading item 35501

Please note that other bulk billing incentives may be relevant to these services, however this fact sheet only concerns the new LARC loading item 35501.

Please note that these examples are not exhaustive.

- 1) A GP bulk billing a patient for the introduction of an IUD consistent with the requirements of MBS item 35503, can also bulk bill MBS item 35501 to receive the 40% loading.
- 2) Following a referral to a Specialist Gynaecologist, during an attendance the specialist and patient discuss contraception options, including potential pain and post introduction bleeding for an IUD, and the patient elects to receive an IUD.

The specialist considers the discussion with the patient satisfies all requirements for an MBS attendance item and believes their peers would find the billing acceptable.

In order to receive the 40% loading, the specialist must bulk bill (accept the Medicare benefit as full payment) item 35503 for the IUD insertion, item 35501 for the bulk billing loading, and the associated consultation item (e.g. MBS item 104 or 105)

- 3) It may be appropriate to remove a LARC and insert a new device in the same appointment – for example, a GP may remove an old progestogen contraceptive implant and insert a new one.

If the GP considers the requirements are met, they can bill both MBS item 30062 (removal) and 14206 (insertion). If they bulk billed both items, they could also claim a loading item for each item - MBS item 30061+35501 and MBS item 14206+35501

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