Diagnostic Imaging Services Table: New ultrasound item for complex gynaecological conditions

Last updated: 8 October 2025

* From 1 November 2025, a new MBS ultrasound item will be introduced to support women with complex gynaecological conditions, including endometriosis.
* It will ensure women receive appropriate care, facilitating early and accurate detection, which is crucial for effective treatment and improved patient outcomes.
* These changes will affect all health professionals who request, provide and bill these services under the MBS, as well as patients, private health insurers and hospitals.

## What are the changes?

Effective 1 November 2025, there will be a new MBS ultrasound item to better support imaging for patients with suspected or known complex gynaecological conditions, which includes conditions such as endometriosis, adenomyosis, pelvic congestion syndrome, chronic pelvic inflammatory disease and pelvic floor dysfunction.

This service aims to address the rising prevalence of conditions such as endometriosis by prioritising early image-guided diagnosis and hence earlier disease management.

## Why are the changes being made?

* These changes are a result of the Select Medicare-Funded Diagnostic Imaging Ultrasound Services, announced by the Government in the 2024-25 Budget.
* Phase 1 feedback identified that the existing MBS item for pelvic ultrasound (55065) does not adequately support complex pelvic ultrasounds and that a new service with an increased schedule fee is required.

## What does this mean for requestors and providers?

Requestors will benefit from improved clarity and should be aware of the new item to ensure that they provide sufficient clinical detail to ensure that the appropriate imaging service is performed.

Providers will see enhanced clarity and provision for their services, better enabling them to provide precise imaging for diagnosis and management.

## How will these changes affect patients?

These changes will enhance patient care by improving access to essential medical services. It will ensure women receive appropriate care, facilitating early and accurate detection, which is crucial for effective treatment and improved patient outcomes.

## Who was consulted on the changes?

The Department of Health, Disability and Ageing (the department) consulted with a range of stakeholders including experts from the diagnostic imaging and medical sectors, as well as consumer representative groups. Some of the stakeholders consulted for changes to the MBS included:

Australian Diagnostic Imaging Association

Australian Medical Association

Australian College of Midwives

Australian College of Nurse Practitioners

Royal Australian College of General Practitioners

Royal Australian and New Zealand College of Obstetricians and Gynaecologists

Royal Australian and New Zealand College of Radiologists

## How will the changes be monitored and reviewed?

The department regularly reviews the use of new and amended MBS items in consultation with the profession.

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’s compliance program can be found on its website at [Medicare compliance](https://www.health.gov.au/topics/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](https://www.mbsonline.gov.au/). You can also subscribe to future MBS updates by visiting ‘[Subscribe to the MBS](https://www9.health.gov.au/mbs/subscribe.cfm)’ 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](https://www.privatehealth.gov.au/health_insurance/phichanges/index.htm). Detailed information on the MBS item listing within clinical categories is available on the [department’s website](https://www.health.gov.au/resources/collections/private-health-insurance-clinical-category-and-procedure-type?language=en). 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](https://www.legislation.gov.au). If you have a query in relation to private health insurance, you should email [PHI@health.gov.au](mailto:PHI@health.gov.au).

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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](https://www.mbsonline.gov.au/internet/mbsonline/publishing.nsf/Content/downloads) page.

## New item descriptor (to take effect 1 November 2025)

| Category 5 – Diagnostic Imaging Services |
| --- |
| Group I1 - Ultrasound |
| **Subgroup 1 - General** |
| 55080  Pelvis, ultrasound scan of, by any or all approaches (including transvaginal) if:   1. the patient is known to have, or the requesting practitioner suspects, a complex gynaecological condition; and 2. the service is considered a complex investigation requiring a minimum of 30 minutes scanning time; and 3. within 24 hours of the service, a service mentioned in item 55038, 55065, 55700, 55704, 55736, or 55739 is not performed on the same patient. (R)   Fee: $255.00 Benefit: 75% and 85% will apply   * Private Health Insurance Classification: * Clinical category: Support List (DI) * Procedure type: Type C |

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.