Australian Government
Department of Health, Disability and Ageing

Review of Select Medicare Funded Diagnostic Imaging Ultrasound Services

Phase Two - Public Consultation Paper

Contents

Introduction

The Medicare Benefits Schedule (MBS) lists the medical services subsidised by the Australian Government. As clinical practice evolves and imaging technologies improve, it is important that MBS items remain up to date, clinically appropriate and accessible to all Australians.

The Department of Health, Disability and Ageing (the Department) is reviewing selected MBS ultrasound items to ensure they continue to support high-quality, affordable and equitable care.

Background

In late 2024, the Department undertook the first round of public consultation on select Medicare-funded ultrasound services. Feedback from clinicians, consumers and stakeholders highlighted several key issues with the current MBS arrangements, including:

- Item descriptions that no longer reflect modern clinical practice;
- Fee structures that do not align with the time, complexity and expertise required to provide certain services;
- Administrative rules that limit flexibility and create barriers to access, particularly in regional, rural and remote areas.

In response, the Australian Government announced a series of reforms in the 2025–26 Budget to improve access and affordability in diagnostic imaging services for women. These include:

- A new Medicare item for complex gynaecological ultrasound (effective 1 November 2025);
- Removal of co-claiming restrictions for certain breast imaging services (effective 1 July 2026);
- Amendments to the Multiple Services Rule to allow more flexibility in delivering multiple breast imaging services in a single appointment (effective 1 July 2026);
- Extension of the ‘7-day rule’ to 14 days, giving patients and providers more time to complete all requested imaging services without needing a new request (effective 1 July 2026).

Following these commitments, the Department has worked closely with clinical experts to refine the proposed changes.

Purpose of the Second Consultation

This second round of public consultation presents updated proposals for changes to select Medicare-funded ultrasound services. These proposals aim to ensure that MBS items reflect current clinical practice, support equitable access, and deliver value for patients and the health system.

Key areas of focus include:

- Updating Medicare fees for obstetric and gynaecological ultrasound services;
- Introducing new ultrasound items that better reflect the complexity and time required for different types of examinations.

The Department is particularly interested in understanding how these proposed changes may affect access, affordability and service delivery — especially in regional and remote communities.

Your feedback will help shape a more equitable and effective Medicare system that supports high-quality diagnostic imaging services for all Australians.

Submissions are open until **28 November 2025** and can be emailed to: radiology@health.gov.au.

Proposed Changes to Select Ultrasound Items

The first round of consultation highlighted that current MBS fees for select ultrasound services do not reflect the time, complexity or clinical expertise involved. Stakeholders also noted that the item structure does not distinguish between different levels of complexity, which can lead to inconsistent claiming and reimbursement.

To address these issues, the Department proposes:

- Clearer item descriptors that reflect the purpose and complexity of each service
- Updated fees that better match the time and resources required
- New items for specific clinical scenarios, such as contrast ultrasound for tubal patency testing.

These changes aim to align MBS funding with modern clinical practice and improve access to high-quality ultrasound services. The Department welcomes feedback on whether the proposals improve clarity, support appropriate claiming and enhance service delivery.

1. Obstetric Ultrasound

Obstetric ultrasound supports safe pregnancy care by helping assess fetal development and identify complications. Feedback from the first consultation indicated that current MBS fees do not reflect the extra time and effort required for multiple pregnancy scans. The small fee difference between singleton and multiple pregnancy scans does not match the increased workload.

To improve access and equity, the Department proposes:

- A revised item structure that clearly separates singleton, multiple and higher-order multiple pregnancies
- Updated fees that reflect service complexity
- Descriptors that support consistent claiming and clearer communication

These changes aim to ensure Medicare funding keeps pace with clinical practice and supports high-quality maternity care across all settings.

1.1 Requested Obstetric Items

Requested obstetric ultrasound items (55700–55772) cover a range of services across different stages of pregnancy. These include scans for dating and viability, anatomical assessment, suspected complications, and specialised evaluations such as nuchal translucency and uterine artery Doppler. Other items support monitoring in multiple pregnancies, placental location, cervical length and fetal wellbeing.

In 2024–25, more than one million of these services were claimed, representing over $100 million in Medicare benefits.

Item (R)	Current Schedule Fee (July 2025)	2024-25 MBS Services	2024-25 MBS Expenditure	2024-25 MBS Bulk-billing rate[1]
55700	$68.85	399,760	$47,567,498	55.4%
55704	$80.40	80,604	$16,831,326	30.6%
55706	$114.85	220,077	$56,597,085	28.4%
55707	$80.40	142,200	$35,564,872	17.9%
55712	$132.00	7,420	$1,311,192	73.1%
55718	$114.85	135.980	$26,562,050	52.4%
55721	$132.00	138,917	$23,479,504	68.7%
55729	$31.30	16,526	$496,500	93.1%
55740	$119.50	1,222	$322,800	37.8%
55742	$119.50	1,348	$409,484	18.8%
55757	$56.90	3,622	$303,874	68.3%
55759	$172.20	2,726	$907,946	36.4%
55764	$183.65	766	$204,495	62.5%
55768	$172.20	2,434	$643,237	54.1%
55772	$183.65	6,915	$1,567,143	63.6%
TOTAL		**1,160,517**	**$100,041,741**	**45.8%**

The Department proposes a new structure for obstetric ultrasound items to better reflect the complexity of different pregnancy types and stages. The structure separates services into three categories:

- **Singleton pregnancies**: Items for scans under 12 weeks, between 12–16 weeks, and over 16 weeks. These include basic assessments and nuchal translucency scans.
- **Multiple pregnancies**: Items for twins, with higher fees to reflect the extra time and effort required.
- **Monochorionic or higher-order multiple pregnancies**: Items for more complex cases, such as identical twins sharing a placenta or pregnancies with three or more foetuses. These attract the highest fees due to increased clinical complexity.

[1] Source: Data used in this table is sourced from internal Department of Health, Disability and Ageing data based on Medicare claiming data. Information is based on date of processing. Bulk-billing rate is calculated as total services bulk-billed over the total services claimed.

Each category includes:

- **Fetal assessment**: General checks on development, viability and gestational age.
- **Nuchal translucency**: Screening for chromosomal conditions.
- **Combined assessment and nuchal translucency**: A comprehensive scan that includes both.

The proposed structure is summarised below:

Assessment Type	Singleton	Multiple	Monochorionic/ Higher order multiple
Fetal Assessment	55900 (under 12 weeks) 55902 (12-16 weeks) 55904 (16 weeks+)	55915 (12-16 weeks) 55918 (16 weeks+)	55930 (12-16 weeks) 55932 (16 weeks+)
Nuchal Translucency	55908	55925	55938
Fetal assessment and Nuchal Translucency	55910	55928	55940

Revised item structure for singleton pregnancies

Item	Proposed Descriptor	Proposed Fee
55900	Pregnancy-related ultrasound, by any or all approaches, to assess gestational age and fetal viability, if: (a) the pregnancy is less than 12 weeks of gestation, as confirmed by the current ultrasound; and (b) the service is not performed on the same patient within 24 hours of a service mentioned in another item in this Subgroup. (R)	$68.85
55902	Pregnancy-related ultrasound, by any or all approaches, to assess fetal development and wellbeing, if: (a) the pregnancy is 12 to 16 weeks of gestation, as confirmed by the current ultrasound; and (b) the service is not for screening or routine reassurance in the absence of a documented clinical concern; and (c) the service is not performed on the same patient within 24 hours of a service mentioned in another item in this Subgroup. (R)	$208.80
55904	Pregnancy-related ultrasound, by any or all approaches, to assess fetal development and wellbeing, if: (a) the pregnancy is more than 16 weeks of gestation, as confirmed by the current ultrasound; and (b) the service is not performed on the same patient within 24 hours of a service mentioned in another item in this Subgroup, except items 55990 and 55993 (R)	$257.15

Item	Proposed Descriptor	Proposed Fee
55908	Pregnancy-related ultrasound, by any or all approaches, if: (a) the pregnancy is dated by a fetal crown–rump length measurement of between 45 mm and 84 mm, as confirmed by the current ultrasound; and (b) a nuchal translucency measurement is performed to assess the risk of fetal abnormality; and (c) the service is not performed on the same patient within 24 hours of a service mentioned in another item in this Subgroup. (R)	$156.60
55910	Pregnancy-related ultrasound, by any or all approaches, if: (a) a scan is performed for determining the structure, gestation, location, viability of fetuses; and (b) the pregnancy is dated by a fetal crown–rump length measurement of between 45 mm and 84 mm, as confirmed by the current ultrasound; and (c) a nuchal translucency measurement is performed to assess the risk of fetal abnormality. (d) the service is not performed on the same patient within 24 hours of a service mentioned in another item in this Subgroup. (R)	$313.20

Revised item structure for multiple pregnancies

Item	Proposed Descriptor	Proposed Fee
55915	Pregnancy-related ultrasound, by any or all approaches, to assess fetal development and wellbeing, if: (a) the pregnancy is 12 to 16 weeks of gestation, as confirmed by the current ultrasound; and (b) a multiple pregnancy has been confirmed by ultrasound; and (c) the service is not performed on the same patient within 24 hours of a service mentioned in another item in this Subgroup, except items 55990 and 55993. (R)	$334.10
55918	Pregnancy-related ultrasound, by any or all approaches, to assess fetal development and wellbeing, if: (a) the pregnancy is dated by a fetal crown–rump length measurement of between 45 mm and 84 mm, as confirmed by the current ultrasound; and (b) a multiple pregnancy has been confirmed by ultrasound; and (c) the service is not performed on the same patient within 24 hours of a service mentioned in another item in this Subgroup, except items 55990 and 55993. (R)	$417.65
55925	Pregnancy-related ultrasound, by any or all approaches, if: (a) the pregnancy is dated by a fetal crown–rump length measurement of between 45 mm and 84 mm, as confirmed by the current ultrasound; and (b) a nuchal translucency measurement is performed to assess the risk of fetal abnormality; and (c) a multiple pregnancy has been confirmed by ultrasound; and (d) the service is not performed on the same patient within 24 hours of a service mentioned in another item in this Subgroup. (R)	$250.60

Item	Proposed Descriptor	Proposed Fee
55928	Pregnancy-related ultrasound, by any or all approaches, if: (a) the pregnancy is dated by a fetal crown–rump length measurement of between 45 mm and 84 mm, as confirmed by the current ultrasound; and (b) a multiple pregnancy has been confirmed by ultrasound; and (c) the scan is for detailed assessment of fetal development and wellbeing; and (d) a nuchal translucency measurement is performed to assess the risk of fetal abnormality; and (e) the service is not performed on the same patient within 24 hours of a service mentioned in another item in this Subgroup, except items 55990 and 55993. (R)	$501.15

Revised structure for monochorionic and higher-order multiple pregnancies

Item	Proposed Descriptor	Proposed Fee
55930	Pregnancy-related ultrasound, by any or all approaches, to assess fetal development and wellbeing, if: (a) the pregnancy is 12 to 16 weeks of gestation, as confirmed by the current ultrasound; and (b) a multiple pregnancy has been confirmed by ultrasound, and the pregnancy is: (i) monochorionic; or (ii) a higher order multiple pregnancy; and (c) the service is not performed on the same patient within 24 hours of a service mentioned in another item in this Subgroup, except items 55990 and 55993. (R)	$534.55
55932	Pregnancy-related ultrasound, by any or all approaches, to assess fetal development and wellbeing, if: (a) the pregnancy more than 16 weeks of gestation, as confirmed by the current ultrasound; and (b) a multiple pregnancy has been confirmed by ultrasound, and the pregnancy is: (i) monochorionic; or (ii) a higher order multiple pregnancy; and (c) the service is not performed on the same patient within 24 hours of a service mentioned in another item in this Subgroup, except items 55990 and 55993. (R)	$668.20
55938	Pregnancy-related ultrasound, by any or all approaches, if: (a) the pregnancy is dated by a fetal crown–rump length measurement of between 45 mm and 84 mm, as confirmed by the current ultrasound; and (b) a multiple pregnancy has been confirmed by ultrasound, and the pregnancy is: (i) monochorionic; or (ii) a higher order multiple pregnancy; and (c) a nuchal translucency measurement is performed to assess the risk of fetal abnormality; and (d) the service is not performed on the same patient within 24 hours of a service mentioned in another item in this Subgroup. (R)	$400.90

Item	Proposed Descriptor	Proposed Fee
55940	Pregnancy-related ultrasound, by any or all approaches, if: (a) the pregnancy is dated by a fetal crown–rump length measurement of between 45 mm and 84 mm, as confirmed by the current ultrasound; and (b) a multiple pregnancy has been confirmed by ultrasound, and the pregnancy is: (i) monochorionic; or (ii) a higher order multiple pregnancy; and (c) the scan is for detailed assessment of fetal development and wellbeing; and (d) a nuchal translucency measurement is performed to assess the risk of fetal abnormality; and (e) the service is not performed on the same patient within 24 hours of a service mentioned in another item in this Subgroup, except items 55990 and 55993. (R)	$748.35

Questions to consider with proposed changes under Section 1.1.

Do the proposed item descriptors clearly distinguish between singleton, multiple, and higher-order multiple pregnancies?

Are the clinical criteria for each item sufficiently defined to support consistent interpretation and claiming?

Would you recommend any changes to improve clarity or reduce ambiguity?

Do the proposed fees appropriately reflect the time, complexity, and expertise required for each type of scan?

Would a tiered fee model (e.g. based on gestational age or scan purpose) better support equitable reimbursement?

Are there specific scenarios where the proposed fees may not adequately cover service delivery costs?

Are the safeguards (e.g. 24-hour rule, item exclusions) practical and enforceable in clinical settings?

Would explanatory notes or clinical examples help clarify appropriate use of these items?

Are there any operational or administrative challenges that should be considered before implementation?

How much notice of change would be required (eg 6 months or 12 months from announcement)?

1.2 Requested Obstetric Further Examination Items

These items are intended for scans where further assessment is clinically necessary after an initial ultrasound.

The proposed structure introduces separate items for singleton, multiple and monochorionic or higher-order multiple pregnancies. This reflects the additional time, expertise and complexity involved in managing more complex cases.

Each item includes safeguards to ensure appropriate use, such as limiting claims to two services per pregnancy and requiring a documented clinical indication. These changes aim to support timely, high-quality care while maintaining clarity and consistency in claiming.

Item	Proposed Descriptor	Proposed Fee
55945	Pregnancy-related ultrasound, by any or all approaches, if: (a) a further examination is clinically indicated following an assessment of fetal development and wellbeing; and (b) the service is not for screening or routine surveillance in the absence of a documented clinical concern; and (c) the service is not performed on the same patient within 24 hours of a service mentioned in another item in this Subgroup; and (d) no more than two services under this item may be performed in relation to a pregnancy. (R)	$208.80
55948	Pregnancy-related ultrasound, by any or all approaches, if: (a) a further examination is clinically indicated following an assessment of fetal development and wellbeing; and (b) a multiple pregnancy has been confirmed by ultrasound; and (c) the service is not for screening or routine surveillance in the absence of a documented clinical concern; and (d) the service is not performed on the same patient within 24 hours of a service mentioned in another item in this Subgroup; and (e) no more than two services under this item may be performed in relation to a pregnancy. (R)	$334.10
55951	Pregnancy-related ultrasound, by any or all approaches, if: (a) a further examination is clinically indicated following an assessment of fetal development and wellbeing; and (b) a multiple pregnancy has been confirmed by ultrasound, and the pregnancy is: (i) monochorionic; or (ii) a higher order multiple pregnancy; and (c) the service is not for screening or routine surveillance in the absence of a documented clinical concern; and (d) the service is not performed on the same patient within 24 hours of a service mentioned in another item in this Subgroup; and (e) no more than two services under this item may be performed in relation to a pregnancy. (R)	$534.55

Questions to consider with proposed changes under Section 1.2.

Do the proposed item descriptors clearly define when a further examination is clinically indicated?

Are the safeguards (e.g. limit of two services per pregnancy, documented clinical concern) appropriate and practical?

Would you suggest any changes to improve clarity or reduce ambiguity in the descriptors?

Do the proposed fees reflect the time, expertise and complexity involved in conducting further obstetric ultrasound examinations?

Are there specific clinical scenarios where the proposed fees may not adequately cover service delivery costs?

Would explanatory notes or clinical examples assist in ensuring consistent interpretation and use of these items?

Are there any operational or administrative challenges that should be considered before implementation?

1.3 Non-Requested Obstetric Items

Non-requested ultrasound items support clinically indicated scans that are not formally requested by a requesting practitioner. These services are often used in urgent or follow-up scenarios and include assessment of fetal development, viability, and complications.

Existing non-requested (NR) scans

Items 55703 to 55774 cover a broad range of non-requested pregnancy ultrasound services, including scans for dating and viability (e.g. item 55703), fetal development and anatomy (e.g. item 55705), and suspected complications (e.g. item 55709). They also include specialised assessments such as nuchal translucency in multiple pregnancies (e.g. item 55743), cervical length monitoring (e.g. item 55758), and follow-up scans for previously identified concerns (e.g. item 55715). In 2024-25, 76,058 services were claimed representing over $2.9 million in Medicare benefits.

Item (NR)	Current Schedule Fee (July 2025)	2024-25 MBS Services	2024-25 MBS Expenditure	2024-25 MBS Bulk-billing rate[2]
55703	$40.10	57,362	$3,711,522	52.9%
55705	$40.10	4,007	$19,247	74.3%
55708	$40.10	423	$35,649	40.2%
55709	$43.55	414	$40,433	20.3%
55715	$45.90	426	$19,221	96.9%
55723	$43.55	6,459	$334,292	68.2%
55725	$45.90	6,559	$356,763	65.6%
55741	$59.70	32	$2,175	84.4%
55743	$59.70	12	$2,186	41.7%
55758	$21.60	227	$5,502	63.9%
55762	$68.85	5	$330	60.0%
55766	$74.60	8	$482	87.5%
55770	$68.85	41	$3,111	41.5%
55774	$74.60	43	$3,694	37.2%
TOTAL		**76,058**	**$2,918,285**	**56.5%**

[2] Source: Data used in this table is sourced from internal Department of Health, Disability and Ageing data based on Medicare claiming data. Information is based on date of processing. Bulk-billing rate is calculated as total services bulk-billed over the total services claimed.

Feedback from phase one of the review highlighted that the current item structure does not adequately reflect the range of clinical scenarios or the complexity involved in scanning multiple pregnancies. The proposed structure introduces clearer item descriptors and updated fees to better align with clinical practice.

New items are proposed for:

- Development and wellbeing scans for singleton pregnancies beyond 12 weeks;
- Nuchal translucency assessments, including combined scans;
- Follow-up scans where further examination is clinically indicated;
- Multiple pregnancies, including higher-order multiples.

Each item includes safeguards to ensure appropriate use, such as restrictions on repeat claims and requirements for clinical justification. These changes aim to improve clarity, support consistent claiming, and ensure equitable access to high-quality care.

Revised structure for Non-Requested scans

Item	Proposed Descriptor	Proposed Fee
55960	Pregnancy-related ultrasound, by any or all approaches, to assess fetal development and wellbeing, if: (a) the pregnancy is more than 12 weeks of gestation, as confirmed by the current ultrasound; and (b) the service is not performed on the same patient within 24 hours of a service mentioned in another item in this Subgroup, except item 55993; and (c) the service is not for screening or routine reassurance in the absence of a documented clinical concern. (NR)	$104.15
55962	Pregnancy-related ultrasound, by any or all approaches, if: (a) the pregnancy is dated by a fetal crown–rump length measurement of between 45 mm and 84 mm, as confirmed by the current ultrasound; and (b) a nuchal translucency measurement is performed to assess the risk of fetal abnormality; and (c) the service is not performed on the same patient within 24 hours of a service mentioned in another item in this Subgroup. (NR)	$78.10
55964	Pregnancy-related ultrasound, by any or all approaches, if: (a) the pregnancy is dated by a fetal crown–rump length measurement of between 45 mm and 84 mm, as confirmed by the current ultrasound; and (b) the scan includes a detailed assessment of fetal development and wellbeing; and (c) a nuchal translucency assessment is performed to assess the risk of fetal abnormality; and (d) the service is not performed on the same patient within 24 hours of a service mentioned in another item in this Subgroup. (NR)	$156.20

Item	Proposed Descriptor	Proposed Fee
55966	Pregnancy-related ultrasound, by any or all approaches, if: (a) a further examination is clinically indicated following an assessment of fetal development and wellbeing; and (b) the service is not for screening or routine surveillance in the absence of a documented clinical concern; and (c) the service is not performed on the same patient within 24 hours of a service mentioned in another item in this Subgroup; and (d) no more than two services under this item may be performed in relation to a pregnancy. (NR)	$104.15
55968	Pregnancy-related ultrasound, by any or all approaches, to assess fetal development and wellbeing, if: (a) the pregnancy is more than 12 weeks of gestation, as confirmed by the current ultrasound; and (b) a multiple pregnancy has been confirmed by ultrasound; and (c) the service is not for screening or routine reassurance in the absence of a documented clinical concern; and (d) the service is not performed on the same patient within 24 hours of a service mentioned in another item in this Subgroup. (NR)	$166.90
55970	Pregnancy-related ultrasound, by any or all approaches, if: (a) the pregnancy is dated by a fetal crown–rump length measurement of between 45 mm and 84 mm, as confirmed by the current ultrasound; and (b) a multiple pregnancy has been confirmed by ultrasound; and (c) a nuchal translucency measurement is performed to assess the risk of fetal abnormality; and (d) the service is not performed on the same patient within 24 hours of a service mentioned in another item in this Subgroup. (NR)	$125.20
55972	Pregnancy-related ultrasound, by any or all approaches, if: (a) the pregnancy is dated by a fetal crown–rump length measurement of between 45 mm and 84 mm, as confirmed by the current ultrasound; and (b) a multiple pregnancy has been confirmed by ultrasound; and (c) the scan includes a detailed assessment of fetal development and wellbeing; and (d) a nuchal translucency measurement is performed to assess the risk of fetal abnormality; and (e) the service is not performed on the same patient within 24 hours of a service mentioned in another item in this Subgroup. (NR)	$250.35

Questions to consider with proposed changes under Section 1.3.

Are non-requested items clinically appropriate in an obstetric setting?

Are the clinical criteria for non-requested scans sufficiently defined to support appropriate use?

Would you recommend any changes to improve clarity or reduce ambiguity in the descriptors?

Do the proposed fees reflect the time, expertise and complexity involved in providing non-requested obstetric ultrasound services?

Would a tiered fee model based on urgency, pregnancy type or scan purpose better support equitable reimbursement?

Are there specific clinical scenarios where the proposed fees may not adequately cover service delivery costs?

Are the proposed safeguards (e.g. restrictions on repeat claims, requirement for clinical justification) practical and enforceable in clinical settings?

Would explanatory notes or clinical examples assist in ensuring consistent interpretation and use of these items?

Are there any operational or administrative challenges that should be considered before implementation?

1.4 Other Obstetric Items

This group of items supports targeted assessments during pregnancy where specific clinical concerns are present. These include scans to measure cervical length in patients at risk of preterm labour, and Doppler-based assessments of fetal wellbeing in the third trimester.

Item	Proposed Descriptor	Proposed Fee
55975	Pregnancy-related transvaginal ultrasound to assess cervical length, if: (a) the pregnancy is between 14 and 30 weeks of gestation; and (b) any of the following apply: (i) the patient has a history indicating high risk of preterm labour or birth, or second trimester fetal loss; or (ii) the patient has symptoms suggestive of threatened preterm labour or second trimester fetal loss; (iii) the patient's cervical length is less than 35 mm on an ultrasound before 28 weeks of gestation, or the full cervical length cannot be clearly visualised. (R)	$83.90
55978	Pregnancy-related transvaginal ultrasound to assess cervical length, if: (a) the pregnancy is between 14 and 30 weeks of gestation; and (b) any of the following apply: (i) the patient has a history indicating high risk of preterm labour or birth, or second trimester fetal loss; or (ii) the patient has symptoms suggestive of threatened preterm labour or second trimester fetal loss; (iii) the patient's cervical length is less than 35 mm on an ultrasound before 28 weeks of gestation, or the full cervical length cannot be clearly visualised. (NR)	$31.85
55981	Pregnancy-related ultrasound, by any or all approaches, if: (a) monitoring of fetal growth during the third trimester is clinically indicated; and (b) the service includes: (i) B-mode imaging and integrated Doppler flow measurement by spectral analysis of the umbilical artery; and (ii) measured assessment of amniotic fluid volume; and (c) the service is not performed on the same patient within 24 hours of a service mentioned in another item in this Subgroup; and (d) no more than five services under this item may be performed in relation to a pregnancy. (R)	$68.50
55984	Pregnancy-related ultrasound, by any or all approaches, if: (a) monitoring of fetal growth during the third trimester is clinically indicated; and (b) the service includes: (i) B-mode imaging and integrated Doppler flow measurement by spectral analysis of the umbilical artery; and (ii) measured assessment of amniotic fluid volume; and (c) a multiple pregnancy has been confirmed by ultrasound; and (d) the service is not performed on the same patient within 24 hours of a service mentioned in another item in this Subgroup; and (e) no more than five services under this item may be performed in relation to a pregnancy. (R)	$156.60

Questions to consider with proposed changes under Section 1.4.

Do the proposed item descriptors clearly define the clinical indications for cervical length and Doppler-based assessments?

Are the gestational age ranges and clinical criteria appropriate and reflective of current best practice?

Would you recommend any changes to improve clarity or reduce ambiguity in the descriptors?

Do the proposed fees reflect the time, expertise and complexity involved in delivering these targeted assessments?

Are the fee differentials between singleton and multiple pregnancies appropriate?

Would a tiered fee model or alternative structure better support equitable reimbursement?

Are the proposed safeguards (e.g. service frequency limits, 24-hour rule) practical and enforceable in clinical settings?

Would explanatory notes or clinical examples assist in ensuring consistent interpretation and use of these items?

Do the proposed changes support timely and high-quality care for patients at risk of preterm labour or fetal growth restriction?

Are there any operational or administrative challenges that should be considered before implementation?

2. Proposed Changes for Pelvic Ultrasound

Gynaecological ultrasound services are essential for diagnosing and managing a range of conditions affecting the uterus and fallopian tubes. The current Medicare Benefits Schedule (MBS) item fees and descriptors do not fully reflect the complexity, time, or resources required for these procedures.

Section 2 presents proposed changes to select gynaecological ultrasound items, informed by recent claiming patterns and stakeholder feedback. The aim is to ensure that MBS items are clinically appropriate, support equitable access, and reflect the true cost of service delivery.

Item	Current Descriptor	Current Schedule Fee (July 2025)	2024-25 MBS Services	2024-25 MBS Expenditure	2024-25 MBS Bulk-billing rate[3]
55065	Pelvis, ultrasound scan of, by any or all approaches, if: (a) the service is not solely a service to which an item (other than item 55736 or 55739) in Subgroup 5 of this Group applies or a transrectal ultrasonic examination of any of the following: i. prostate gland; ii. bladder base; iii. urethra; and (b) within 24 hours of the service, a service mentioned in item 55038 is not performed on the same patient by the providing practitioner (R)	$112.85	1,127,193	$115,519,906	65.0%
55736	Pelvis, ultrasound scan of, in association with saline infusion of the endometrial cavity, by any or all approaches, if a previous transvaginal ultrasound has revealed an abnormality of the uterus or fallopian tube (R)	$145.80	13,998	$1,908,011	2.5%

[3] Source: Data used in this table is sourced from internal Department of Health, Disability and Ageing data based on Medicare claiming data. Information is based on date of processing. Bulk-billing rate is calculated as total services bulk-billed over the total services claimed.

Item	Current Descriptor	Current Schedule Fee (July 2025)	2024-25 MBS Services	2024-25 MBS Expenditure	2024-25 MBS Bulk-billing rate[3]
55739	Pelvis, ultrasound scan of, in association with saline infusion of the endometrial cavity, by any or all approaches, if a previous transvaginal ultrasound has revealed an abnormality of the uterus or fallopian tube (NR)	$65.45	710	$49,242	46.8%

The revised fees for items 55065, 55736 and 55739 are intended to better reflect the cost and complexity of delivering these services.

2.1 General pelvic ultrasound

Section 2.1 addresses general pelvic ultrasound services, including item 55065 and the new item 55080. The proposed fee for item 55065 is based on the average amount charged in 2024–25, aiming to better reflect the time, expertise, and consumables required.

Item	Proposed Descriptor	Proposed Fee
55065	Pelvis, ultrasound scan of, by any or all approaches, if: (a) the service is not solely a service to which an item (other than item 55990 or 55993) in Subgroup 5 of this Group applies or a transrectal ultrasonic examination of any of the following: i. prostate gland; ii. bladder base; iii. urethra; and (b) within 24 hours of the service, a service mentioned in item 55038 is not performed on the same patient by the providing practitioner (R)	$154.50

Item 55080, effective from 1 November 2025, covers complex gynaecological conditions and is not subject to further changes in this consultation. Stakeholder feedback is sought on whether the proposed descriptors and fees for these items accurately reflect clinical requirements and service complexity.

Item	Proposed Descriptor	Proposed Fee
55080	Pelvis, ultrasound scan of, by any or all approaches (including transvaginal), if: (a) the patient is known to have, or the requesting practitioner suspects, a complex gynaecological condition; and (b) the service is considered a complex investigation requiring a minimum of 30 minutes scanning time; and (c) 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)	$255.00

Questions to consider with these proposed changes.

Do the proposed item descriptors accurately reflect the complexity and clinical requirements of these services?

Is a further breakdown of pelvic ultrasound complexity needed, for example, a tiered structure detailing targeted, standard and complex items?

Does the proposed fee for item 55065 appropriately reflect the time, expertise and consumables required to deliver these services?

Are there other considerations regarding these services?

2.1 Pelvic ultrasound with saline infusion

The fee for item 55736 has been set based on the average amount charged during 2024–25, which is higher than the median of patient-billed claims for the same period. It is expected that approximately 65 per cent of claims will be at or below the updated fee. This item is proposed to be renumbered to 55990.

The fee for item 55739 has been set at the 50th percentile of patient-billed claims, meaning around 75 per cent of claims will fall at or below the revised fee. This item is proposed to be renumbered to 55993.

These adjustments aim to ensure that Medicare fees more accurately represent the cost of providing these services.

Item	Proposed Descriptor	Proposed Fee
55990	Pelvis, ultrasound scan of, if: (a) the service is performed in association with saline infusion of the endometrial cavity; and (b) a previous transvaginal ultrasound has identified an abnormality of the uterus or fallopian tube; and (c) there is a documented clinical indication for the procedure; and (d) the service is not performed on the same patient within 24 hours of a service mentioned in another item in this Subgroup. (R)	$431.70
55993	Pelvis, ultrasound scan of, if: (a) the service is performed in association with saline infusion of the endometrial cavity; and (b) a previous transvaginal ultrasound has identified an abnormality of the uterus or fallopian tube; and (c) there is a documented clinical indication for the procedure; and (d) the service is not performed on the same patient within 24 hours of a service mentioned in another item in this Subgroup. (NR)	$190.00

Questions to consider with these proposed changes.

Do the proposed item descriptors accurately reflect the complexity and clinical requirements of these services?

Are the clinical indications (e.g. abnormality identified on prior transvaginal ultrasound) sufficiently defined to support consistent interpretation and claiming?

Would you recommend any changes to improve clarity or reduce ambiguity in the descriptors?

Would you recommend additional information for an explanatory note?

Do the proposed fees for items 55990 and 55993 appropriately reflect the time, expertise and consumables required to deliver these services?

Would you expect to see an increase in utilisation of these services following the introduction of the revised items?

Are the proposed safeguards (e.g. 24-hour rule, requirement for prior abnormality) practical and enforceable in clinical settings?

Are there other considerations regarding these services?

2.3 Proposed new MBS item — Tubal patency testing by contrast ultrasound

Tubal patency testing using contrast ultrasound (HyCoSy/HyFoSy) is a procedure used to assess whether the fallopian tubes are open. It is commonly performed as part of fertility investigations or following tubal surgery.

Currently, there is no dedicated Medicare item for this service. Stakeholder feedback highlighted that existing items do not adequately reflect the time, expertise and consumables required, and that the lack of a specific item creates barriers to access and affordability.

To address this, the Department proposes a new MBS item for contrast-based tubal patency testing. The item includes clear clinical criteria, such as use in infertility or recurrent pregnancy loss, and limits claiming to once per patient per 12-month period. The proposed fee reflects the complexity of the procedure and the cost of contrast agents and equipment.

This change aims to improve access to fertility-related imaging, support consistent claiming, and ensure appropriate funding for a service that is increasingly used in clinical practice.

Item	Proposed Descriptor	Proposed Fee
55996	Ultrasound scan of the uterus and fallopian tubes, by any or all approaches (including transvaginal), if: (a) the service is performed using hysterosalpingo-contrast sonography (HyCoSy) or hysterosalpingo-foam sonography (HyFoSy) with foam or other approved ultrasound contrast media; and (b) the patient is undergoing investigation for infertility or subfertility, recurrent pregnancy loss, or prior to/after tubal surgery; and (c) the service is not performed on the same patient within 24 hours of a service mentioned in another item in this Subgroup. Payable once per 12 months per patient. (R)	$550.00

Questions to consider with the proposed tubal patency testing by contrast ultrasound item.

Does the proposed item descriptor clearly define the clinical scenarios in which HyCoSy or HyFoSy should be used?

Are the eligibility criteria (e.g. infertility, recurrent pregnancy loss, tubal surgery) sufficiently specific to support consistent interpretation and claiming?

Does the proposed fee of $550 appropriately reflect the time, expertise, equipment and consumables required to deliver this service?

Are there specific settings (e.g. private clinics, regional providers) where the proposed fee may not adequately cover service delivery costs?

Would you recommend any changes to improve clarity or reduce ambiguity in the descriptor?

Is the proposed restriction of one claim per patient per 12-month period appropriate and practical?

Would explanatory notes or clinical examples assist in ensuring consistent interpretation and use of this item?

Would you expect to see an increase in utilisation of HyCoSy/HyFoSy services following the introduction of this item?

Are there any operational or administrative challenges that should be considered before implementation?

Why Your Views Matter

The Department welcomes feedback from stakeholders—including medical professionals, consumers, peak bodies and industry representatives—on the review. Your input will help inform recommendations to the Australian Government and ensure the review outcomes reflect the needs and expectations of the health system and the broader community.

We invite stakeholders to provide written submissions in response to the consultation paper, addressing the key questions and issues raised. Additional comments or suggestions relevant to the review are also welcome.

The consultation period closes on **28 November 2025.**

Submissions can be emailed to: radiology@health.gov.au.

What Happens Next

The Department will collate and analyse all submissions received and provide feedback to the Australian Government by early 2026. This feedback will help inform decisions on the selected ultrasound items.

The Department thanks all stakeholders for their interest and contributions to the review.

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All information in this publication is correct as at 12 September 2025