

SUBMISSION

Friday, 11 July 2025

Pelvic ultrasound for suspected complex gynaecological conditions

Closes 11 July 2025

By email: radiology@health.gov.au

AMA response to draft MBS item

The Australian Medical Association (AMA) thanks the Department of Health, Disability and Ageing for this opportunity to provide further feedback regarding much-needed changes to pelvic ultrasound imaging Medicare Benefits Schedule (MBS) items.

The AMA's submission to the reviews of Diagnostic Breast Imaging Services and Diagnostic Imaging Ultrasound Services in December 2024 strongly supported activities to improve access to healthcare for Australian women. Our contribution was supportive of the objectives of the consultation and we provided broad agreement to the changes. The current structure of pelvic ultrasound imaging MBS items has created inequitable access for women compared to the broader population seeking general medical imaging — an issue exacerbated by years without indexation, and further compounded by ongoing under-indexation of the MBS.

The AMA called for adjustments to service provision that should be implemented through amended requirements and remuneration in line with comparable services. The AMA supported amended fee structures which better reflect service complexity, practitioner expertise, and the time required to perform the various ultrasound scanning procedures in question.

MBS item 55065 (pelvic ultrasound) encompasses a wide range of complexities, from standard procedures to more intricate diagnostic assessments for conditions like endometriosis. The AMA flagged this item was too broad. Standard procedures generally taking up to 15 minutes (urinary symptoms/ lost intrauterine device) are claiming the same MBS item as much more complex diagnostic procedures including endometriosis, but also infertility, pelvic-mass and fibroid tumours.

The AMA was open to the creation of an endometriosis-specific version of this item provided it is rebated at a rate that is commensurate with the time and complexity required to perform the ultrasound.

Additionally, the AMA suggested broader fee adjustments across related items (e.g. 55048 vs 55706, 55736, 55740 vs. 55741) to reflect complexity and time. While the new item introduces a higher fee, the government has indicated no changes to the broader fee structure or relativity across these items.

Similarly, the AMA recommended streamlining by consolidating overlapping items. This would improve clarity and usability, increase alignment with clinical practice and promote more fair and transparent remuneration. We hope this will be considered in any further changes regarding these items.

1. Proposed new item descriptor: 55XXX

In principle, the AMA is satisfied the descriptor to the draft item for complex gynaecological ultrasound is broadly consistent with industry standards, including principles laid out by both the Royal Australian and New Zealand College of Radiologists (RANZCR) and the Royal Australian and New Zealand College of Obstetricians and Gynaecologists (RANZCOG). It supports medically indicated, expert-led, diagnostic use of ultrasound and includes safeguards against misuse or overuse. While it doesn't explicitly cite the ASUM guidelines, the structure and intent reflect those standards in practice.

We are pleased the item descriptor aligns with industry expectations that diagnostic ultrasounds be performed by appropriately qualified healthcare professionals, in line with ASUM principles of practice.

The requirement for a minimum 30-minute scan time and qualified practitioners satisfies provisions for targeted, medically justified imaging. The item descriptor also prohibits billing if other specified ultrasound items are performed within 24 hours, to reduce duplication. This is aligned with advice from the sector to ensure unnecessary scans are not occurring, which could lead to misdiagnosis or patient anxiety.

We share further concerns with the RANZCR regarding the explanatory notes' determination of service complexity based upon scan time, as per the below:

The service is classified as a complex investigation due to the detailed imaging and thorough evaluation required to accurately diagnose and assess for each condition. A minimum expected scanning time of 30 minutes ensures that sufficient time is allocated for a comprehensive examination of the pelvic structures.

Timeframes required to deliver a health service alone do not provide a reliable indicator of clinical complexity. Practitioners in this space have acknowledged subsequent imaging services for complex gynaecological conditions do not always require 30 minutes. Wording could be revised in the notes to reflect clinical complexity as defined by the broader imaging profession.

Additionally, the item should acknowledge the indication on the referrer's request form and allow for the billing code to change once a scan has commenced if a more complex issue is identified.

The AMA can support the inclusion of midwives among eligible referrers. However, consideration must be given to the management of unexpected or abnormal findings that may arise, which are

beyond a midwife's scope of practice. To manage the likelihood of this scenario arising it is essential appropriate clinical pathways be established before referral permissions are expanded.

As always, the AMA supports midwifery care within a structured and medically supervised framework. Referral practices must be governed by formal collaboration to safeguard patient outcomes and professional accountability, and to ensure continuity of care in this complex area of medicine.

The AMA looks forward to the new item commencing on 1 November 2025, as well as further changes to ultrasound items to improve gender equity.

Contact

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PROPOSED NEW ITEM DESCRIPTOR

New items	Category 5 – Diagnostic Imaging Services Group I1 – Ultrasound Subgroup 1 – General
55XXX	<p>Pelvis, ultrasound scan of, by any or all approaches, if:</p> <ul style="list-style-type: none">(a) the requesting practitioner has identified that the patient is suspected of having 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) <p>(See para IN.X.X of explanatory notes to this item)</p> <p>Fee: \$255.00 Benefit: 75% and 85% will apply</p>