

MBS Update:

Item code 55080

Commencing from 1 November 2025

What are the changes?

The introduction of **MBS item 55080** formalises Medicare funding for a **complex pelvic ultrasound** performed for patients with suspected or known complex gynaecological conditions (such as endometriosis), recognising that these examinations require **more time (minimum 30 minutes), higher skill, and a more detailed assessment** than standard pelvic ultrasound.

It ensures that when clinically indicated, patients can access a **more comprehensive, targeted ultrasound as a first-line investigation**, supporting earlier, non-invasive diagnosis and better mapping of disease, while also clarifying billing rules (including that it cannot be performed alongside certain other pelvic ultrasound items within 24 hours).

Overall, the change reflects a shift toward **higher-quality imaging playing a central role in diagnosis and care planning**, rather than relying on surgery as the primary diagnostic pathway.

Medicare funding for a complex pelvic ultrasound

Item 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)

This item (55080) covers the use of ultrasound scans for the assessment, management or planning, of a patient suspected of or diagnosed with a complex gynaecological condition which includes, but is not limited to, a range of complex gynaecological conditions such as endometriosis, adenomyosis, pelvic congestion syndrome, chronic pelvic inflammatory disease, and pelvic floor dysfunction.

The requesting practitioner must have identified that the patient is suspected of having, or is known to have a complex gynaecological condition. The requesting practitioner can be a medical practitioner (GP, specialist or consultant physician), nurse practitioner, or midwife.

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 patient assessment and examination of the pelvic structures.

The scan must include detailed imaging and documentation of any identified pathology. Particular attention should be given to conditions such as severe endometriosis, which may necessitate a thorough evaluation of the pelvic structures.

The ultrasound scan may be performed using any or all approaches, including transabdominal and transvaginal techniques. This flexibility allows the practitioner to choose the most appropriate method(s) based on the patient's specific condition and clinical presentation.

It is recommended that the service be performed by a qualified practitioner with expertise in advanced pelvic ultrasound techniques to ensure comprehensive assessment and accurate diagnosis.

To avoid duplication of services, this item cannot be billed if a service mentioned in item 55038, 55065, 55700, 55704, 55736, or 55739 is performed on the same patient within 24 hours. This ensures that each service is distinct and necessary, preventing unnecessary repetition of diagnostic procedures.



What could this mean for patients?

Patients may benefit from:

- **More thorough ultrasound assessment** when complex gynaecological disease is suspected.
- **Earlier investigation** of symptoms, rather than relying on surgery as the first step.
- **Better mapping of disease extent**, which can help guide referrals, treatment planning and, where needed, surgery.
- **More appropriate use of MRI** when ultrasound is inconclusive, unsuitable, or when deeper disease is suspected.

These changes are intended to improve access to **more appropriate, more detailed imaging** for complex gynaecological conditions such as endometriosis. For patients, that could mean **earlier answers, better-informed referrals, and less reliance on surgery as the first step in diagnosis**.

What does this mean for requestors?

General Practitioners can **refer earlier and with more confidence** for a high-quality, targeted ultrasound when symptoms suggest complex disease.

The scan is intended to provide **better disease mapping** (e.g. deep infiltrating endometriosis, adhesions, organ mobility), helping guide management and referrals.

It supports **more informed decision-making** - including when to refer to a gynaecologist, when to monitor, and when further imaging (e.g. MRI) is needed.

