



Menopause and perimenopause health assessment services

Last updated: 16 June 2025

- From 1 July 2025, new MBS health assessment items will be introduced to support patients experiencing menopause or perimenopause to receive appropriate care and symptom management.
- These changes are relevant for GPs and prescribed medical practitioners (PMPs) working in general practice.

What are the changes?

Effective 1 July 2025, there will be a revised structure for items for health assessment services. The new structure includes:

- 2 new items (695, 19000) for menopause and perimenopause health assessment services for patients experiencing premature ovarian insufficiency, early menopause, perimenopause and menopause.

Why are the changes being made?

These items respond to recommendations from the Senate Community Affairs Reference Committee Report on *Issues Related to Menopause and Perimenopause*, released in September 2024. Information on the Committee and a copy of the full report can be found on the [Parliament of Australia website](#).

What does this mean for providers?

Commencing 1 July 2025, the items will support providers to deliver targeted menopause and perimenopause health assessment services to eligible patients. The health assessment must last at least 20 minutes.

As part of the health assessment providers must include, but are not limited to the following clinical activities:

- collection of relevant information, including taking a patient history to determine pre-, peri- or post-menopausal status, patient wellbeing and contraindications for management; and
- a basic physical examination, including recording blood pressure, and review of height and weight; and
- initiating investigations and referrals as clinically indicated, with consideration given to the need for cervical screening, mammography and bone densitometry; and
- discussion of management options including non-pharmacological and pharmacological strategies including risks and benefits; and

- implementing a management plan which includes patient centred symptoms management; and
- providing the patient with preventative health care advice and information as clinically indicated, including advice on physical activity, smoking cessation, alcohol consumption, nutritional intake and weight management.

Practice nurses, Aboriginal health workers and Aboriginal and Torres Strait Islander health practitioners engaged by the practice may assist in accordance with accepted medical practice under the supervision of the medical practitioner.

Assistance provided must be in accordance with accepted medical practice and under the supervision of the GP or PMP. This may include activities associated with:

- information collection, and
- providing patients with information about recommended interventions, at the direction of the medical practitioner.

The GP or PMP should be satisfied that the assisting health professional has the necessary skills, expertise and training to collect the information required for the health assessment.

Providers will need to familiarise themselves with the requirements of the new items. The items are located in the MBS within Subheading 1 (Health Assessments) of Group A14 (Health assessments) and Subgroup 5 (Prescribed medical practitioner health assessments) of Group A7 (Acupuncture and non-specialist practitioner items).

Providers have a responsibility to ensure that any services they bill to Medicare fully meet the eligibility requirements outlined in legislation.

Providers may also wish to refer to *A Practitioner's Toolkit for Managing Menopause* for guidance with this assessment.

How will these changes affect patients?

The changes will provide greater access for patients, leading to improved health outcomes.

Where eligible, patients may receive both a menopause and perimenopause health assessment service and a separate time tiered or Aboriginal and Torres Strait Islander health assessment service (for example, a Type 2 diabetes risk evaluation). There is no minimum interval of time between the provision of the different health assessments.

Who was consulted on the changes?

The items were informed by recommendations of the Senate Community Affairs Reference Committee Report on *Issues Related to Menopause and Perimenopause*, released in September 2024.

How will the changes be monitored and reviewed?

The items will be temporary for an initial two-year period to allow for longer-term arrangements to be considered in the context of the current review of all MBS health assessment items.

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.

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.