



Changes to Urogynaecology MBS items

Last updated: 21 February 2022

- From 1 March 2022, some of the Medicare Benefits Schedule (MBS) items for gynaecology services are changing to align with contemporary and evidenced based treatment. The changes are a result of the MBS Review Taskforce recommendations for gynaecology and extensive consultation with stakeholders.
- The changes relate to four subspecialty areas - General Gynaecology, Assisted Reproductive Technology, Urogynaecology and Gynaecological Oncology. There is a separate factsheet for each area.
- This factsheet covers Urogynaecology services.

What are the changes?

From 1 March 2022, changes will be made to some of the Urogynaecology services funded through the MBS. The changes comprise 2 new items, 12 amended items and 10 deleted items.

New items: 35591 and 35592

Amended items: 11900, 11912, 11917, 35527, 35568, 35578, 35595, 35596, 35597, 35657, 35673, 37044

Deleted items: 11903, 11906, 11909, 11915, 11921, 35523, 35602, 35605, 35684, 37043

This factsheet also includes Private Health Insurance (PHI) classifications and categorisations for the new and amended MBS items.

Why are the changes being made?

These changes give effect to the recommendations of the independent MBS Review Taskforce, which was informed by the Gynaecology Clinical Committee, plus further consultation with clinical experts and stakeholders through the Gynaecology Implementation Liaison Group. The changes will promote best clinical practice, patient safety and quality of care.

More information about the Taskforce and associated Committees is available on the Department of Health website: [Medicare Benefits Schedule Review](#). A full copy of the Taskforce's final report, including the rationales for the changes which are outlined in this factsheet, can be found at: 2020 – [Medicare Benefits Schedule Review Taskforce. – Final Report on the Review of Gynaecology MBS Items](#).



What does this mean for providers?

Providers will need to familiarise themselves with the changes to the MBS items relevant to their practice, and any associated rules and/or explanatory notes. Providers have a responsibility to ensure that any services they bill to Medicare fully meet the eligibility requirements outlined in the legislation.

How will these changes affect patients?

Patients will continue to receive Medicare rebates for Urogynaecology services that reflect contemporary clinical practice.

Who was consulted on the changes?

A number of peak bodies were consulted during the MBS Review process, including the Royal Australian and New Zealand College of Obstetrician and Gynaecologists, National Association of Specialist Obstetricians and Gynaecologists, Australian Society of Gynaecologic Oncologists, Urogynaecological Society of Australia, Fertility Society of Australia, Australian Gynaecological Endoscopy & Surgery Society, Royal Australian College of General Practitioners, Australian Medical Association, Private Healthcare Australia, Australian Private Hospital Association, and consumer representatives.

New item descriptors (to take effect from 1 March 2022)

Group T8 – Surgical Operations	
Subgroup 3 – Gynaecology	
Item	Descriptor
35591	<p>Rectovaginal fistula repair of, by vaginal route approach, not being a service associated with a service to which item 35592, 35596, 37029, 37333 or 37336 applies (H) (Anaes.) (Assist.)</p> <p>MBS Schedule Fee: \$962.20 75% Benefit: \$721.65</p> <p>Extended Medical Safety Net (EMSN) cap: nil</p> <p>PHI Procedure Type: Type A Advanced Surgical PHI Clinical Category: Gynaecology</p>
35592	<p>Vesicovaginal fistula closure of, by vaginal approach, not being a service associated with a service to which item 35591, 35596, 37029, 37333 or 37336 applies (H) (Anaes.) (Assist.)</p> <p>MBS Schedule Fee: \$962.20 75% Benefit: \$721.65</p> <p>Extended Medical Safety Net (EMSN) cap: nil</p>



PHI Procedure Type: Type A Advanced Surgical PHI Clinical Category: Gynaecology
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Amended item descriptors (to take effect from 1 March 2022)

Category – 2 Diagnostic Procedures and Investigations	
Group D1 – Miscellaneous Diagnostic Procedures and Investigations	
Subgroup 8 – Genito/Urinary Physiological Investigations	
Item	Descriptor
11900	<p>Urine flow study, including peak urine flow measurement, not being a service associated with a service to which item 11912, 11917 or 11919 applies</p> <p>MBS Schedule Fee: \$28.65 85% Benefit: \$24.40 75% Benefit: \$21.50</p> <p>Extended Medical Safety Net (EMSN) cap: nil</p> <p>PHI Procedure Type: Type C PHI Clinical Category: Kidney and bladder</p>
11912	<p>Cystometrography:</p> <p>(a) with measurement of any one or more of the following:</p> <ul style="list-style-type: none"> (i) urine flow rate; (ii) urethral pressure profile; (iii) urethral sphincter electromyography; and <p>(b) with simultaneous measurement of:</p> <ul style="list-style-type: none"> (i) rectal pressure; or (ii) stomal or vaginal pressure if rectal pressure is not possible; <p>not being a service associated with a service to which any of items 11012 to 11027, 11900, 11917, 11919 and 36800 or an item in Group I3 of the diagnostic imaging services table applies (Anaes.)</p> <p>MBS Schedule Fee: \$205.50 85% Benefit: \$174.70 75% Benefit: \$154.15</p> <p>Extended Medical Safety Net (EMSN) cap: nil</p> <p>PHI Procedure Type: Type C</p>



	<p>PHI Clinical Category: Kidney and bladder</p> <p>Note: This amendment consolidates deleted items 11903, 11906, 11909 and 11915 into this service. The schedule fee has also increased from \$171.50 to \$205.50.</p>
11917	<p>Cystometrography, in conjunction with real time ultrasound of one or more components of the urinary tract:</p> <p>(a) with measurement of any one or more of the following:</p> <ul style="list-style-type: none"> (i) urine flow rate; (ii) urethral pressure profile; (iii) urethral sphincter electromyography; and <p>(b) with simultaneous measurement of:</p> <ul style="list-style-type: none"> (i) rectal pressure; or (ii) stomal or vaginal pressure if rectal pressure is not possible; <p>including all imaging associated with cystometrography, not being a service associated with a service to which any of items 11012 to 11027, 11900, 11912, 11919 and 36800 or an item in Group I3 of the diagnostic imaging services table applies (Anaes.)</p> <p>MBS Schedule Fee: \$445.75 85% Benefit: \$378.90 75% Benefit: \$334.35</p> <p>Extended Medical Safety Net (EMSN) cap: nil</p> <p>PHI Procedure Type: Type C PHI Clinical Category: Kidney and bladder</p>

Group T8 – Surgical Operations

Subgroup 3 – Gynaecology

Item	Descriptor
35527	<p>Urethral caruncle, symptomatic excision of, if:</p> <p>(a) conservative management has failed; or</p> <p>(b) there is a suspicion of malignancy</p> <p>(Anaes.)</p> <p>MBS Schedule Fee: \$151.95 85% Benefit: \$129.20 75% Benefit: \$114.00</p>



	<p>Extended Medical Safety Net (EMSN) cap: nil</p> <p>PHI Procedure Type: Type B Non-band specific</p> <p>PHI Clinical Category: Gynaecology</p>
35568	<p>Procedures for the management of symptomatic upper vaginal (vault or cervical) prolapse by sacrospinous or ilococcygeus fixation (H) (Anaes.) (Assist.)</p> <p>MBS Schedule Fee: \$649.90 75% Benefit: \$487.45</p> <p>Extended Medical Safety Net (EMSN) cap: nil</p> <p>PHI Procedure Type: Type A Surgical</p> <p>PHI Clinical Category: Gynaecology</p>
35578	<p>Colpocleisis for pelvic organ prolapse, not being a service associated with a service to which another item (other than item 35599) in this Subgroup applies (H) (Anaes.) (Assist.)</p> <p>MBS Schedule Fee: \$701.85 75% Benefit: \$526.40</p> <p>Extended Medical Safety Net (EMSN) cap: nil</p> <p>PHI Procedure Type: Type A Surgical</p> <p>PHI Clinical Category: Gynaecology</p>
35595	<p>Procedure for the management of symptomatic vaginal vault or cervical prolapse, by uterosacral ligament suspension, by any approach, without graft, if the uterosacral ligaments are separately identified, transfixed and then incorporated into rectovaginal and pubocervical fascia of the vaginal vault, including cystoscopy to check ureteric integrity (H) (Anaes.) (Assist.)</p> <p>MBS Schedule Fee: \$649.90 75% Benefit: \$487.45</p> <p>Extended Medical Safety Net (EMSN) cap: nil</p> <p>PHI Procedure Type: Type A Surgical</p> <p>PHI Clinical Category: Gynaecology</p> <p>Note: The schedule fee will reduce from \$1,201.80 to \$649.90.</p>
35596	<p>Fistula between genital and urinary or alimentary tracts, repair of, other than a service to which item 35591, 35592, 37029, 37333 or 37336 applies (H) (Anaes.) (Assist.)</p>



	<p>MBS Schedule Fee: \$962.20 75% Benefit: \$721.65</p> <p>Extended Medical Safety Net (EMSN) cap: nil</p> <p>PHI Procedure Type: Type A Advanced Surgical PHI Clinical Category: Gynaecology</p> <p>Note: The schedule fee will increase from \$711.60 to \$962.20.</p>
35597	<p>Sacral colpopexy, by any approach where graft or mesh is secured to vault, anterior and posterior compartments and to sacrum for correction of symptomatic upper vaginal vault prolapse (H) (Anaes.) (Assist.)</p> <p>MBS Schedule Fee: \$ 1,532.85 75% Benefit: \$1,149.65</p> <p>Extended Medical Safety Net (EMSN) cap: nil</p> <p>PHI Procedure Type: Type A Advanced Surgical PHI Clinical Category: Gynaecology</p>
35657	<p>Hysterectomy, vaginal, with or without uterine curettage, inclusive of posterior culdoplasty, not being a service to which item 35673 applies (H) (Anaes.) (Assist.)</p> <p>MBS Schedule Fee: \$702.05 75% Benefit: \$526.55</p> <p>Extended Medical Safety Net (EMSN) cap: nil</p> <p>PHI Procedure Type: Type A Surgical PHI Clinical Category: Gynaecology</p>
35673	<p>Hysterectomy, vaginal, with or without uterine curettage, with salpingectomy, oophorectomy or excision of ovarian cyst, one or more, one or both sides, inclusive of a posterior culdoplasty, not being a service to which item 35657 applies (H) (Anaes.) (Assist.)</p> <p>MBS Schedule Fee: \$788.50 75% Benefit: \$591.40</p> <p>Extended Medical Safety Net (EMSN) cap: nil</p> <p>PHI Procedure Type: Type A Surgical PHI Clinical Category: Gynaecology</p>



Group T8 – Surgical Operations

Subgroup 5 – Urology

Item	Descriptor
37044	<p>Bladder stress incontinence, suprapubic operation for (such as Burch colposuspension), open or laparoscopic route, using native tissue without graft, with diagnostic cystoscopy to assess the integrity of the lower urinary tract, not being a service associated with a service to which item 35599 or 36812 applies (H) (Anaes.) (Assist.)</p> <p>MBS Schedule Fee: \$806.50 75% Benefit: \$604.90</p> <p>Extended Medical Safety Net (EMSN) cap: nil</p> <p>PHI Procedure Type: Type A Surgical PHI Clinical Category: Kidney and bladder</p> <p>Note: The schedule fee will increase from \$719.75 to \$806.50.</p>

Deleted item descriptors

Category – 2 Diagnostic Procedures and Investigations

Group D1 – Miscellaneous Diagnostic Procedures and Investigations

Subgroup 8 – Genito/Urinary Physiological Investigations

Item	Descriptor
11903	<p>Cystometrography, not being a service associated with a service to which any of items 11012 to 11027, 11912, 11915, 11919, 11921 and 36800 or an item in group 13 of the Diagnostic Imaging Services Table applies</p> <p>MBS Schedule Fee: \$115.65</p> <p>Note: This item is consolidated into item 11912.</p>
11906	<p>Urethral pressure profilometry, not being a service associated with a service to which any of items 11012 to 11027, 11909, 11919, 11921 and 36800 or an item in group 13 of Diagnostic Imaging Services Table applies</p>



	<p>MBS Schedule Fee: \$115.65</p> <p>Note: This item is consolidated into item 11912.</p>
11909	<p>Urethral pressure profilometry with simultaneous measurement of urethral sphincter electromyography, not being a service associated with a service to which any of items 11906, 11919, 11921 and 36800 or an item in group 13 of Diagnostic Imaging Services Table applies</p> <p>MBS Schedule Fee: \$171.85</p> <p>Note: This item is consolidated into item 11912.</p>
11915	<p>Cystometrography with simultaneous measurement of urethral sphincter electromyography, not being a service associated with a service to which any of items 11012 to 11027, 11903, 11909 11912, 11919, 11921 and 36800 or an item in group 13 of Diagnostic Imaging Services Table applies</p> <p>MBS Schedule Fee: \$171.85</p> <p>Note: This item is consolidated into item 11912.</p>
11921	<p>Bladder washout test for the localisation of infection</p> <p>MBS Schedule Fee: \$78.10</p> <p>Note: Where appropriate, item 36810 or 36810 may be used.</p>

Group T8 – Surgical Operations

Subgroup 3 – Gynaecology

Item	Descriptor
35523	<p>Urethra or urethral caruncle, cauterisation of (Anaes.)</p> <p>MBS Schedule Fee: \$60.70</p>
35602	<p>STRESS INCONTINENCE, combined synchronous ABDOMINOVAGINAL operation for; abdominal procedure, with or without mesh, (including aftercare), not being a service associated with a service to which item 30405 applies (Anaes.) (Assist.)</p> <p>MBS Schedule Fee: \$701.85</p>



	Note: Where appropriate, item 37042 may be used.
35605	STRESS INCONTINENCE, combined synchronous ABDOMINOVAGINAL operation for; vaginal procedure, with or without mesh, (including aftercare), not being a service associated with a service to which item 30405 applies (Assist.) MBS Schedule Fee: \$380.80 Note: Where appropriate, item 37042 may be used.
35684	UTERUS, SUSPENSION OR FIXATION OF, as an independent procedure (Anaes.) (Assist.) MBS Schedule Fee: \$490.25 Note: Where appropriate, item 35568 may be used.

Group T8 – Surgical Operations

Subgroup 5 – Urology

Item	Descriptor
37043	BLADDER STRESS INCONTINENCE, Stamey or similar type needle colposuspension, with or without mesh, not being a service associated with a service to which item 30405 or 35599 applies (Anaes.) (Assist.) MBS Schedule Fee: \$701.85



How will the changes be monitored and reviewed?

The impact of these changes will be closely monitored, including analysing service utilisation and service volume shifts between items.

All MBS items are subject to compliance processes and activities, including random and targeted audits which may require a provider to submit evidence about the services claimed.

Where can I find more information?

The current gynaecology item descriptor(s) and information on other changes to the MBS can be found on the MBS Online website at www.mbsonline.gov.au. The updated item descriptors will be live on the website from 1 March 2022.

You can also subscribe to future MBS updates by visiting [MBS Online](#) and clicking 'Subscribe'.

The Department of Health provides an email advice services for providers seeking advice on interpretation of MBS items and rules and the Health Insurance Act and associated regulations. If you have a query relating exclusively to interpretation of the Schedule, you should askMBS@health.gov.au.

For questions regarding the PHI classifications, please email PHI@health.gov.au.

Subscribe to '[News for Health Professionals](#)' on the Services Australia website and you will 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 will be available via the MBS Online website under 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 sheet is current as of the last updated date shown above and does not account for MBS changes since that date.