



Amendment to ambulatory blood pressure monitoring item

Last updated: 7 October 2026

- From **1 November 2026**, the descriptor for MBS item **11607** is being amended to expand access to ambulatory blood pressure monitoring (ABPM). The key change is the addition of eligibility criteria for children and adolescents aged 5 to under 18 years, using age, sex and height-adjusted blood pressure percentiles.
- The change is relevant to general practitioners, specialists, pathologists, other providers of ambulatory blood pressure monitoring services, billing and practice administration staff and software vendors.

What are the changes?

MBS item 11607 provides a Medicare benefit for continuous ambulatory blood pressure recording for 24 hours or more where the requirements of the item are met.

From 1 November 2026, the item will also be available for a patient aged 5 years or more and under 18 years where the patient has measurements, on consecutive clinic visits, of systolic blood pressure or diastolic blood pressure between the 95th percentile and the 95th percentile plus 30 mmHg, based on limits appropriate to the patient's age, sex and height.

All other requirements of item 11607 continue to apply. These include requirements that:

- the patient has not commenced antihypertensive therapy
- the recording includes the patient's resting blood pressure
- the recording is conducted using microprocessor-based analysis equipment
- a medical practitioner interprets the recording and prepares a report
- a treatment plan is provided to the patient
- the service is not provided in association with ambulatory electrocardiogram recording
- the service is not associated with the other MBS services specified in the item descriptor
- the item is claimed no more than once in any 12-month period.

For private health insurance purposes, item 11607 will be listed under the following clinical category and procedure type:

- Private Health Insurance Classification:
- Clinical category: Heart and vascular system
- Procedure type: Type C

Why are the changes being made?

The current item uses clinic blood pressure thresholds that are appropriate for adults but are above paediatric diagnostic ranges. This limits access to MBS-funded ambulatory blood pressure monitoring for patients under 18 years.

The amendment introduces age-appropriate blood pressure criteria for children and adolescents. This will provide more equitable access to ambulatory blood pressure monitoring for the diagnosis of suspected hypertension.

What does this mean for providers?

From 1 November 2026, providers may use item 11607 for eligible patients aged 5 years or more and under 18 years where the new paediatric blood pressure criteria and all other requirements of the item are met.

For a patient in this age group, the relevant systolic or diastolic blood pressure measurements must be recorded on consecutive clinic visits. Providers must use blood pressure limits appropriate to the patient's age, sex and height.

Providers should ensure that their clinical and administrative processes reflect the amended descriptor from the commencement date. Before claiming item 11607, providers must ensure that the patient meets all eligibility requirements and that all service, reporting and treatment planning requirements have been completed.

The service must include continuous ambulatory blood pressure recording for at least 24 hours. It includes fitting the device, analysing the data, preparing a report and developing a treatment plan.

How will these changes affect patients?

From 1 November 2026, children and adolescents aged 5 years or more and under 18 years may be eligible for a Medicare benefit for ambulatory blood pressure monitoring where they meet the age-appropriate blood pressure criteria and the other requirements of item 11607.

Ambulatory blood pressure monitoring uses a wearable device to record a patient's blood pressure over at least 24 hours. The results help the treating medical practitioner assess whether the patient has hypertension and prepare an appropriate treatment plan.

The change will improve access to MBS-funded ambulatory blood pressure monitoring for eligible children and adolescents.

Who was consulted on the changes?

The Department of Health, Disability and Ageing (the department) consulted:

- BPOzKids
- Hypertension Australia

- the Australia and New Zealand Society of Paediatric Nephrology.

These organisations were consulted on the policy intent and proposed item wording and supported the change.

How will the changes be monitored and reviewed?

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'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.

Amended item descriptor (to take effect 1 November 2026)

Category 2 - DIAGNOSTIC PROCEDURES AND INVESTIGATIONS

Group D1 - Miscellaneous Diagnostic Procedures And Investigations

Subgroup 5 - Vascular

Category 2 - DIAGNOSTIC PROCEDURES AND INVESTIGATIONS

11607

Continuous ambulatory blood pressure recording for 24 hours or more for a patient if:

(a) the patient has one or more of the following clinic blood pressure measurements (using a sphygmomanometer or a validated oscillometric blood pressure monitoring device):

(i) a measurement of systolic blood pressure greater than or equal to 140 mmHg and less than or equal to 180 mmHg;

(ii) a measurement of diastolic blood pressure greater than or equal to 90 mmHg and less than or equal to 110 mmHg;

(iii) if the patient is aged 5 years or more and under 18 years—measurements, on consecutive clinic visits, of systolic blood pressure or diastolic blood pressure between the 95th percentile and 95th percentile - 30 mmHg based on limits appropriate to the patient's age, sex and height; and

(b) the patient has not commenced anti-hypertensive therapy; and

(c) the recording includes the patient's resting blood pressure; and

(d) the recording is conducted using microprocessor-based analysis equipment; and

(e) the recording is interpreted by a medical practitioner and a report is prepared by the same medical practitioner; and

(f) a treatment plan is provided for the patient; and

(g) the service:

(i) is not provided in association with ambulatory electrocardiogram recording, and

(ii) is not associated with a service to which any of the following items apply:

(A) 177;

(B) 224 to 228;

(C) 231 to 244;

(D) 392 or 393;

(E) 699;

(F) 701 to 707;

(G) 715;

(H) 729, 731, 965 or 967;

(I) 735 to 758;

(J) 92004, 92011, 92026, 92027, 92029, 92030, **92033, 92034**, 92057, 92058, 92060, 92061, **92063 or 92064**.

Category 2 - DIAGNOSTIC PROCEDURES AND INVESTIGATIONS

Applicable only once in any 12 month period

Fee: \$123.20 Benefit: 75% = \$92.40 85% = \$104.75

- Private Health Insurance Classification:
- Clinical category: Heart and vascular system
- Procedure type: Type C

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.