



Health assessment items for persons of Aboriginal and Torres Strait Islander descent

Last updated: 9 February 2026

- From 1 March 2026, aged-based clinical activities will be removed from the item requirements for health assessment items for persons of Aboriginal and Torres Strait Islander descent.
- The changes will support the delivery of holistic patient care, tailored to meet a patient's individual health needs and clinical circumstances throughout their life. The changes will also support the ongoing alignment of item requirements with clinical guidance.
- These changes are relevant to medical practitioners and other practice staff who assist in delivering health assessment services.

What are the changes?

Effective 1 March 2026:

- Item age delineations (currently 0–14, 15–54, and 55+ years) and associated age-specific clinical activities will be replaced with general preventative health and assessment activities and guidance.
- Revised item descriptors will include the clinical activities required to bill the items.

Providers should refer to clinically and culturally appropriate guidelines when delivering health assessments for persons of Aboriginal and Torres Strait Islander descent. This includes (but is not limited to) the [National Guide to preventive healthcare for Aboriginal and Torres Strait Islander people](#) and its associated [templates](#), the [Central Australian Rural Practitioners Association \(CARPA\) Standard Treatment Manual](#), and the [Guidelines for preventive activities in general practice \(Red Book\)](#).

Why are the changes being made?

These changes were recommended by the Department of Health, Disability, and Ageing's (the department's) review of MBS Health Assessment services, and are being implemented as part of the first tranche of reform under the review.

The review considered the efficacy and effectiveness of MBS health assessment services in primary care, the evidence base of these services and their conformity to contemporary clinical guidelines.

What does this mean for providers?

The changes support providers to deliver clinically contemporary health assessment services that are aligned with the individual health care needs and clinical circumstances of their patients.

How will these changes affect patients?

The changes will support patients to receive tailored health assessment services to meet their individual health care needs throughout their life.

Who was consulted on the changes?

Public consultation occurred as part of the MBS Health Assessment Review. Consultation workshops were also held with relevant peak medical bodies, including the Royal Australian College of General Practitioners (RACGP), the National Aboriginal Community Controlled Organisation (NACCHO), Rural Doctors Association of Australia, and other First Nations practitioner and health organisations.

Further consultation on the changes was held with the RACGP and NACCHO.

How will the changes be monitored and reviewed?

Changes to MBS items are subject to post-implementation review. Post-implementation reviews typically occur around two years after implementation of the change.

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 descriptors (to take effect 01 March 2026)

Category 1 - PROFESSIONAL ATTENDANCES

Group A14 – Health Assessments

Subgroup 2 - Aboriginal And Torres Strait Islander Peoples Health Assessment

Item 715

Professional attendance by a general practitioner, at consulting rooms or in a place other than a hospital or a residential aged care facility:

- (a) for a health assessment of a patient who is of Aboriginal or Torres Strait Islander descent; and
- (b) that includes the following:
 - (i) recognising the patient's health priorities
 - (ii) taking the patient's medical history
 - (iii) undertaking any relevant physical examinations
 - (iv) undertaking or arranging any required investigations
 - (v) assessing the patient using the information gained in the health assessment
 - (vi) initiating any necessary interventions and referrals
 - (vii) developing and documenting a plan to manage the patient's health, including for follow up, based on the health assessment and the patient's priorities
 - (viii) offering the patient (or the patient's carer (if any) if the practitioner considers it appropriate and the patient agrees) a written report of the health assessment, with recommendations on matters covered by the health assessment and a strategy for the patient's good health
 - (ix) if the offer referred to in subparagraph (viii) is accepted—giving the report to the patient or the patient's carer (as applicable)
 - (x) adding a record of the health assessment to the patient's medical records

Applicable only if a service to which this item or item 228, 92004 or 92011 applies has not been provided to the patient in the preceding 9 months

Note: For items 92004 and 92011, see the Telehealth Attendance Determination.

Group A7 - Acupuncture and Non-Specialist Practitioner Items

Subgroup 5 - Prescribed medical practitioner health assessments

Item 228

Professional attendance by a prescribed medical practitioner at consulting rooms or in a place other than a hospital or a residential aged care facility:

- (a) for a health assessment of a patient who is of Aboriginal or Torres Strait Islander descent; and
- (b) that includes the following:
 - (i) recognising the patient's health priorities
 - (ii) taking the patient's medical history
 - (iii) undertaking any relevant physical examinations
 - (iv) undertaking or arranging any required investigations
 - (v) assessing the patient using the information gained in the health assessment
 - (vi) initiating any necessary interventions and referrals
 - (vii) developing and documenting a plan to manage the patient's health, including for follow up, based on the health assessment and the patient's priorities
 - (viii) offering the patient (or the patient's carer (if any) if the practitioner considers it appropriate and the patient agrees) a written report of the health assessment, with recommendations on matters covered by the health assessment and a strategy for the patient's good health
 - (ix) if the offer referred to in subparagraph (viii) is accepted—giving the report to the patient or the patient's carer (as applicable)
 - (x) adding a record of the health assessment to the patient's medical records

Applicable only if a service to which this item or item 715, 92004 or 92011 applies has not been provided to the patient in the preceding 9 months

Note: For items 92004 and 92011, see the Telehealth Attendance Determination

Group A40 – Telehealth attendance services

Subgroup 11 - Health Assessments for Aboriginal and Torres Strait Islander People - Video Services

Item 92004

Video attendance by a general practitioner for an Aboriginal and Torres Strait Islander health assessment:

- (a) for a patient who is of Aboriginal or Torres Strait Islander descent; and
- (b) that includes the following:
 - (i) recognising the patient's health priorities
 - (ii) taking the patient's medical history
 - (iii) undertaking any relevant physical examinations
 - (iv) undertaking or arranging any required investigations
 - (v) assessing the patient using the information gained in the health assessment
 - (vi) initiating any necessary interventions and referrals
 - (vii) developing and documenting a plan to manage the patient's health including for follow-up, based on the health assessment and the patient's priorities
 - (viii) offering the patient (or the patient's carer (if any) if the practitioner considers it appropriate and the patient agrees) a written report of the health assessment, with recommendations on matters covered by the health assessment and a strategy for the patient's good health

- (ix) if the offer referred to in subparagraph (viii) is accepted—giving the report to the patient or the patient's carer (as applicable)
- (x) adding a record of the health assessment to the patient's medical records

Applicable only if a service to which this item or item 228, 715 or 92011 applies has not been provided to the patient in the preceding 9 months

Item 92011

Video attendance by a prescribed medical practitioner for an Aboriginal and Torres Strait Islander health assessment:

- (a) for a patient who is of Aboriginal or Torres Strait Islander descent; and
- (b) that includes the following:
 - (i) recognising the patient's health priorities
 - (ii) taking the patient's medical history
 - (iii) undertaking any relevant physical examinations
 - (iv) undertaking or arranging any required investigations
 - (v) assessing the patient using the information gained in the health assessment
 - (vi) initiating any necessary interventions and referrals
 - (vii) developing and documenting a plan to manage the patient's health including for follow-up, based on the health assessment and the patient's priorities
 - (viii) offering the patient (or the patient's carer (if any) if the practitioner considers it appropriate and the patient agrees) a written report of the health assessment, with recommendations on matters covered by the health assessment and a strategy for the patient's good health
 - (ix) if the offer referred to in subparagraph (viii) is accepted—giving the report to the patient or the patient's carer (as applicable)
 - (x) adding a record of the health assessment to the patient's medical records

Applicable only if a service to which this item or item 228, 715 or 92004 applies has not been provided to the patient in the preceding 9 months

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.