Medicare Healthy Kids Check

Last updated: 28 August 2026

- Subject to the passage of legislation, from 1 November 2026, a new MBS health assessment service called the Medicare Healthy Kids Check will be introduced for 3-year-old children using the time-tiered health assessment items (701-707 and 224-227).
- These changes are relevant to parents with 3-year-old children and providers who will provide the assessments.

What are the changes?

Subject to the passage of legislation, from 1 November 2026, general practitioners (GPs) and prescribed medical practitioners (PMPs) can use the time-tiered health assessment items (items 701-707 and 224-227) to conduct a health assessment, known as the Medicare Healthy Kids Check, for Medicare-eligible 3-year-olds. This service is available once per child per lifetime.

The service will support GPs and PMPs to assess the child's physical, social and emotional development, health and wellbeing. This assessment will identify children who may require additional supports, including monitoring and interventions in primary care settings, referral to appropriate supports (including Thriving Kids supports) or further assessment when required.

Why are the changes being made?

The Medicare Healthy Kids Check forms part of the Government's Thriving Kids initiative.

Introduction of a 3-year-old health check was recommended by the Thriving Kids Advisory Group, to improve early identification of developmental delay and/or neurodevelopmental differences in children, and facilitate connections with appropriate supports, or referrals for further assessment where needed. In addition, the Parliamentary Inquiry by the House of Representatives Standing Committee on Health, Aged Care and Disability into the Thriving Kids initiative *No child left behind*, recommended MBS support for GPs providing child development checks.

What does this mean for providers?

Commencing 1 November 2026, the changes will support GPs and PMPs to deliver a Medicare Healthy Kids Check for a child at 3 years of age.

The assessment must include, but is not limited to, the following activities:

(a) taking a relevant history, including the following:
  (i) the patient's medical history, including previous presentations, hospital admissions, medication, immunisation status and allergies;
  (ii) the patient's behaviours and wellbeing;

(iii) an assessment of the patient against age-appropriate developmental milestones;
(iv) the patient's family relationships, social circumstances, care arrangements and engagement in early childhood education and care;
(v) the patient's family environment and exposures, including nutrition, physical activity, screen use, sleep hygiene and sleep patterns;
(vi) the patient's toileting, including bowel habits and urinary continence;

(b) undertaking a basic physical examination of the patient, including by:
(i) examining the patient's eyesight, hearing and oral health (teeth and gums); and
(ii) undertaking measurements of the patient's height and weight to assess the patient's growth against published centile charts, including body mass index;

(c) assessing the patient using the information gained in the health assessment;

(d) providing advice to the patient's parent or carer to support:
(i) the patient's physical, social and emotional development, health and wellbeing; and
(ii) the patient's family to engage in activities that support the best potential outcomes for the patient's physical, social and emotional development, health and wellbeing;

(e) making or arranging any necessary interventions and referrals for the patient;

(f) adding a record of the health assessment to the patient's medical record;

(g) offering a written report on the health assessment to the patient's parent or carer, with recommendations on matters covered by the health assessment.

Practitioners may wish to use publicly available, evidence-based guidelines when conducting the assessment, as relevant to the child.

How will these changes affect patients?

The changes will support 3-year-olds to receive a tailored health assessment service and facilitate access to appropriate supports, leading to improved health and development outcomes.

Children aged under 3 years or over 4 years old who require assessment or children aged 3 years old who require more than one assessment can continue to access MBS time-tiered attendance items.

Children who are eligible for other health assessment services, including the Aboriginal and Torres Strait Islander health check, can continue to access these MBS services in addition to their Medicare Healthy Kids Check, provided all services are clinically relevant.

Who was consulted on the changes?

In making their recommendations both the Thriving Kids Advisory Group and the Parliamentary Inquiry into the Thriving Kids initiative consulted widely.

The Department of Health, Disability and Ageing (the department) worked with an Implementation Liaison Group (ILG) to support development of the clinical requirements of the Medicare Healthy Kids Check. The ILG comprised representatives from the Royal

Australian College of General Practitioners (RACGP), Australian Medical Association (AMA), Australian College of Rural and Remote Medicine (ACRRM), Australian Primary Health Care Nurses Association (APNA) and National Association of Aboriginal and Torres Strait Islander Health Workers and Practitioners (NAATSIHWP), and an independent paediatrician.

How will the changes be monitored and reviewed?

In general changes to MBS items are subject to post-implementation review. Post-implementation reviews typically occur around two years after implementation of the change. As part of the Thriving Kids initiative, the Medicare Healthy Kids Check may also be considered in any overarching evaluations.

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.

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.