



Technical changes to MBS health assessment items

Last updated: 11 February 2026

- From 1 March 2026, there will be minor technical changes to Medicare Benefits Schedule (MBS) health assessment services to remove references to clinically outdated screening tests and disease-specific vaccinations. These changes will ensure health assessment services remain current and clinically contemporary.
- 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, there will be minor regulatory changes to health assessments services to ensure they remain aligned with current clinical standards. Changes will include:

- Older person's health assessment:
 - Removal of specific references to influenza, tetanus and pneumococcus vaccines, while retaining the requirement to assess the patient's immunisation status.
- Health assessment for a person with an intellectual disability:
 - Removal of specific references to influenza, tetanus, hepatitis A and B, measles, rubella and pneumococcal vaccines, while retaining the requirement to assess the patient's immunisation status.
 - Removal of reference to Papanicolaou (Pap) smear examinations.
 - The addition of an assessment of the patient's participation (as relevant to the patient) in national screening programs, such as the National Bowel Cancer Screening Program, National Breast Screen Australia Program, National Cervical Screening Program and National Lung Cancer Screening Program.

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.

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.

These changes will better align the requirements of these health assessments in line with contemporary clinical practice and guidelines.

What does this mean for providers?

The changes enable providers to deliver health assessment services that are up to date with contemporary, clinical standards and aligned with the health care needs of the target patients.

How will these changes affect patients?

The changes will support patients to receive clinically contemporary health assessment services that meet their health care needs.

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, the National Aboriginal Community Controlled Organisation, Rural Doctors Association of Australia, and other ageing, intellectual disability, and health practitioner organisations.

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.

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.