# Changes to Medicare Benefits Schedule heart health assessment items

Last updated: ***25 May 2021***

* From 1 July 2021, two interim Medicare Benefits Schedule (MBS) items will be amended for the heart health assessment.
* These items will continue to allow GPs and medical practitioners (other than a specialist or consultant physician) to conduct a heart health assessment that lasts at least 20 minutes, in consulting rooms.
* Eligible patients will continue to be able to receive a Medicare rebate for having a specific heart health assessment conducted by a GP or a medical practitioner (other than a specialist or consultant physician).

## What are the changes?

From 1 July 2021, there will be a minor change to the two interim items for the heart health assessment listed on the MBS. The amended interim items include:

* Item (699) for professional attendance for a heart health assessment by a general practitioner at consulting rooms lasting at least 20 minutes.
* Item (177) for professional attendance for a heart health assessment by a medical practitioner (other than a specialist or consultant physician) at consulting rooms lasting at least 20 minutes.

The interim items have been extended until 30 June 2023 and amended to limit the services to patients who are above 30 years.

## Why are the changes being made?

The changes will align the two items with current evidence-based age cohorts for the Australian Absolute Cardiovascular Disease Risk calculator and now prohibits claiming for patients below the age of 30.

## What does this mean for providers?

Providers will still benefit from having access to MBS items that are specifically for assessing the cardiovascular risk of patients.

## How will these changes affect patients?

Eligible patients will still benefit from having a specific heart health assessment conducted by a GP or equivalent practitioner.

## Who was consulted on the changes?

Consultation with stakeholders has informed the extension of the interim items and revision of the age limit. The Department of Health has consulted with the Australian Medical Association, Royal Australian College of General Practitioners, Australian College of Rural and Remote Medicine and the Heart Foundation.

## How will the changes be monitored and reviewed?

The items will be reviewed and evaluated over the next two years (2021 - 2023), in consultation with peak clinical bodies and consumer groups, to inform options for consideration prior to their expiry on 30 June 2023.

## 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 at [www.mbsonline.gov.au](http://www.mbsonline.gov.au). You can also subscribe to future MBS updates by visiting [MBS Online](http://www.mbsonline.gov.au/) and clicking ‘Subscribe’.

The Department of Health provides an email advice service for providers seeking advice on interpretation of the MBS items and rules and the *Health Insurance Act 1973* and associated regulations. If you have a query relating exclusively to interpretation of the Schedule, you should email [askMBS@health.gov.au](mailto:askMBS@health.gov.au).

Subscribe to ‘[News for Health Professionals](https://www.servicesaustralia.gov.au/organisations/health-professionals/news/all)’ on the Department of Human Services 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 Department of Human Services website or contact the Department of Human Services on the Provider Enquiry Line – 13 21 50.

The data file for software vendors is expected to become available on 1 July 2021 and can be accessed via the MBS Online website under the [Downloads](https://protect-au.mimecast.com/s/YGuBCWLVnwSNGEDUxwHa2?domain=mbsonline.gov.au) 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.