

Time-based item numbers 701, 703, 705, 707 – an explanation

There are 4 time-based health assessments items: 701 (brief), 703 (standard), 705 (long) and 707 (prolonged) covering 7 categories:

1. **Over 75 Health assessment** at surgery or in the home – annual [Replaces 700, 702]
2. **4 year old health check** – once only [Replaces 709]. Also Nurse item number 10986 [Replaces 711]
3. **Type 2 diabetes evaluation for 40-49 year olds** – every 3 years [Replaces 713]
4. **45-49 health assessment** “at risk” of developing a chronic disease – once only [Replaces 717]
5. **Health assessment for people with an intellectual disability** – annual [Replaces 718, 719]
6. **Health assessment for refugees** and other humanitarian entrants – once only [Replaces 714]
7. **CMA in Residential Aged Care** – annual [Replaces 712]

The decision to use any one of these four items to carry out a health assessment will depend on the practitioner’s clinical judgment based on the complexity of the presentation and the type of health assessment used. See the DoHA [factsheet](#) on Health Assessment Items.

The division is supporting practices to promote the Type 2 diabetes evaluation and referral to a LMP for 40-49 year olds and this support involves distribution of resources, assistance in mail out costs and other incentives. With item number claiming, however, it must be noted that:

1. You can only claim the time-based item number for a Type 2 diabetes evaluation for 40-49 year olds if the patient:
 - a. is between 40-49 years old
 - b. does not have a confirmed diabetes diagnosis
 - c. has a score in the AUSDRISK risk test of 12 or more
 - d. is referred to a Lifestyle Modification Program
 - e. hasn’t had a 713 or 717 claim in the previous 3 years
2. If you carry out the diabetes risk evaluation and the patient does not qualify for referral to a LMP, you can:
 - a. complete it as a 45-49 year old health check
 - b. use item 23 or 36
3. If you complete the 45-49 health assessment you can’t do a Type 2 diabetes evaluation for 40-49 year olds **for 3 years**. As part of the 45-49 health check you can still refer to a LMP (but not claim).
4. If you complete a Type 2 diabetes evaluation for 40-49 year olds and refer them to a LMP you can still do a 45-49 health check from the following day.
5. Provided the patient meets the criteria you can refer to an LMP as part of “normal” consultation such as a 23 or 36, provided it is either a follow up of a previous health assessment and the risk score is 12+
6. If, in your health assessment you discover the patient has a chronic disease you can start the GPMP/TCA process (items 721, 723).

And finally...

1. Remember that nurse time is counted when using the time-based item numbers.
2. You should add a text annotation (service descriptor) to what particular health assessment you are claiming.

See also the document: [Refer to Lifestyle Modification Program – MBS Item Number Claiming Criteria](#)