

Listing of Repetitive Transcranial Magnetic Stimulation (rTMS) on the Medicare Benefits Schedule – Fact Sheet

Last updated: 25 October 2021

- Repetitive Transcranial Magnetic Stimulation (rTMS) is a form of localised brain stimulation therapy used to treat depression. The therapy involves using a magnet to target and stimulate the region of the brain involved in mood regulation and depression. rTMS is a non-invasive form of therapy that does not require sedation with anaesthesia.
- From 1 November 2021, rTMS therapy will be listed on the Medicare Benefits Schedule (MBS) under new items 14216, 14217, 14219 and 14220 for the treatment of major depressive disorder.
- The Australian Government announced this new listing in the 2021-22 Budget with an investment of \$288.5 million over four years, following recommendations of the Medical Services Advisory Committee (MSAC).
- Previously, rTMS was not subsidised on the MBS.
- The information in this Fact Sheet should be read in conjunction with the MBS items, Explanatory Notes and other rTMS materials on the MBS Online website (<u>www.mbsonline.gov.au</u>) then search under 'Fact Sheets'. These materials include a Patient Fact Sheet and Frequently Asked Questions.

What are the changes?

From 1 November 2021, four new items **14216**, **14217**, **14219** and **14220** will be listed on the MBS for the purposes of:

- Prescription and mapping of an initial course of rTMS treatment by a psychiatrist with appropriate training in rTMS (item 14216).
- Delivery of an initial course of rTMS treatment of up to 35 sessions by a psychiatrist, or a health care professional
 on behalf of a psychiatrist, with appropriate training in rTMS (item 14217).
- Prescription and mapping of a retreatment course of rTMS treatment by a psychiatrist with appropriate training in rTMS (item 14219).
- Delivery of a retreatment course of rTMS treatment of up to 15 sessions by a psychiatrist, or a health care
 professional on behalf of a psychiatrist, with appropriate training in rTMS (item 14220).

The MBS items are set out in full on the MBS Online website.



Who is eligible to receive these services?

Patients must be eligible for Medicare.

To be eligible for MBS-funded rTMS treatment (items 14216 and 14217), a patient must meet the following criteria:

- Be at least 18 years of age;
- Be diagnosed with major depressive episode;
- Have failed to receive satisfactory improvement for the major depressive episode despite the adequate trialling of at least two different classes of antidepressant medications, unless contraindicated;
- Have also undertaken psychological therapy unless inappropriate; and
- Have not received rTMS treatment previously in either a public or private setting.

To be eligible to receive rTMS retreatment services (14219 and 14220), a patient must meet the following criteria:

- Have previously received an initial service under item 14217 and had a satisfactory clinical response to the service under item 14217 (which has been assessed by a validated major depressive disorder tool); and
- Relapsed after the initial service; and
- There is an interval of at least 4 months since receiving a service under item 14217.

Why are Medicare rebates not available for people who have previously received rTMS treatment, or for ongoing maintenance treatment?

Medicare rebates will be available for an initial course of treatment and one course of retreatment services over a patient's lifetime. MSAC supported the listing of rTMS for patients who have not previously received rTMS treatment. MSAC also considered the use of rTMS as a maintenance treatment for major depressive disorder. It found that, compared to rTMS initial treatment and retreatment courses, there was a limited evidence base for maintenance treatment. The Government followed MSAC's advice on the listing of rTMS on the MBS.

Which providers are eligible to provide rTMS services under the MBS?

These MBS services may only be provided by a psychiatrist, or health care professional on behalf of a psychiatrist, who has undertaken rTMS training.

The training requirements have been developed in conjunction with the Royal Australian and New Zealand College of Psychiatrists (RANZCP).

In the future, rTMS providers will need to have completed an rTMS training course endorsed by the RANZCP. Until this process is established, there will be an interim pathway for providers already trained in rTMS to use the MBS items.



'Grandparenting' of providers already trained in rTMS

From 1 November 2021, those providers who meet the RANZCP's 'grandparenting' criteria for rTMS will be eligible to use the MBS items.

Providers must meet at least one criterion under each of the following categories:

- 1. Demonstration of clinical practice in rTMS
- 2. Demonstration of involvement in continuing provision of education in rTMS
- 3. Demonstration of involvement in practice improvement in rTMS

Further information detailing the RANZCP's grandparenting criteria is available under Explanatory Note TN.1.28 on the MBS Online website at MBS Online and the RANZCP website. Providers should contact the RANZCP if they require clarification to determine if they meet the grandparenting criteria.

The grandparenting pathway is expected to be available for a period of up to 6 months (i.e. until 30 April 2022).

RANZCP-endorsed rTMS training

From 1 May 2022, all providers (other than those who have met the grandparenting requirements) will be required to undertake training through an RANZCP-endorsed rTMS training course in order to use the MBS items.

rTMS training providers will be required to apply to a subcommittee of the RANZCP's Committee for Continuining Professional Development (CCPD) to seek endorsement of training courses. Further information on the CCPD training endorsement criteria will be published on the MBS Online website and the RANZCP website.

Providers who have met the RANZCP's grandparenting criteria prior to 1 May 2022 will *not* be required to undertake additional training through an RANZCP-endorsed rTMS training course, but will be subject to any ongoing CPD requirements set by the RANZCP.

Does the rTMS service have to be provided by a psychiatrist?

All of the rTMS items must be claimed by a psychiatrist with training in rTMS.

Prescription and mapping services (14216 and 14219) must be performed by a psychiatrist.

Treatment services (14217 and 14220) can be performed by a psychiatrist, or a health care professional on behalf of the psychiatrist.

A health care professional may include a nurse practitioner, practice nurse or an allied health professional who is trained in the provision of rTMS treatment.



Will patients be eligible to claim a Medicare rebate for rTMS services both in and out of hospital?

Yes. While clinical advice indicates that the majority of rTMS services will not require hospital treatment and can be provided as out-of-hospital treatment (for example, in an rTMS clinic or in a psychiatrist's consultation room), there will be circumstances where some patients may require hospital treatment. Medicare rebates will apply in both circumstances for eligible patients.

Will Medicare eligible rTMS services also be eligible for private health insurance benefits?

The rTMS MBS items have a Type C private health insurance procedure classification. Type C procedures are those not normally requiring hospital treatment under the *Private Health Insurance* (*Benefit Requirements*) *Rules 2011* (the Rules). However, the Rules allow for hospital accommodation and other private health insurance benefits to be paid for Type C procedures if certification is provided.

The medical practitioner (psychiatrist) providing the professional service must certify in writing that, because of the medical condition of the patient or because of the special circumstances specified, it would be contrary to accepted medical practice to provide the procedure to the patient except as hospital treatment in a hospital.

To assist psychiatrists, the RANZCP and the Department will publish further guidance on the type of information required in a Type C certification. This guidance is currently being developed and will be available on the RANZCP and MBS Online websites soon.

Why are the changes being made?

The listing of rTMS on the MBS follows recommendations by the Medical Services Advisory Committee (MSAC) at its August and November 2019 meetings. MSAC is an independent, expert advisory group which provides advice to Government on whether new medical services should be publicly funded, based on an assessment of comparative safety, clinical effectiveness and cost-effectiveness, using the best available evidence. The Government followed MSAC's advice on the listing of rTMS on the MBS.

Further information regarding MSAC and the recommendation to list rTMS on the MBS can be found on MSAC's website at www.msac.gov.au under applications 1196.2 - Repetitive Transcranial Magnetic Stimulation (rTMS) for the treatment of depression (Resubmission) and 1196.3 - Repetitive Transcranial Magnetic Stimulation (rTMS) for the treatment of depression (Resubmission).

Who was consulted on the changes?

The Department has consulted with the RANZCP on the introduction of these new items to the MBS. The Department has also consulted with the private health insurance and private hospital sectors on the private health insurance procedure classification.



How will the changes be monitored and reviewed?

These items will be subject to MBS compliance processes and activities, including audits, which may require a provider to submit evidence about the services claimed and the training they, and their staff, have undertaken in rTMS.

Where can I find more information?

The full item descriptors and information on other changes to the MBS are available on the MBS Online website at MBS Online. You can also subscribe to future MBS updates by visiting MBS Online and clicking 'Subscribe' at the bottom of the page.

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 and associated regulations. If you have a query relating exclusively to interpretation of the Schedule, you can email <u>askMBS</u>.

Subscribe to 'News for Health Professionals' on the Services Australia 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 Services Australia website or contact Services Australia on the Provider Enquiry Line – 13 21 50.

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.