



## MBS Review recommendations: Neurology services

Date of change: 1 November 2020

New items: 14234 14237

Amended items: 11003 11004 11005 11009

Deleted items: 11006 14230 14233 14236 14239 14242

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### Revised structure

- From 1 November 2020, Medicare Benefits Schedule (MBS) items for neurology services will change in order to simplify the MBS and support best practice. These changes are a result of the MBS Review Taskforce recommendations and consultation with stakeholders.
- The changes to neurology services will reflect contemporary practice, encourage high value care and promote high quality testing.
- These changes are relevant to all specialists involved in the claiming of and performance in association with neurology services, consumers claiming these services, private health insurers and private hospitals.
- The revised structure contains four amended items and two new items, and deletes six items.
- A number of items will simplify the MBS by consolidating items into a single MBS item for a complete medical services.
- 2 new explanatory notes, **DN.1.24**, and **DN.1.32**, have been created to better guide practitioners in the appropriate use of item 11000, and items 11012, 11015 and 11018, respectively.
- Billing practices from 1 November 2020 will need to be adjusted to reflect these changes.

### Patient impacts

- Patients will receive Medicare rebates for neurology services that are clinically appropriate and reflect modern clinical practice. Patients will also benefit from changes that: simplify the MBS and make it easier to use and understand; and address concerns regarding patient safety and quality of care.



## Restrictions or requirements

Providers will need to familiarise themselves with the changes to neurology MBS items and any associated rules and/or explanatory notes. Providers have a responsibility to ensure that any services they bill to Medicare fully meet eligibility requirements outlined in the legislation.

### Item 11000 (Electroencephalography)

- A new explanatory note **DN.1.24** has been created and applied to specify that this EEG item should not be used for the listed low-value indications, unless first discussed with a neurologist.
- This item includes a co-claiming restriction with items 11003 and 11009.

### Items 11003, 11004 and 11005 (Electroencephalography)

- Item descriptors have been amended to indicate requirement for multi-channel recording using standard International Federation of Clinical Neurophysiology 10-20 electrode placement, (except for item 11003 when EEG is used during neurosurgical procedures).
- These items cannot be co-claimed with each other or with item 11000. Only one EEG item can be claimed.

### Items 11012, 11015, and 11018 (Neuromuscular electrodiagnosis)

- A new explanatory note **DN.1.32** has been created and applied to these items to discourage use in low-value situations.
- These items can not be co-claimed with each other.

### New items 14234 and 14237 (Infusion pump),

- New items for the removal or replacement of any infusion pump component (14234) and the implantation of any infusion pump component (14237).
- New item 14234 consolidates deleted items 14230, 14233 and 14239.
- New item 14237 consolidates deleted items 14236 and 14242.
- This restructure simplifies the MBS to have single items for each of the major infusion pump and component procedures: implantation (new item 14237), removal or replacement (new item 14234), and refilling (existing item 14227).



## *D1 - Miscellaneous Diagnostic Procedures And Investigations*

### New explanatory note DN.1.24 - Electroencephalography- Item 11000

**Overview:** New explanatory note DN.1.24 created for item 11000 - ELECTROENCEPHALOGRAPHY, to discourage low value item use.

**Explanatory Note DN.1.24:** Routine electroencephalography (EEG) should not be performed for the following indications/presentations, except after discussion with a Neurologist. In some of these situations a routine EEG is of relatively low diagnostic value, while in others it would be more appropriate to refer the patient directly for a prolonged EEG, or to a Neurologist for consultation and possible further investigation:

- Suspected Psychogenic Non-Epileptic Seizures (PNES)
- Syncope
- Exclusion of a mass lesion
- Headache & migraine
- Behavioural disturbance/aggression
- Tics
- Postural dizziness
- Non-specific fatigue
- Intellectual impairment
- Paediatric simple febrile seizures
- Breath-holding spells
- Attention Deficit Disorder/Attention Deficit Hyperactivity Disorder (ADD/ADHD)



## Amended item 11003 – Electroencephalography

**Overview:** Item descriptor amended to require electrode number and placement in line with standard from International Federation of Clinical Neurophysiology.

**Item Descriptor:**

ELECTROENCEPHALOGRAPHY, prolonged recording lasting at least 3 hours, that requires multi channel recording using:

(a) for a service not associated with a service to which an item in Group T8 applies—standard 10-20 electrode placement; or

(b) for a service associated with a service to which an item in Group T8 applies—either standard 10-20 electrode placement or a different electrode placement and number of recorded channels;

other than a service:

(c) associated with a service to which item 11000, 11004 or 11005 applies; or

(d) involving quantitative topographic mapping using neurometrics or similar devices.

**MBS Fee:** \$335.85

**Benefit:** 75% = \$251.90    85% = \$285.50

## Amended item 11004 – Electroencephalography

**Overview:** Item descriptor amended to require electrode number and placement in line with standard from International Federation of Clinical Neurophysiology.

**Item Descriptor:**

ELECTROENCEPHALOGRAPHY, ambulatory or video, prolonged recording lasting at least 3 hours and up to 24 hours, that requires multi channel recording using standard 10-20 electrode placement, first day, other than a service:

(a) associated with a service to which item 11000, 11003 or 11005 applies; or

(b) involving quantitative topographic mapping using neurometrics or similar devices.

**MBS Fee:** \$335.85

**Benefit:** 75% = \$251.90    85% = \$285.50



## Amended item 11005 – Electroencephalography

**Overview:** Item descriptor amended to require electrode number and placement in line with standard from International Federation of Clinical Neurophysiology.

**Item Descriptor:**

ELECTROENCEPHALOGRAPHY, ambulatory or video, prolonged recording lasting at least 3 hours and up to 24 hours, that requires multi channel recording using standard 10-20 electrode placement, each day after the first day, other than a service:

- (a) associated with a service to which item 11000, 11003 or 11004 applies; or
- (b) involving quantitative topographic mapping using neurometrics or similar devices.

**MBS Fee:** \$335.85

**Benefit:** 75% = \$251.90    85% = \$285.50

## Deleted item 11006 – Electroencephalography, temporosphenoidal, not being a service involving quantitative topographic mapping using neurometrics or similar devices

Item obsolete.

## Amended item 11009 – Electrocorticography

**Overview:** Schedule fee increased to the level of item 11005. This item is a complex and long procedure which meaningfully improves patient outcomes.

**Item Descriptor:** ELECTROCORTICOGRAPHY

**MBS fee:** \$335.85

**Benefit:** 75% = \$251.90    85% = \$285.50



## New explanatory note DN.1.32 – Neuromuscular Electrodiagnosis (items 11012, 11015, 11018)

**Overview:** New explanatory note created to discourage use of items in low-value situations.

**Explanatory note:** Nerve conduction studies and/or EMG should not be used in the following indications/situations. In some of these situations these tests would be of relatively low diagnostic value, while in others it would be more appropriate to refer the patient for alternative investigations first (e.g. magnetic resonance imaging [MRI] in mild radiculopathy).

- Muscle pain in the absence of other abnormalities on examination or laboratory testing
- A four limb needle EMG/nerve conduction study for neck and back pain after trauma
- EMG for low back pain without leg pain or sciatica.

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## *T1 - Miscellaneous Therapeutic Procedures*

**Deleted item 14230 – Intrathecal or epidural spinal catheter insertion or replacement of, for connection to a subcutaneous implanted infusion pump, for the management of severe chronic spasticity with baclofen**

Services previously claimed under this item are expected to be claimed under new item 14234.

**Deleted item 14233 – Infusion pump, subcutaneous implantation or replacement of, and connection to intrathecal or epidural catheter, and loading of reservoir with baclofen, with or without programming of the pump, for the management of severe chronic spasticity**

Services previously claimed under this item are expected to be claimed under new item 14234.



## New item 14234 – Infusion Pump

**Overview:** New item created for the removal or replacement of an infusion pump or components of an infusion pump. Consolidate deleted items 14230, 14233 and 14239. This restructure simplifies the MBS to have single items for each of the major infusion pump and component procedures: implantation, removal or replacement, and refilling.

**Item Descriptor:** Infusion pump or components of an infusion pump, removal or replacement of, and connection to intrathecal or epidural catheter, and loading of reservoir with baclofen, with or without programming of the pump, for the management of severe chronic spasticity.

**MBS fee:** \$373.20

**Benefit:** 75% = \$279.90

**Deleted item 14236 – Infusion pump, subcutaneous implantation of, and intrathecal or epidural spinal catheter insertion, and connection of pump to catheter and loading of reservoir with baclofen, with or without programming of the pump, for the management of severe chronic spasticity**

Services previously claimed under this item are expected to be claimed under new item 14237.

## New item 14237 – Infusion Pump

**Overview:** New item created for the implantation of an infusion pump or components of an infusion pump. Consolidates deleted items 14236 and 14242. This restructure simplifies the MBS to have single items for each of the major infusion pump and component procedures: implantation, removal or replacement, and refilling.

**Item Descriptor:** Infusion pump or components of an infusion pump, subcutaneous implantation of, and intrathecal or epidural spinal catheter insertion, and connection of pump to catheter, and loading of reservoir with baclofen, with or without programming of the pump, for the management of severe chronic spasticity.

**MBS fee:** \$680.55

**Benefit:** 75% = \$510.40



## **Deleted item 14239 – Removal of subcutaneously implanted infusion pump, or removal or repositioning of intrathecal or epidural spinal catheter, for the management of severe chronic spasticity**

Services previously claimed under this item are expected to be claimed under new item 14234.

## **Deleted item 14242 – Subcutaneous reservoir and spinal catheter, insertion of, for the management of severe chronic spasticity**

Services previously claimed under this item are expected to be claimed under new item 14237.

To view previous item descriptors and deleted items, visit MBS Online at [www.mbsonline.gov.au](http://www.mbsonline.gov.au), navigate to 'Downloads' and then select the relevant time period at the bottom of the page. The old items can then be viewed by downloading the MBS files published in the month before implementation of the changes

*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.*