# Listing of Repetitive Transcranial Magnetic Stimulation on the Medicare Benefits Schedule

Last updated: 21 May 2021

* From 1 November 2021, Repetitive Transcranial Magnetic Stimulaiton (rTMS) therapy will be listed on the Mediare Benefits Schedule (MBS) under items 14216, 14217, 14219 and 14220 for the treatment of major depressive disorder, based on a recommendation of the Medical Services Advisory Committee (MSAC).
* The listing of rTMS services on the MBS aligns with the Australian Government’s commitment to ensure Australians are able to access affordable healthcare that reflects contemporary clinical practice.

## What are the changes?

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

* The prescription of an initial course of rTMS treatment by a psychiatrist with appropriate training in rTMS;
* The delivery of an initial course of rTMS treatment of up to 35 sessions by a psychiatrist with appropriate training in rTMS;
* The prescription of a retreatment course of rTMS treatment by a psychiatrist with appropriate training in rTMS; and
* The delivery of a retreatment course of rTMS treatment of up to 15 sessions by a psychiatrist with appropriate training in rTMS.

Patients are eligible for rTMS treatment must fulfil the following criteria:

* Be an adult (≥18 years) diagnosed with major depressive episode;
* Have failed to receive satisfactory improvement in depression 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.

Previously, RTMS was not publically subsidised and patients wishing to undertake treatment were required to pay out of pocket.

## Why are the changes being made?

These changes were a result of recommendations by MSAC at their August and November 2019 meetings. MSAC appraises new medical services and provides advice to Government on whether they should be publicly funded based on an assessment of its comparative safety, clinical effectiveness and cost-effectiveness, using the best available evidence.

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 provides a non-invasive form of therapy compared to other forms of treatment, such as electroconvulsive therapy.

Further information regarding MSAC and the deciscion to list rTMS on the MBS can be found on MSAC’s Website at [www.msac.gov.au](http://www.msac.gov.au) under application [1196.3 - Repetitive Transcranial Magnetic Stimulation (rTMS) for the treatment of depression (Resubmission)](http://www.msac.gov.au/internet/msac/publishing.nsf/Content/1196.3-Public).

## What does this mean for providers?

## Providers with appropriate accreditation will be able to offer Medicare subsidised rTMS services to eligible patients to support the treatment of medication resistant major depressive disorder.

Providers affected by these changes will receive further information closer to the implementation date. Further details will also be available on [www.mbsonline.gov.au](http://www.mbsonline.gov.au) at that time.

## How will these changes affect patients?

Eligible patients will be able to receive an initial course of up to 35 rTMS treatment sessions subsidised on the MBS. In addition, if a patient has responded positively to the initial treatment course, but has subsequently relapsed, a retreatment course of up to 15 sessions will be available on the MBS.

The Medicare rebate will be available to patients who have not previously undertaken a course of rTMS treatment services. Medicare rebates will be available for one single course of treatment and one course of retreatment services over a patient’s lifetime.

## Who was consulted on the changes?

The Department of Health has listed these items on the MBS in consultation with the Royal Australian and New Zealand College of Psychiatrists (RANZCP) to provide clinician and consumer expertise.

The RANZCP was supportive of the listing of rTMS therapy on the MBS.

## How will the changes be monitored and reviewed?

The new items will be subject to MBS compliance processes and activities, including audits, which may require a provider to submit evidence about the services claimed.

The Department of Health will monitor the use of the new MBS items by eligible providers and the number of sessions used by patients. Use of the items that do not seem to be in accordance with the relevant Medicare guidelines will be actioned appropriately.

## 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 [MBS Online](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 and associated regulations. If you have a query relating exclusively to interpretation of the Schedule, you should email askMBS.

Subscribe to ‘[News for Health Professionals](https://www.humanservices.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 20 January 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.