



New MBS item for proton beam dosimetry and proton-photon comparative plan reporting, for proton beam therapy via the Medical Treatment Overseas Program

Last updated: 30 June 2025

- On 1 July 2025, a new MBS item (15990) for proton beam dosimetry and proton-photon comparative plan reporting will be added to the Medicare Benefits Schedule (MBS) for Proton Beam Therapy (PBT).
- This new item will apply to a service provided by radiation oncologists for assessing applications for PBT under the Medical Treatment Overseas Program (MTOP).
- The item will cover proton beam dosimetry and the preparation of a proton-photon comparative plan to assess eligibility for PBT via MTOP.

What are the changes?

Effective 1 July 2025, there will be a new MBS item for PBT for proton beam dosimetry and comparative proton-photon planning to assess eligibility for PBT under MTOP.

MBS item 15990 will be listed under Group T2, Category 3 – Therapeutic Procedures under [Health Insurance \(Section 3C General Medical Services - Proton-Photon Comparison Plan\) Determination 2025](#).

This item cannot be used to support proton-photon comparison planning for patients who will not be eligible for MTOP treatment. Cases that are considered palliative, experimental, or part of a clinical trial are not eligible for financial assistance under MTOP. Information about MTOP eligibility can be found at [Medical Treatment Overseas Program | Australian Government Department of Health, Disability and Ageing](#).

Why are the changes being made?

This service was recommended for listing on the MBS by the Medical Services Advisory Committee (MSAC) Executive in December 2024.

What does this mean for providers?

MBS item 15990 will be implemented on 1 July 2025, and retrospectively from 1 July 2024, so that unclaimed services delivered between 1 July 2024 and 1 July 2025 can be claimed.

As outlined in the item descriptor MBS item 15990 must be bulk-billed.

How will these changes affect patients?

The introduction of MBS item 15990 will ensure that patients will continue to have the opportunity to be assessed for PBT treatment overseas via MTOP.

Who was consulted on the changes?

Consultation on the new MBS item 15990 has occurred with:

- The Royal Australian and New Zealand College of Radiologists
- The Australian Bragg Centre for Proton Therapy
- The MSAC Executive

How will the changes be monitored and reviewed?

Providers are responsible for ensuring Medicare services claimed using their provider number meet all legislative requirements.

All Medicare claiming is subject to compliance checks and providers may be required to submit evidence about the services they bill.

More information about the Department of Health, Disability and Ageing's (the department's) compliance program can be found on its website at [Medicare compliance](#).

The department will monitor the use and impact of the new item from the date of implementation as required.

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](#). You can also subscribe to future MBS updates by visiting '[Subscribe to the MBS](#)' on the MBS Online website.

Providers seeking advice on interpretation of MBS items, explanatory notes and associated legislation can use the department's email advice service by emailing askMBS@health.gov.au.

Private health insurance information on the product tier arrangements is available at www.privatehealth.gov.au. Detailed information on the MBS item listing within clinical categories is available on the [department's website](#). Private health insurance minimum accommodation benefits information, including MBS item accommodation classification, is available in the latest version of the *Private Health Insurance (Benefit Requirements) Rules 2011* found on the [Federal Register of Legislation](#). If you have a query in relation to private health insurance, you should email PHI@health.gov.au.

Subscribe to '[News for Health Professionals](#)' on the Services Australia website to receive regular news highlights.

If you are seeking advice about 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.

The data file for software vendors when available can be accessed via the [Downloads](#) page.

New item descriptors to take effect 1 July 2025

Category 3 - THERAPEUTIC PROCEDURES

Group T2 – Radiation Oncology

Subgroup 15 – Proton Beam Therapy

Item 15990

Proton beam dosimetry, and proton-photon comparative plan reporting, to assess eligibility for proton beam therapy via the Medical Treatment Overseas Program if:

- (a) proton planning is required to calculate dose to single or multiple-target structures and requires a dose-volume histogram to complete the planning process; and
- (b) the proton planning process optimises the differential between target dose, organs at risk, and normal tissue dose, based on review and assessment by a radiation oncologist; and
- (c) all relevant gross tumour volumes, clinical target volumes and organs at risk are rendered as volumes and nominated with planning dose objectives; and
- (d) organs at risk are nominated as planning dose constraints; and
- (e) dose calculations and dose-volume histograms are generated in an inverse planned process, using a specialised calculation algorithm, with prescription and plan details approved and recorded with the plan; and
- (f) a three-dimensional or four-dimensional image volume dataset is used for the relevant region to be planned and verified; and
- (g) the final proton dosimetry plan is:
 - (i) validated by both the appropriately qualified radiation therapist and medical physicist, using robust quality assurance processes; and
 - (ii) approved by the radiation oncologist, ensuring the plan is clinically realistic and assessed to be robust to expected uncertainties encountered in proton beam therapy; and
- (h) a proton-photon comparative plan report is generated; and
- (i) the service is bulk-billed

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 factsheet is current as of the Last updated date shown above and does not account for MBS changes since that date.