Australian Government
Department of Health and Aged Care

Updates to the Medicare Benefits Schedule for radiation therapy items from 1 November 2024

Last updated: 5 November 2024

- On 1 November 2024, minor amendments to the Medicare Benefits Schedule (MBS) for radiation therapy items were implemented.
- The amendments clarify and correct issues which arose following implementation of the radiation therapy MBS Review changes on 1 July 2024.
- The amendments may require updates to billing software used by radiation therapy practices.

What are the changes?

Effective 1 November 2024, the following changes were made to radiation therapy MBS items:

1. References to specific technology have been removed from megavoltage items 15906 and 15908. The references are considered a clinical guide only, which overly restricts claiming to treatment using specific technology ('multi-leaf collimation').
2. Applicability phrases have been removed from some megavoltage items (non-stereotactic) to allow bi-daily treatments:
    - "Applicable once per plan per day" has been removed from items 15930-15940 and 15946; and
    - "Applicable once per day" has been removed from items 15942, 15944 and 15948.
3. Kilovoltage item descriptors for 15952 and 15954 have been amended so that:
    - Item 15952 would be billed when one site only is being treated at the attendance; and
    - Treatment to 2 or more sites during the same attendance should be billed as follows:
        - Item 15952 for the first site, and
        - Item 15954 for each subsequent site rebated at the flat fee of $22.00 per site.
4. The words "to treat intracavitary, intraoral or intranasal site," has been removed from brachytherapy item 15960 to allow surface mould construction for treatment to the surface of the body.
5. The applicability phrase "Applicable once per course of treatment" has been removed from the descriptors of brachytherapy items 15970-15980 to clarify the applicability of the item during the one attendance, including:
    (a) insertion of the applicator
    (b) simulation and dosimetry
    (c) treatment

(d) verification

(e) re-planning, if required

6. Removal of references to specific megavoltage planning item numbers in corresponding replanning and treatment items. Megavoltage treatment items 15938, 15940, and 15944, and replanning items 15912, 15916, and 15922 will be modified to include the words “to implement a plan at a level that is equivalent to or higher than that described in”.

For private health insurance purposes, all radiation therapy items will continue to be listed under the following clinical category and procedure type:

- Clinical category: Chemotherapy, radiotherapy and immunotherapy
- Procedure type: Type C Procedures

What does this mean for providers?

The amendments provide clarity to the MBS items (recently restructured on 1 July 2024) to support appropriate MBS billing.

How will these changes affect patients?

Patients will not be affected by these amendments and will have continued access to clinically relevant services.

Medicare benefits for radiation therapy services will be more appropriately aligned with the level of complexity involved in delivering services to patients.

Who was consulted on the changes?

Following implementation of the radiation MBS Review changes on 1 July 2024, consultation occurred with the radiation therapy sector, including the Royal Australian and New Zealand College of Radiologists (RANZCR), and individual providers.

How will the changes be monitored and reviewed?

Providers are responsible for ensuring services claimed from Medicare 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 and Aged Care’s compliance program can be found on its website at Medicare compliance.

The changes are also subject to the MBS continuous review process, which ensures the MBS continues to support high-quality care, remains flexible, and stays up to date. To support this, the Department of Health and Aged Care will monitor the use and impact of the new schedule to inform a post-implementation review.

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.

The Department of Health and Aged Care provides an email advice service for providers seeking advice on interpretation of the MBS items and rules and the *Health Insurance Act 1973* and associated regulations. If you have a query relating exclusively to interpretation of the Schedule, you should email 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 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 the 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.

Amended item descriptors (effective 1 November 2024)

Category 3 – Therapeutic procedures

Group T2 – Radiation oncology

Subgroup 2 – Megavoltage

15906

Megavoltage planning—level 2.1

Three-dimensional radiation therapy simulation and dosimetry for treatment planning, without motion management, if:

(a) all of the following apply in relation to the simulation:

(i) treatment set-up and technique specifications are in preparation for three-dimensional planning without consideration of motion management;

(ii) patient set-up and immobilisation techniques are reproducible for treatment;

(iii) a high-quality dataset is acquired in treatment position for the relevant region of interest to be planned and treated with image verification; and

(b) all of the following apply in relation to the dosimetry:

(i) the three-dimensional planning process is required to calculate dose to three-dimensional volume structures and requires a dose-volume histogram to complete the planning process;

(ii) based on review and assessment by a radiation oncologist, the three-dimensional planning process ~~**(which must include multi-leaf collimator-based shaping to achieve target dose conformity and organs at risk avoidance or dose management or reduction)**~~ is required to optimise the differential between target dose and normal tissue dose;

(iii) the planning target volume is rendered as a three-dimensional structure on planning outputs (three-dimensional plan review, three-planar sections review or dose-volume histogram);

(iv) organs at risk are delineated, and assessment of dose to these structures is derived from calculation and inclusion in a dose-volume histogram

Applicable once per course of treatment

MBS Fee: $1,638.70

Benefit: 75% = $1,229.05 85% = $1,392.90

Private Health Insurance Classification:

- Clinical category: Chemotherapy, radiotherapy and immunotherapy
- Procedure type: Type C Procedures

15908

Megavoltage planning—level 2.2

Three-dimensional radiation therapy simulation and dosimetry for treatment planning with motion management, if:

(a) all of the following apply in relation to the simulation:

(i) treatment set-up and technique specifications are in preparation for complex three-dimensional planning with consideration of motion management;

(ii) patient set-up and immobilisation techniques are reproducible for treatment;

(iii) a high-quality three-dimensional or four-dimensional image volume dataset is acquired in treatment position for the relevant region of interest to be planned and treated with image verification; and

(b) all of the following apply in relation to the dosimetry:

(i) the three-dimensional planning process is required to calculate dose to three-dimensional volume structures (which must include structures moving with physiologic processes) and requires a dose-volume histogram to complete the planning process;

(ii) based on review and assessment by a radiation oncologist, the three-dimensional planning process ~~**(which must include multi-leaf collimator-based shaping to achieve target dose conformity and organs at risk avoidance or dose management or reduction)**~~ is required to optimise the differential between target dose and normal tissue dose;

(iii) the planning target volume is rendered as a three-dimensional structure on planning outputs (three-dimensional plan review, three-planar sections review or dose-volume histogram);

(iv) organs at risk are delineated, and assessment of dose to these structures is derived from full calculation and inclusion in a dose-volume histogram

Applicable once per course of treatment

MBS Fee: $2,649.25

Benefit: 75% = $1,986.95 85% = $2,251.90

Private Health Insurance Classification:

- Clinical category: Chemotherapy, radiotherapy and immunotherapy
- Procedure type: Type C Procedures

15912

Megavoltage re-planning—level 3.1

Additional dosimetry plan for re-planning of standard intensity modulated radiation therapy (IMRT) treatment, if:

(a) an initial treatment plan **at a level that is equivalent to or higher than that** described in item 15910 has been prepared; and

(b) treatment adjustments to the initial plan are inadequate to satisfy treatment protocol requirements

Applicable once per course of treatment

MBS Fee: $2,071.35

Benefit: 75% = $1,553.55 85% = $1,760.65

Private Health Insurance Classification:

- Clinical category: Chemotherapy, radiotherapy and immunotherapy
- Procedure type: Type C Procedures

15916

Megavoltage re-planning—level 3.2

Additional dosimetry plan for re-planning of complex intensity modulated radiation therapy (IMRT) treatment, if:

(a) an initial treatment plan **at a level that is equivalent to or higher than that** described in item 15914 has been prepared; and

(b) treatment adjustments to the initial plan are inadequate to satisfy treatment protocol requirements

Applicable once per course of treatment

MBS Fee: $2,976.95

Benefit: 75% = $2,232.75 85% = $2,530.45

Private Health Insurance Classification:

- Clinical category: Chemotherapy, radiotherapy and immunotherapy
- Procedure type: Type C Procedures

15922

Megavoltage re-planning—level 4

Additional dosimetry plan for re-planning of intracranial stereotactic radiation therapy (SRT) or stereotactic body radiation therapy (SBRT) treatment, if:

(a) an initial treatment plan **at a level that is equivalent to or higher than that** described in item 15918 or 15920 has been prepared; and

(b) treatment adjustments to the initial plan are inadequate to satisfy treatment protocol requirements

Applicable once per course of treatment

MBS Fee: $3,338.05

Benefit: 75% = $2,503.55 85% = $2,837.35

Private Health Insurance Classification:

- Clinical category: Chemotherapy, radiotherapy and immunotherapy
- Procedure type: Type C Procedures

15930

Megavoltage treatment—level 1.1

Radiation therapy for simple, single-field treatment (including electron beam treatments), if:

(a) the treatment does not use imaging for field setting; and

(b) the treatment is delivered using a device that is included in the Australian Register of Therapeutic Goods; and

(c) the treatment is delivered with a one-dimensional plan; and

(d) a two-dimensional single-field treatment delivery mode is utilised

~~**Applicable once per plan per day**~~

MBS Fee: $91.25

Benefit: 75% = $68.45 85% = $77.60

Private Health Insurance Classification:

- Clinical category: Chemotherapy, radiotherapy and immunotherapy
- Procedure type: Type C Procedures

15932

Megavoltage treatment—level 1.2

Radiation therapy and image verification for simple treatment, with imaging for field setting, if:

(a) the treatment is delivered using a device that is included in the Australian Register of Therapeutic Goods; and

(b) image-guided radiation therapy (IGRT) imaging is used to implement a two-dimensional plan, and

(c) two-dimensional treatment is delivered; and

(d) image verification decisions and actions are documented in the patient's record

~~**Applicable once per plan per day**~~

MBS Fee: $113.65

Benefit: 75% = $85.25 85% = $96.65

Private Health Insurance Classification:

- Clinical category: Chemotherapy, radiotherapy and immunotherapy
- Procedure type: Type C Procedures

15934

Megavoltage treatment—level 2.1

Radiation therapy and image verification for three-dimensional treatment, without motion management, if:

(a) the treatment is delivered using a device that is included in the Australian Register of Therapeutic Goods; and

(b) image-guided radiation therapy (IGRT) imaging is used to implement a standard three-dimensional plan; and

(c) three-dimensional treatment is delivered; and

(d) image verification decisions and actions are documented in the patient's record

~~**Applicable once per plan per day**~~

MBS Fee: $255.95

Benefit: 75% = $192.00 85% = $217.60

Private Health Insurance Classification:

- Clinical category: Chemotherapy, radiotherapy and immunotherapy
- Procedure type: Type C Procedures

15936

Megavoltage treatment—level 2.2

Radiation therapy and image verification for three-dimensional treatment, if:

(a) the treatment is delivered using a device that is included in the Australian Register of Therapeutic Goods; and

(b) image-guided radiation therapy (IGRT) imaging is used to implement a complex three-dimensional plan; and

(c) complex three-dimensional treatment is delivered with management of motion; and

(d) image decisions and actions are documented in the patient's record

~~**Applicable once per plan per day**~~

MBS Fee: $278.40

Benefit: 75% = $208.80 85% = $236.65

Private Health Insurance Classification:

- Clinical category: Chemotherapy, radiotherapy and immunotherapy
- Procedure type: Type C Procedures

15938

Megavoltage treatment—level 3.1

Standard single-dose level intensity modulated radiation therapy (IMRT) treatment and image verification, without motion management, if:

(a) the treatment is delivered using a device that is included in the Australian Register of Therapeutic Goods; and

(b) image-guided radiation therapy (IGRT) imaging is used to implement a standard IMRT plan **at a level that is equivalent to or higher than that** described in item 15910

~~**Applicable once per plan per day**~~

MBS Fee: $278.40

Benefit: 75% = $208.80 85% = $236.65

Private Health Insurance Classification:

- Clinical category: Chemotherapy, radiotherapy and immunotherapy
- Procedure type: Type C Procedures

15940

Megavoltage treatment—level 3.2

Complex multiple-dose level intensity modulated radiation therapy (IMRT) treatment, or single-dose level IMRT treatment requiring motion management, and image verification, if:

(a) the treatment is delivered using a device that is included in the Australian Register of Therapeutic Goods; and

(b) image-guided radiation therapy (IGRT) imaging is used (with motion management functionality if required) to implement a complex IMRT plan **at a level that is equivalent to or higher than that** described in item 15914; and

(c) radiation field positioning requires accurate dose delivery to the target; and

(d) image decisions and actions are documented in the patient's record

~~**Applicable once per plan per day**~~

MBS Fee: $306.25

Benefit: 75% = $229.70 85% = $260.35

Private Health Insurance Classification:

- Clinical category: Chemotherapy, radiotherapy and immunotherapy
- Procedure type: Type C Procedures

15942

Megavoltage treatment—level 4

Intracranial stereotactic radiation therapy treatment and image verification, if:

(a) the treatment is delivered using a device that is included in the Australian Register of Therapeutic Goods; and

(b) image-guided radiation therapy (IGRT) or minimally invasive stereotactic frame localisation is used to implement an intracranial stereotactic treatment plan at a level that is equivalent to or higher than that described in item 15918; and

(c) radiation field positioning requires accurate dose delivery to the target; and

(d) image decisions and actions are documented in the patient's record

~~**Applicable once per day**~~

MBS Fee: $789.35

Benefit: 75% = $592.05 85% = $670.95

Private Health Insurance Classification:

- Clinical category: Chemotherapy, radiotherapy and immunotherapy
- Procedure type: Type C Procedures

15944

Megavoltage treatment—level 4

Stereotactic body radiation therapy (SBRT) treatment and image verification, if:

(a) the treatment is delivered using a device that is included in the Australian Register of Therapeutic Goods; and

(b) image-guided radiation therapy (IGRT) is used (with motion management functionality if required) to implement a stereotactic body radiation therapy plan at a level that is equivalent to or higher than that described in item 15920; and

(c) radiation field positioning requires accurate dose delivery to the target; and

(d) image decisions and actions are documented in the patient's record

~~**Applicable once per day**~~

MBS Fee: $789.35

Benefit: 75% = $592.05 85% = $670.95

Private Health Insurance Classification:

- Clinical category: Chemotherapy, radiotherapy and immunotherapy
- Procedure type: Type C Procedures

15946

Megavoltage treatment—level 5

Specialised radiation therapy treatment and verification, if:

(a) the treatment is delivered using a device that is included in the Australian Register of Therapeutic Goods; and

(b) a specialised technique is used with general anaesthetic or sedation supervised by an anaesthetist

~~**Applicable once per plan per day**~~

MBS Fee: $907.75

Benefit: 75% = $680.85 85% = $771.60

Private Health Insurance Classification:

- Clinical category: Chemotherapy, radiotherapy and immunotherapy
- Procedure type: Type C Procedures

15948

Megavoltage treatment—level 5

Specialised radiation therapy treatment and verification, if:

(a) the treatment is delivered using a device that is included in the Australian Register of Therapeutic Goods; and

(b) a specialised technique, such as total skin electron therapy (TSE) or total body irradiation (TBI), is used to implement a treatment plan described in item 15926; and

(c) image-guided radiation therapy (IGRT) is used (with motion management functionality, if required) to implement:

(i) three-dimensional radiation therapy; or

(ii) intensity modulated radiation therapy (IMRT) (including multiple non-coplanar, rotational or fixed beam treatment); or

(iii) total skin electrons (TSE) where there is individualised treatment

~~**Applicable once per day**~~

MBS Fee: $907.75

Benefit: 75% = $680.85 85% = $771.60

Private Health Insurance Classification:

- Clinical category: Chemotherapy, radiotherapy and immunotherapy
- Procedure type: Type C Procedures

Category 3 – Therapeutic procedures

Group T2 – Radiation oncology

Subgroup 3 – Kilovoltage

15952

Delivery of kilovoltage radiation therapy (50 kV to 500 kV range) to one anatomical site (excluding orbital structures where there is placement of an internal eye shield)~~**, other than a service to which item 15954 applies**~~

MBS Fee: $54.85

Benefit: 75% = $41.15 85% = $46.65

Private Health Insurance Classification:

- Clinical category: Chemotherapy, radiotherapy and immunotherapy
- Procedure type: Type C Procedures

15954

Delivery of kilovoltage radiation therapy (50 kV to 500 kV range) to **~~2 or more~~ each additional** anatomical site**~~s~~ following delivery to one anatomical site treated under item 15952** (excluding orbital structures where there is placement of an internal eye shield)

MBS Fee: $22.00

Benefit: 75% = $16.50 85% = $18.70

Private Health Insurance Classification:

- Clinical category: Chemotherapy, radiotherapy and immunotherapy
- Procedure type: Type C Procedures

Category 3 – Therapeutic procedures

Group T2 – Radiation oncology

Subgroup 4 – Brachytherapy

15960

Complex construction and manufacture of a personalised brachytherapy applicator or mould, derived from three-dimensional image volume datasets**, ~~to treat intracavitary, intraoral or intranasal site,~~** including the removal of applicators, catheters or needles

MBS Fee: $146.80

Benefit: 75% = $110.10 85% = $124.80

Private Health Insurance Classification:

- Clinical category: Chemotherapy, radiotherapy and immunotherapy
- Procedure type: Type C Procedures

15970

Simple level dosimetry for brachytherapy plans prescribed to surface or depth from catheter and library plans, if:

(a) the planning process is required to deliver a prescribed dose to a three-dimensional volume, and relative to a single line or multiple channel delivery applicator; and

(b) the planning process does not require the differential of dose between the target, organs at risk and normal tissue dose; and

(c) delineation of structures is not required; and

(d) dose calculations are performed in reference to the surface or a point at depth (two-dimensional plan) from tables, charts or data from a treatment planning system library plan

~~**Applicable once per course of treatment**~~

MBS Fee: $138.35

Benefit: 75% = $103.80 85% = $117.60

Private Health Insurance Classification:

- Clinical category: Chemotherapy, radiotherapy and immunotherapy
- Procedure type: Type C Procedures

15972

Simple level dosimetry re-planning of an initial brachytherapy plan described in item 15970 if treatment adjustments to that initial plan are inadequate to satisfy treatment protocol requirements

~~**Applicable once per course of treatment**~~

MBS Fee: $69.20

Benefit: 75% = $51.90 85% = $58.85

Private Health Insurance Classification:

- Clinical category: Chemotherapy, radiotherapy and immunotherapy
- Procedure type: Type C Procedures

15974

Intermediate level dosimetry calculated on a volumetric dataset for intracavitary or intraluminal or endocavity applicators, for brachytherapy plans that have three-dimensional image datasets acquired as part of simulation, if:

(a) the planning process is required to deliver the prescribed dose to a three-dimensional volume, and relative to multiple line for channel delivery applicators (excluding interstitial catheters and needles and multi-catheter devices); and

(b) based on review and assessment by a radiation oncologist, the planning process requires the differential of dose between target, organs at risk and normal tissue dose using avoidance strategies (which include placement of sources and/or dwell-times or tissue packing); and

(c) delineation of structures is required as part of the planning process to produce a dose-volume histogram integral to the avoidance strategies; and

(d) dose calculations are performed on a personalised basis, which must include three-dimensional dose calculation to target and organ-at-risk volumes; and

(e) dose calculations and the dose-volume histogram are approved and recorded with the plan

~~**Applicable once per course of treatment**~~

MBS Fee: $927.75

Benefit: 75% = $695.85 85% = $788.60

Private Health Insurance Classification:

- Clinical category: Chemotherapy, radiotherapy and immunotherapy
- Procedure type: Type C Procedures

15976

Intermediate level dosimetry re-planning of an initial brachytherapy plan described in item 15974 if treatment adjustments to that initial plan are inadequate to satisfy treatment protocol requirements

~~**Applicable once per course of treatment**~~

MBS Fee: $463.90

Benefit: 75% = $347.95 85% = $394.35

Private Health Insurance Classification:

- Clinical category: Chemotherapy, radiotherapy and immunotherapy
- Procedure type: Type C Procedures

15978

Complex level dosimetry for brachytherapy plans that contain multiple needles, catheters or radiation sources, calculated on the three-dimensional volumetric dataset, if:

(a) the planning process is required to deliver a prescribed dose to a target volume relative to multiple channel delivery applicators, needles or catheters or radiation sources; and

(b) based on review and assessment by a radiation oncologist, the planning process requires the differential of doses between the target, organs at risk and normal tissue dose using avoidance strategies (which include the placement of sources and/or dwell times or tissue packing; and

(c) delineation of structures is required as part of the planning process, in order to produce a dose-volume histogram to review and assess the plan; and

(d) dose calculations are performed on a personalised basis, which must include three-dimensional dose calculation to target and organ at risk volumes; and

(e) dose calculations and the dose-volume histogram are approved and recorded with the plan

~~**Applicable once per course of treatment**~~

MBS Fee: $1,078.10

Benefit: 75% = $808.60 85% = $916.40

Private Health Insurance Classification:

- Clinical category: Chemotherapy, radiotherapy and immunotherapy
- Procedure type: Type C Procedures

15980

Complex level dosimetry re-planning of an initial brachytherapy plan described in item 15978 if treatment adjustments to the initial plan are inadequate to satisfy treatment protocol requirements

~~**Applicable once per course of treatment**~~

MBS Fee: $539.10

Benefit: 75% = $404.35 85% = $458.25

Private Health Insurance Classification:

- Clinical category: Chemotherapy, radiotherapy and immunotherapy
- Procedure type: Type C Procedures

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.