

Explanatory Note for Repetitive Transcranial Magnetic Stimulation (rTMS) Medicare Benefits Schedule (MBS) items

TN.1.28– Repetitive Transcranial Magnetic Stimulation (rTMS) therapy items (14216, 14217, 14219 and 14220)

- Item 14216 is for the prescription and treatment mapping of an initial course of repetitive transcranial magnetic stimulation (rTMS) treatment by a psychiatrist with appropriate training in rTMS.
- Item 14217 is for the delivery of an initial course of rTMS treatment of up to 35 sessions provided by, or on behalf of, a psychiatrist with appropriate training in rTMS.
- Item 14219 is for the prescription and mapping of a retreatment course of rTMS treatment by a psychiatrist with appropriate training in rTMS.
- Item 14220 is for the delivery of a retreatment course of rTMS treatment of up to 15 sessions provided by, or on behalf of, a psychiatrist with appropriate training in rTMS.

A patient should not access item 14216 unless treatment has been recommended by a general practitioner or a psychiatrist. Where there is an existing therapeutic relationship between the patient and the rTMS-trained psychiatrist, no additional referral is required.

Where can rTMS services be provided?

While clinical advice indicates that the majority of rTMS services will not require hospital treatment and can be provided on an outpatient basis or in consultation rooms, there will be circumstances where some patients may require hospital treatment. Medicare rebates will apply in both circumstances for eligible patients.

However, where rTMS treatment is to be provided as part of hospital treatment (i.e. as an inpatient), the psychiatrist will need to provide written certification that hospital treatment is required for the patient in order for hospital accommodation and other private health insurance benefits to be paid. This is an important requirement under the *Private Health Insurance (Benefit Requirements) Rules 2011* (the Rules).

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 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.

Patient Eligibility

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.

Practitioners should have regard to the relevant diagnostic criteria set out in the International Statistical Classification of Diseases and Related Health Problems – 11th Revision (ICD-11) and the Diagnostic and Statistical Manual of the American Psychiatric Association – Fifth Edition (DSM-5). Major Depressive Disorder is defined as an episode of depression that lasts at least two weeks with marked impairment.

Eligibility for item 14216 requires trialling of each antidepressant medication at the recommended therapeutic dose for a minimum of 3 weeks. While this is the minimum period required, practitioners should have regard to the RANZCP's clinical guidance, noting trialling of each antidepressant medication at the recommended therapeutic dose for a minimum of 4 weeks (with no response) and 6-8 weeks (where there has been a partial response).

Practice should further be guided by the [RANZCP Professional Practice Guidelines for the administration of repetitive transcranial magnetic stimulation.](#)

Provider Eligibility and Training Requirements

Providers who can use these items

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

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.

Training requirements

The training requirements have been developed in conjunction with the 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 'grandparenting' pathway for providers already trained in rTMS to use the MBS items. The grandparenting pathway is expected to be available for a period of up to 6 months (i.e. until 30 April 2022).

'Grandparenting' of providers already trained in rTMS

From 1 November 2021, those providers who meet the RANZCP's 'grandparenting' criteria for rTMS are considered to have met the training requirements and will be eligible to use the MBS items. Providers should contact the RANZCP if they require clarification to determine if they meet the grandparenting criteria.

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

1. Demonstration of clinical practice in rTMS

- i) Evidence of clinical practice of rTMS for at least 12 months in Australia.
 - Examples of evidence: verification of being credentialed in rTMS at an institution for more than 12 months, letter from an organisation's clinical director/manager/CEO confirming 12 months of clinical practice in rTMS.
- ii) Evidence of certification from at least one credentialed rTMS practitioner.
 - Example of evidence: letter from a credentialed rTMS practitioner at the organisation attesting to the psychiatrist's clinical competence in rTMS.

- iii) Evidence of writing or reviewing rTMS policy, protocol or guidelines for rTMS services.
- Examples of evidence: Copies of policies indicating the psychiatrist's involvement in authorship, minutes of meetings where policy, protocol or guidelines were developed indicating the psychiatrist's attendance and participation.

2. Demonstration of involvement in provision of continuing education in rTMS

- i) Evidence of presenting teaching sessions/seminars/lectures on rTMS.
- Example of evidence: copies of teaching session program indicating the course, the topic given by the psychiatrist as presenter and the nature of the audience.
- ii) Evidence of formal presentation to an academic meeting or conference about rTMS.
- Example of evidence: copy of academic/conference program indicating the nature of the conference, the topic given by the psychiatrist as presented and the nature of the audience.
- iii) Evidence of providing supervision to junior staff about their management of patients receiving rTMS.
- Example of evidence: letter from the Director of Training confirming involvement in supervision of rTMS to junior medical staff.
- iv) Evidence of having attended/participated in workshops, seminars, clinical updates of at least 90 minutes total duration, within the last 12 months.
- Examples of evidence: registration in enrolment in seminar/workshop, a certificate of attendance/participation.

3. Demonstration of involvement in practice improvement in rTMS

- i) Evidence of involvement in providing second opinions to colleagues about the role rTMS for patients.
- Examples of evidence: letter from a psychiatrist providing a second opinion confirming rTMS as an appropriate treatment for a patient, copy of referral letter from psychiatrist and letter back to referring psychiatrist.
- ii) Evidence of involvement in rTMS clinical research.
- Example of evidence: letter from a lead researcher in rTMS research outlining the psychiatrist's involvement in that research.
- iii) Peer reviewed publications relevant to clinical applications of rTMS in psychiatry.
- Example of evidence: copy(ies) of published articles on rTMS for which the psychiatrist was an author.

iv) Evidence of involvement in clinical audits/quality improvement (QI) activities about rTMS.

- Example of evidence: summary of the QI/audit activity with verification of psychiatrist's involvement from a colleague involved in the QI activity, a copy of any report/outcome generated by the audit/QI activity.

v) Involvement in a peer review group focusing on rTMS.

- Example of evidence: Summary of Peer Review Group activity, as required for the RANZCP CPD program.

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 Continuing 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 grandparenting criteria prior to 1 May 2022 will *not* be required to undertake additional training through a RANZCP-endorsed rTMS training course, but will be subject to any ongoing CPD requirements set by the RANZCP.

Co-claiming with other items

The following services may be claimed on the same day:

- Prescription and mapping of an initial course of treatment (14216) and the first service in the delivery of treatment (14217).
- Prescription and mapping of a course of retreatment (14219) and the first service in the delivery of retreatment (14220).

Compliance Requirements

The rTMS 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.

Psychiatrists must maintain records to demonstrate that they, and all health care professionals providing rTMS services in their employ, are appropriately trained.

Further Information

Further information about the MBS items and provision of rTMS services is available on the MBS Online website at [MBS Online](#) under 'Fact Sheets'. The information on the website may be updated from time to time in response to questions or feedback from providers, patients and other stakeholders.