



## Changes to nerve block and spinal injection MBS items

Last updated: 12 April 2022

- From 1 March 2022, changes were made to a number of the Medicare Benefits Schedule (MBS) items for pain management services to align with contemporary best practice. The changes are a result of the MBS Review Taskforce recommendations for pain management and extensive consultation with stakeholders.
- This updated factsheet covers the changes to nerve block and spinal injection MBS services (effective 1 March 2022), and further amendments to the percutaneous neurotomy items 39110, 39111, 39116, 39117, 39118 and 39119 (effective 11 April 2022).
- Additional information about the 11 April changes and responses to a range of questions from stakeholders is provided in a new factsheet.
- There is also a separate factsheet for the pain management changes to implanted device procedure items.
- All of the fact sheets are available at [MBS online - Pain Management Services Changes](#).

### What are the changes?

From 1 March 2022, changes were made to some of the nerve block and spinal injection services for pain management funded through the MBS. The changes comprise 6 new items, 28 amended items, and 3 deleted items. 10 items remain unchanged.

**New items:** 39014, 39110, 39111, 39116, 39117, 39119. These new items align the MBS with best practice and professional standards.

**Amended items:** 18213, 18222, 18225, 18228, 18230, 18232, 18234, 18236, 18238, 18244, 18252, 18254, 18262, 18264, 18266, 18278, 18280, 18284, 18286, 18288, 18290, 18292, 18294, 18296, 39013, 39100, 39118, 39323. The changes to these items are highlighted in the item descriptors in this factsheet.

**Deleted items:** 18274, 14209, 39115. These items were removed from 1 March 2022. Where alternative services are available, these are listed in this factsheet.

**Items unchanged:** 18240, 18242, 18248, 18250, 18256, 18268, 18276, 18298, 39121, 39124.

This factsheet also includes the Private Health Insurance (PHI) classifications and categorisations for the new and amended MBS items.

### Why are the changes being made?

These changes give effect to the recommendations of the independent MBS Review Taskforce for the pain management MBS items, which was informed by the Pain Management Clinical Committee (PMCC), and further



consultation with clinical experts and stakeholders through the Pain Management Implementation Liaison Group (ILG). The changes promote best clinical practice, patient safety and quality of care.

More information about the Taskforce and associated Committees is available on the Department of Health website: [Medicare Benefits Schedule Review](#). A full copy of the Taskforce's final report, including the rationales of changes which are outlined in this factsheet, can be found at: [2019 – Medicare Benefits Schedule Review Taskforce - Final Report on the Review of Pain Management MBS Items](#).

## What does this mean for providers?

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

## How will these changes affect patients?

Patients will continue to receive Medicare rebates for pain management services that reflect contemporary clinical practice.

## Who was consulted on the changes?

A number of peak bodies were consulted during the MBS Review process, including the Australian and New Zealand College of Anaesthetists – Faculty of Pain Medicine, Australian Pain Society, Royal Australasian College of Physicians, Neuro-modulation Society of Australia and New Zealand, Australian Society of Anaesthetists, Australian Medical Association, Palliative Care Australia, Royal Australian College of General Practitioners, Private Healthcare Australia, Australian Private Hospital Association, and consumer representatives.

## New item descriptors (effective from 1 March 2022) – with further amendments to the percutaneous neurotomy items (effective from 11 April 2022)

<b>Group T8 – Surgical Operations</b>	
<b>Subgroup 7 – Neurosurgical</b>	
39014	Medial branch block of one or more primary posterior rami, injection of an anaesthetic agent under image guidance (Anaes.)  MBS Schedule Fee: \$129.90 85% Benefit: \$110.45 75% Benefit: \$97.45  PHI Procedure Type: Type B Non-band specific PHI Clinical Category: Pain Management



Note: Item 39014 will provide for the injection of an anaesthetic agent into the medial branch block of one or more primary posterior rami. The item will differentiate a medical branch block (as a prelude to radiofrequency neurotomy) from an intra-articular zygapophyseal joint block (item 39013).

<p>39110</p> <p><i>As amended from 11 April 2022</i></p>	<p>Left lumbar percutaneous zygapophyseal joint denervation by radio-frequency probe, or cryoprobe, using radiological imaging control, applicable <a href="#">to one or more services provided in a single attendance, for not more than 3 attendances in a 12 month period</a> (Anaes.)</p> <p>MBS Schedule Fee: \$278.90 85% Benefit: \$237.10 75% Benefit: \$209.20</p> <p>PHI Procedure Type: Type A Surgical and Type B Non-band Specific PHI Clinical Category: Pain Management</p>
<p>39111</p> <p><i>As amended from 11 April 2022</i></p>	<p>Right lumbar percutaneous zygapophyseal joint denervation by radio-frequency probe, or cryoprobe, using radiological imaging control, applicable <a href="#">to one or more services provided in a single attendance, for not more than 3 attendances in a 12 month period</a> (Anaes.)</p> <p>MBS Schedule Fee: \$278.90 85% Benefit: \$237.10 75% Benefit: \$209.20</p> <p>PHI Procedure Type: Type A Surgical and Type B Non-band specific PHI Clinical Category: Pain Management</p>
<p>39116</p> <p><i>As amended from 11 April 2022</i></p>	<p>Left thoracic percutaneous zygapophyseal joint denervation by radio-frequency probe, or cryoprobe, using radiological imaging control, applicable <a href="#">to one or more services provided in a single attendance, for not more than 3 attendances in a 12 month period</a> (Anaes.)</p> <p>MBS Schedule Fee: \$309.90 85% Benefit: \$263.45 75% Benefit: \$232.45</p> <p>PHI Procedure Type: Type A Surgical and Type B Non-band specific PHI Clinical Category: Pain Management</p>
<p><i>As amended from 11 April 2022</i></p>	<p>Right thoracic percutaneous zygapophyseal joint denervation by radio-frequency probe, or cryoprobe, using radiological imaging control, applicable <a href="#">to one or more services provided in a single attendance, for not more than 3 attendances in a 12 month period</a> (Anaes.)</p> <p>MBS Schedule Fee: \$309.90 85% Benefit: \$263.45 75% Benefit: \$232.45</p> <p>PHI Procedure Type: Type A Surgical and Type B Non-band specific PHI Clinical Category: Pain Management</p>



<p>39119</p> <p><i>As amended from 11 April 2022</i></p>	<p>Right cervical percutaneous zygapophyseal joint denervation by radio-frequency probe, or cryoprobe, using radiological imaging control, applicable to one or more services provided in a single attendance, for not more than 3 attendances in a 12 month period (Anaes.)</p> <p>MBS Schedule Fee: \$340.90 85% Benefit: \$289.80 75% Benefit: \$255.70</p> <p>PHI Procedure Type: Type A Surgical and Type B Non-band specific PHI Clinical Category: Pain Management</p>
<p>Note: The procedures that can be provided under items 39110, 39111, 39116, 39117 and 39119 were previously billed under item 39118. Item 39118 has been amended to provide for left cervical percutaneous zygapophyseal joint denervation. Item 39118 is set out below under the amended item descriptors.</p>	
<p>Note: See also updated additional information at <a href="#">MBS online - Pain Management Services Changes</a>.</p>	

Amended item descriptors (effective from 1 March 2022) – with further amendments to the percutaneous neurotomy items (effective from 11 April 2022). Changes represented in blue

Group T7- Regional or Field Nerve Blocks	
<p>18213</p>	<p>Intravenous regional anaesthesia of limb by retrograde perfusion of local anaesthetic agent</p> <p>MBS Schedule Fee: \$92.20 85% Benefit: \$78.40 75% Benefit: \$69.15</p> <p>PHI Procedure Type: Type C PHI Clinical Category: Support List</p>
<p>18222</p>	<p>Continuous infusion or injection by catheter of a therapeutic substance (not contrast agent) to maintain regional anaesthesia or analgesia, subsequent injection or revision of, if the period of continuous medical practitioner attendance is 15 minutes or less</p> <p>MBS Schedule Fee: \$39.15 85% Benefit: \$33.30 75% Benefit: \$29.40</p> <p>PHI Procedure Type: Unlisted PHI Clinical Category: Support List</p>



18225	<p><a href="#">Continuous infusion or injection by catheter</a> of a therapeutic substance (<a href="#">not contrast agent</a>) to maintain regional anaesthesia or analgesia, subsequent injection or revision of, if the period of continuous medical practitioner attendance is more than 15 minutes</p> <p>MBS Schedule Fee: \$52.05 85% Benefit: \$44.25 75% Benefit: \$39.05</p> <p>PHI Procedure Type: Unlisted PHI Clinical Category: Support List</p>
18228	<p><a href="#">Interpleural block, initial injection or commencement of infusion of a therapeutic substance, not in association with a service to which an item in Group T8 applies, unless the nerve block is performed using a targeted percutaneous approach</a></p> <p>MBS Schedule Fee: \$65.05 85% Benefit: \$55.30 75% Benefit: \$48.80</p> <p>PHI Procedure Type: Unlisted PHI Clinical Category: Support List</p>
18230	<p><a href="#">Intrathecal or epidural injection of neurolytic substance (not contrast agent) by any route, including transforaminal route (Anaes.)</a></p> <p>MBS Schedule Fee: \$248.10 85% Benefit: \$210.90 75% Benefit: \$186.10</p> <p>PHI Procedure Type: Type B Non-band specific PHI Clinical Category: Support List</p>
18232	<p><a href="#">Intrathecal or epidural injection (including translaminar and transforaminal approaches) of therapeutic substance or substances (anaesthetic, steroid or chemotherapeutic agents):<del>other than anaesthetic, contrast or neurolytic solutions,</del></a> <a href="#">(a) other than a service to which another item in this Group applies; and</a> <a href="#">(b) not in association with a service to which an item in Group T8 applies, unless the nerve block is performed using a targeted percutaneous approach (Anaes.)</a></p> <p>MBS Schedule Fee: \$197.60 85% Benefit: \$168.00 75% Benefit: \$148.20</p> <p>PHI Procedure Type: Unlisted PHI Clinical Category: Support List</p>



18234	<p>Trigeminal nerve, primary <del>division of branch</del> (ophthalmic, maxillary or mandibular branches, <b>excluding infraorbital nerve</b>), injection of an anaesthetic agent or steroid, but not in association with a service to which an item in Group T8 applies, unless a targeted percutaneous technique is used (Anaes.)</p> <p>MBS Schedule Fee: \$129.90 85% Benefit: \$110.45 75% Benefit: \$97.45</p> <p>PHI Procedure Type: Unlisted PHI Clinical Category: Support List</p>
18236	<p>Trigeminal nerve, peripheral branch (<b>including infraorbital nerve</b>), injection of an anaesthetic agent, but not in association with a service to which an item in Group T8 applies unless a targeted percutaneous technique is used (Anaes.)</p> <p>MBS Schedule Fee: \$65.05 85% Benefit: \$55.30 75% Benefit: \$48.80</p> <p>PHI Procedure Type: Unlisted PHI Clinical Category: Support List</p>
18238	<p>Facial nerve, injection of an anaesthetic agent, other than a service associated with a service to which item 18240 applies, <b>not in association with a service to which an item in Group T8 applies, unless the nerve block is performed using a targeted percutaneous approach</b></p> <p>MBS Schedule Fee: \$39.15 85% Benefit: \$33.30 75% Benefit: \$29.40</p> <p>PHI Procedure Type: Unlisted PHI Clinical Category: Support List</p>
18244	<p>Vagus nerve, injection of an anaesthetic agent, <b>not in association with a service to which an item in Group T8 applies, unless the nerve block is performed using a targeted percutaneous approach</b></p> <p>MBS Schedule Fee: \$104.90 85% Benefit: \$89.20 75% Benefit: \$78.70</p> <p>PHI Procedure Type: Unlisted PHI Clinical Category: Support List</p>
18252	<p>Cervical plexus, injection of an anaesthetic agent, <b>not in association with a service to which an item in Group T8 applies, unless the nerve block is performed using a targeted percutaneous approach</b></p> <p>MBS Schedule Fee: \$104.90 85% Benefit: \$89.20 75% Benefit: \$78.70</p>



	<p>PHI Procedure Type: Unlisted PHI Clinical Category: Support List</p>
18254	<p>Brachial plexus, injection of an anaesthetic agent, <a href="#">not in association with a service to which an item in Group T8 applies, unless the nerve block is performed using a targeted percutaneous approach</a></p> <p>MBS Schedule Fee: \$104.90 85% Benefit: \$89.20 75% Benefit: \$78.70</p> <p>PHI Procedure Type: Unlisted PHI Clinical Category: Support List</p>
18262	<p>Ilio inguinal, iliohypogastric or genitofemoral nerves, one or more of, injections of an anaesthetic agent, <a href="#">not in association with a service to which an item in Group T8 applies, unless the nerve block is performed using a targeted percutaneous approach (Anaes.)</a></p> <p>MBS Schedule Fee: \$65.05 85% Benefit: \$55.30 75% Benefit: \$48.80</p> <p>PHI Procedure Type: Unlisted PHI Clinical Category: Support List</p>
18264	<p>Pudendal nerve or dorsal nerve (or both), injection of an anaesthetic agent, <a href="#">not in association with a service to which an item in Group T8 applies unless the nerve block is performed using a targeted percutaneous approach</a></p> <p>MBS Schedule Fee: \$104.90 85% Benefit: \$89.20 75% Benefit: \$78.70</p> <p>PHI Procedure Type: Unlisted PHI Clinical Category: Common Treatments</p>
18266	<p>Ulnar, radial or median nerve, main trunk of, one or more of, injections of an anaesthetic agent, not being associated with a brachial plexus block, <a href="#">not in association with a service to which an item in Group T8 applies, unless the nerve block is performed using a targeted percutaneous approach</a></p> <p>MBS Schedule Fee: \$65.05 85% Benefit: \$55.30 75% Benefit: \$48.80</p> <p>PHI Procedure Type: Unlisted PHI Clinical Category: Support List</p>



18278	<p>Sciatic nerve, injection of an anaesthetic agent, <b>not in association with a service to which an item in Group T8 applies, unless the nerve block is performed using a targeted percutaneous approach</b></p> <p>MBS Schedule Fee: \$92.20 85% Benefit: \$78.40 75% Benefit: \$69.15</p> <p>PHI Procedure Type: Unlisted PHI Clinical Category: Support List</p>
18280	<p>Sphenopalatine ganglion, injection of an anaesthetic agent, <b>not in association with a service to which an item in Group T8 applies, unless the nerve block is performed using a targeted percutaneous approach</b> (Anaes.)</p> <p>MBS Schedule Fee: \$129.90 85% Benefit: \$110.45 75% Benefit: \$97.45</p> <p>PHI Procedure Type: Type B Non-band specific PHI Clinical Category: Pain Management</p>
18284	<p><b>Cervical or thoracic sympathetic chain <del>Stellate ganglion</del></b>, injection of an anaesthetic agent (<del>cervical sympathetic block</del>) (Anaes.)</p> <p>MBS Schedule Fee: \$153.60 85% Benefit: \$130.60 75% Benefit: \$115.20</p> <p>PHI Procedure Type: Type B Non-band specific PHI Clinical Category: Common treatments</p>
18286	<p>Lumbar or <b>pelvic sympathetic chain <del>thoracic nerves</del></b>, injection of an anaesthetic agent (<del>paravertebral sympathetic block</del>) (Anaes.)</p> <p>MBS Schedule Fee: \$153.60 85% Benefit: \$130.60 75% Benefit: \$115.20</p> <p>PHI Procedure Type: Type B Non-band specific PHI Clinical Category: Common treatments</p>
18288	<p>Coeliac plexus or splanchnic nerves, injection of an anaesthetic agent, <b>not in association with a service to which an item in Group T8 applies, unless the nerve block is performed using a targeted percutaneous approach</b> (Anaes.)</p> <p>MBS Schedule Fee: \$153.60 85% Benefit: \$130.60 75% Benefit: \$115.20</p>





	PHI Procedure Type: Unlisted PHI Clinical Category: Support List
18290	Cranial nerve other than trigeminal, destruction by a neurolytic agent <a href="#">under image guidance</a> , other than a service associated with the injection of botulinum toxin (Anaes.)  MBS Schedule Fee: \$259.85 85% Benefit: \$220.90 75% Benefit: \$194.90  PHI Procedure Type: Type B Non-band specific PHI Clinical Category: Common treatments
18292	Nerve branch, destruction by a neurolytic agent <a href="#">under image guidance</a> , other than a service to which another item in this Group applies or a service associated with the injection of botulinum toxin except a service to which item 18354 applies (Anaes.)  MBS Schedule Fee: \$129.90 85% Benefit: \$110.45 75% Benefit: \$97.45  PHI Procedure Type: Unlisted PHI Clinical Category: Common treatments
18294	Coeliac plexus or splanchnic nerves, destruction by a neurolytic agent <a href="#">under image guidance</a> (Anaes.)  MBS Schedule Fee: \$183.15 85% Benefit: \$155.70 75% Benefit: \$137.40  PHI Procedure Type: Type B Non-band specific PHI Clinical Category: Common treatments
18296	Lumbar <a href="#">or pelvic</a> sympathetic chain, destruction by a neurolytic agent <a href="#">under image guidance</a> (Anaes.)  MBS Schedule Fee: \$156.65 85% Benefit: \$133.20 75% Benefit: \$117.50  PHI Procedure Type: Type B Non-band specific PHI Clinical Category: Common treatments



## Group T8 – Surgical Operations

### Subgroup 7 – Neurosurgical

39013 Injection ~~under image intensification with one or more of contrast media, local anaesthetic or corticosteroid into~~ of one or more zygo-apophyseal or costo-transverse joints ~~or with one or more primary posterior rami of spinal nerves of~~ contrast media, local anaesthetic or corticosteroid under image guidance (Anaes.)

MBS Schedule Fee: \$113.55  
85% Benefit: \$96.55  
75% Benefit: \$85.20

PHI Procedure Type: Type B Non-band specific  
PHI Clinical Category: Pain Management

39100 Injection of primary branch of trigeminal nerve (ophthalmic, maxillary or mandibular branches) with alcohol, cortisone, phenol, or similar neurolytic substance, under image guidance (Anaes.)

MBS Schedule Fee: \$247.20  
85% Benefit: \$210.15  
75% Benefit: \$185.40

PHI Procedure Type: Type B Non-band Specific  
PHI Clinical Category: Pain Management

39118 *As amended from 11 April 2022* Left cervical percutaneous ~~neurotomy for facet-zygapophyseal~~ joint denervation by radio-frequency probe or cryoprobe, using radiological imaging control, applicable to one or more services provided in a single attendance, for not more than 3 attendances in a 12 month period (Anaes.) (~~Assist.~~)

MBS Schedule Fee: \$340.90  
85% Benefit: \$289.80  
75% Benefit: \$255.70

PHI Procedure Type: Type A Surgical and Type B Non-band specific  
PHI Clinical Category: Pain Management

Note: See also updated additional information at [MBS online - Pain Management Services Changes](#).

39323 Percutaneous ~~denervation (excluding medial branch nerve) neurotomy~~ by cryotherapy or radiofrequency ~~probe lesion generator~~, other than a service to which another item applies, applicable not more than six times for a given nerve in a 12 month period (Anaes.) (~~Assist.~~)

MBS Schedule Fee: \$288.00  
85% Benefit: \$244.80  
75% Benefit: \$216.00

PHI Procedure Type: Type A Surgical and Type B Non-band specific  
PHI Clinical Category: Pain Management



## Deleted item descriptors

<b>Group T1 - Miscellaneous Therapeutic Procedures</b>	
<b>Subgroup 13 - Other Therapeutic Procedures</b>	
14209	Intra-arterial infusion or retrograde intravenous perfusion of a sympatholytic agent  MBS Schedule Fee: \$92.25
Note: Where appropriate these services can be billed under item 18213: Intravenous regional anaesthesia of limb by retrograde perfusion	
<b>Group T7 - Regional Or Field Nerve Blocks</b>	
18274	Paravertebral, cervical, thoracic, lumbar, sacral or coccygeal nerves, injection of an anaesthetic agent, (single vertebral level)  MBS Schedule Fee: \$92.20
Note: Where appropriate these services can be billed under item 18276: Paravertebral nerves, injection of an anaesthetic agent, (multiple levels).	
<b>Group T8 - Surgical Operations</b>	
<b>Subgroup 7 - Neurosurgical</b>	
<b>Subheading 2 - Pain Relief</b>	
39115	Percutaneous neurotomy of posterior divisions (or rami) of spinal nerves by any method, including any associated spinal, epidural or regional nerve block (applicable once in a 30 day period) (Anaes.)  MBS Schedule Fee: \$78.35
Note: This is an outdated procedure, there are alternative pain management procedures and relevant MBS items available. Where appropriate these services can be billed under item 39323: Percutaneous denervation (excluding medial branch nerve) by cryotherapy or radiofrequency probe.	



## How will the changes be monitored and reviewed?

The impact of these changes will be closely monitored. The Department will continue to work with stakeholders following implementation of the changes.

All MBS items are subject to compliance processes and activities, including random and targeted audits which may require a provider to submit evidence about the services claimed.

## Where can I find more information?

The current pain management item descriptor(s) and information on other changes to the MBS can be found on the MBS Online website at [www.mbsonline.gov.au](http://www.mbsonline.gov.au).

You can also subscribe to future MBS updates by visiting [MBS Online](#) and clicking 'Subscribe'.

The Department of Health provides an email advice service for providers seeking advice on interpretation of MBS items and rules and the Health Insurance Act and associated regulations. If you have a question regarding the interpretation of the pain management items, please email [askMBS@health.gov.au](mailto:askMBS@health.gov.au).

For questions regarding the PHI classifications, please email [PHI@health.gov.au](mailto: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 Services Australia on the Provider Enquiry Line – 13 21 50.

The data file for software vendors will be available via the MBS Online website under the [Downloads](#) 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.*