Relative Value Guide - Introduction of new MBS item for continuous nerve blockade for post-operative pain from 1 March 2025

Last updated: 24 February 2025

- From 1 March 2025, a new item for continuous nerve block (CNB) using catheter technique will commence on the Medicare Benefits Schedule (MBS).
- CNB provides an alternative to current approaches such as a single injection nerve block or opioid medication.
- This change is relevant to specialist anaesthetists and GP anaesthetists who provide this service in association with the administration of anaesthesia, as well as patients, hospitals, private health insurers, billers and software vendors.

What is the change?

Effective 1 March 2025, a new item will be introduced into the Relative Value Guide (RVG) of the MBS. The new item:

- Item 22032 - CNB involves the perioperative insertion of a catheter next to the target nerve, which is then used to deliver a continuous flow of pain medication to the affected nerve for moderate to severe post-operative pain.
- For private health insurance purposes, item 22032 will be listed under the following clinical category and procedure type:

  Private Health Insurance Classification:

  • Clinical category: Support list (GMST)

  • Procedure type: Unlisted

Why is this change being made?

The listing of this service was recommended by the Medical Services Advisory Committee (MSAC) in April 2024 via MSAC application 1741. Further details on MSACs decision regarding application 1741 can be found in the Public Summary Document at: MSAC Applications.

What does this mean for providers?

Specialist anaesthetists and GP anaesthetists providing this service will need to ensure that where CNB is clinically relevant to manage post-operative pain, patients receiving this service have:

1. Sufficient information to allow the patient to choose the most appropriate post-operative pain management for them; and
2. Where possible, received and provided informed financial consent prior to the service being undertaken.

What does this mean for other stakeholders?

Hospitals, private health insurers, billers and software vendors will need to familiarise themselves with this new anaesthesia item and make required modifications to ensure systems are in place to allow for this new service to be billed from 1 March 2025.

How will this change affect patients?

Effective 1 March 2025, patients requiring post-operative pain relief will, where clinically appropriate, receive a Medicare benefit when they elect to receive a CNB to manage pain as an alternative to single nerve blocks or prescribed opiates.

This change will provide greater choice and access for patients who require pain management following surgery.

Who was consulted on this change?

Targeted consultation was open to the following stakeholders:

- Australian Medical Association Limited
- Regional Anaesthesia Special Interest Group
- Australian Society of Anaesthetists
- Australian and New Zealand College of Anaesthetists
- Royal Australian College of General Practitioners
- Consumer Health Forum

Consultation feedback was received from a broad range of stakeholders, including specialist and professional organisations and several individuals.

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 and Aged Care's (the Department's) compliance program can be found on its website at Medicare compliance.

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 provides an email advice service for providers seeking advice on interpretation of 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 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 (to take effect 1 March 2025)

Category 3 – Therapeutic Procedures
Group T10 - Relative Value Guide For Anaesthesia - Medicare Benefits Are Only Payable For Anaesthesia Performed In Association With An Eligible Service
Subgroup 19 - Therapeutic and diagnostic services performed in connection with the management of anaesthesia
22032 Introduction of a plexus or nerve block to a peripheral nerve, perioperatively performed using an in-situ catheter in association with anaesthesia and surgery, for post-operative pain management 4 base units **Fee**: $90.20 **Benefit**: 75% = $67.65

Category 3 – Therapeutic Procedures

(See paras **TN.10.8** and TN.10.17 of explanatory notes to this Category)

Private Health Insurance Classification:

- Clinical category: Support List (GMST)
- Procedure type: Unlisted

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.