

*This guidance has been developed by the Royal Australian and New Zealand College of Psychiatrists (RANZCP) in consultation with the Department of Health. The Department of Health has also consulted with the private health insurance and private hospital sectors on the private health insurance procedure classification.*

## Background

Item numbers for repetitive transcranial magnetic stimulation (rTMS) were listed on the Medicare Benefits Schedule (MBS) from 1 November 2021. Further information about the listing, including factsheets, MBS item numbers and explanatory notes is available on the [Department of Health website](#).

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 [Private Health Insurance \(Benefit Requirements\) Rules 2011](#) (the Rules). However, the Rules allow for hospital accommodation benefits to be paid for Type C procedures if certification is provided. The medical practitioner 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 in a hospital.

The RANZCP provides the following guidance to assist psychiatrists in providing appropriate certification. The RANZCP understands that Type C certification, and this guidance, is only of relevance to the circumstances where MBS funding is available for the rTMS therapy proposed. This includes an initial course of up to 35 rTMS sessions in patients who have previously never had rTMS treatment and who meet the other MBS criteria, and during the provision of an additional 15 rTMS sessions as per the MBS schedule.

## Principles

- Listing of rTMS on the MBS has been introduced to enhance access and affordability to rTMS services in an outpatient setting.
- There should be no negative impact from the implementation of these items on those who require admission to an inpatient setting, for whom rTMS is indicated as a treatment. People should continue receive rTMS if clinically indicated during an inpatient stay.
- If a person receives a course of rTMS as an inpatient the acute admission should be indicated for clinical reasons regardless of the decision to treat with rTMS, and it would be expected that admission would still occur if rTMS was not being prescribed.
- Admission of a person for a course of rTMS, primarily to enable the rTMS course to be funded by private insurance for that admission, when admission would not otherwise be clinically indicated, is not a valid justification for a Type C certificate.

## Guidance

For the purposes of the Medicare rTMS items, rTMS is classified as a Type C procedure, which means it is intended to be provided as an outpatient/non-admitted service for the majority of patients. It can be delivered safely and effectively on this outpatient basis.

It should only be provided on an admitted patient (inpatient, either overnight or same day) basis if the treating psychiatrist certifies in writing that because of the medical condition of the patient, or because of the patient's special circumstances, it would be contrary to accepted medical practice to provide the procedure to that patient unless they are admitted as an inpatient at that hospital.

Such a certification should document the clinical features, and/or the special circumstances, for that patient that justify admission and would make outpatient rTMS clinically inappropriate.

While the circumstances below should be cited in the certification document, the certification should be written specific to the individual patient. That is, it not sufficient to simply repeat the circumstances as 'risk/safety issues that need to be managed in an inpatient setting' but should explicitly reference the circumstances with specificity of the particular risk or safety issues for that patient. Certification should be noted in the patient's medical record. Further details are included in the Department of Health guidance ['Clarification of roles in the certification process'](#).

Circumstances to certify the use of rTMS in hospital include, but are not limited to:

*1. Clinical criteria for acute inpatient admission:*

- a) high acuity/severity of an acute episode of mental illness
- b) risk/safety issues that need to be managed in an inpatient setting
- c) a need for a complex diagnostic/management review that can only through achieved in an inpatient admission
- d) a need for intensive clinical support/monitoring/assessment/treatment, for any other reason, that is unavailable in an outpatient setting.

*2. Clinical criteria for a patient already admitted:*

- a) patient has already been admitted for assessment/management of depression and meets one or more of the above criteria, for whom rTMS was recommended as an intervention during this admission to commence whilst the patient is still too unwell to be discharged.

*3. Special circumstances related to the patient's psychosocial and support environment:*

- a) patient lives alone with little/no support and requires a level of mental health support during an acute phase of illness that cannot be met in the community, for that patient, in an outpatient setting
- b) patient lives in a rural/remote area and cannot access rTMS as an outpatient from their home and staying in hotel accommodation is not appropriate due to the level of mental health support required.

**Disclaimer**

This information is intended to provide general guide to practitioners and should not be relied on as a substitute for proper assessment with respect to the merits of each case and the needs of the patient. The RANZCP endeavours to ensure that information is accurate and current at the time of preparation but takes no responsibility for matters arising from changed circumstances or information or material that may have become subsequently available.

## REVISION RECORD

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Contact: Executive Manager, Practice, Policy and Partnerships Department

Date	Version	Approver	Description
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