



Magnetic resonance-guided focused ultrasound (MRgFUS) for the treatment of medically refractory essential tremor

Last updated: 1 January 2024

- On 1 March 2024, five new Medicare Benefits Schedule (MBS) items will be introduced for MRgFUS for the treatment of medically refractory essential tremor.
- The introduction of these items was supported the Medical Services Advisory Committee (MSAC) in March 2022 and approved by Government for funding in the 2023/24 Budget.
- Billing practices from 1 March 2024 will need to be adjusted to reflect these changes.

What are the changes?

Effective 1 March 2024, there will be five new MBS items required to perform the MRgFUS service introduced into the MBS:

- Five new items (40804, 40805, 40806, 63019, 63020) for the treatment of medically refractory essential tremor:
 - Items 63019 and 63020 will be introduced into the Diagnostic Imaging Services Table.
 - Items 40804, 40805 and 40806 will be introduced into the General Medical Services Table.

These items are for the unilateral or bilateral treatment of medically refractory essential tremor and are restricted to once per patient per lifetime. Based on this restriction, it will be at the discretion of the procedural team to determine the most appropriate treatment.

Why are the changes being made?

The listing of the MRgFUS service was recommended by the MSAC in March 2022, following their consideration of [MSAC application 1614.1](#).

The listing was announced by the Australian Government as part of the 2023-24 Budget.

What does this mean for providers?

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 receive Medicare benefits for MRgFUS services that are clinically appropriate and reflect modern clinical practice. Previously, patients who have medically refractory essential tremor would not have been eligible to receive MBS benefits for this service.

Who was consulted on the changes?

The introduction of these new items was supported by MSAC in March 2022 and approved for funding on the MBS in the 2023-24 Budget. MSAC appraises new medical services proposed for public funding and provides advice to the Government on whether a new medical service should be publicly funded (and if so, its circumstances) on an assessment of its comparative safety, clinical effectiveness, cost effectiveness, and total cost, using the best available evidence.

The amendment was supported by the Neurosurgical Society of Australasia and the Royal Australian and New Zealand College of Radiologists.

More information about this specific MSAC application, including a public summary document can be accessed on the [MSAC website](#) under application [1614.1](#).

How will the changes be monitored and reviewed?

The claiming of MRgFUS items will continue to be subject to MBS compliance checks, which may require a provider to submit evidence to substantiate that services were validly claimed.

The new MBS MRgFUS items will be reviewed post implementation.

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 [MBS Online](#) and clicking 'Subscribe'.

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.

New item descriptors (to take effect 1 March 2024)

Category: 3. THERAPEUTIC PROCEDURES

Group: 8. Surgical Operations

Subgroup: 7: Neurosurgical Subheading: 15. Stereotactic Procedures

40804

Magnetic resonance imaging—scan of head (including magnetic resonance angiography if performed) by a radiologist on request by a specialist or consultant physician, for the sole purpose of guiding focused ultrasound for the treatment of medically refractory essential tremor in association with the services described in items 40805 and 40806, including:

- (a) stereotactic scan of brain, with frame in place; and**
- (b) assistance with computerised planning; and**
- (c) interpretation of intraprocedural imaging**

Applicable once per patient per lifetime (H) (Anaes.)

Fee: \$1,035.55 Benefit: 75% = \$776.70

Private Health Insurance Classification:

- **Clinical category:** Type A Surgical
- **Procedure type:** Brain and nervous system

40805

Neurological assessment and evaluation during the treatment of medically refractory essential tremor with magnetic resonance imaging-guided focused ultrasound, performed by a neurologist in association with the services described in items 40804 and 40806, including:

(a) assistance with target localisation incorporating anatomical and physiological techniques; and

(b) continuous intraprocedural neurological assessment and evaluation

Applicable once per patient per lifetime (H) (Anaes.)

Fee: \$2,139.70

Benefit: 75% = \$1,604.80

Private Health Insurance Classification:

- **Clinical category:** Type A Surgical
- **Procedure type:** Brain and nervous system

40806

Treatment of medically refractory essential tremor with magnetic resonance imaging-guided focused ultrasound, performed by a neurosurgeon in association with the services described in items 40804 and 40805, including:

(a) computer assisted anatomical localisation; and

(b) frame placement; and

(c) target verification using anatomical and physiological techniques; and

(d) delivery of treatment with lesion production in the basal ganglia, brain stem, thalamus or deep white matter tracts

Applicable once per patient per lifetime (H) (Anaes.)

Fee: \$3,295.85

Benefit: 75% = \$2,471.90

Private Health Insurance Classification:

- **Clinical category:** Type A Surgical
- **Procedure type:** Brain and nervous system

Category: 5 DIAGNOSTIC IMAGING SERVICES

Group: 5. Magnetic Resonance Imaging

Subgroup: 1. Scan of Head – For Specified Conditions

63019

MRI—scan of head (including MRA if performed) for the assessment of suitability for the treatment of medically refractory essential tremor with magnetic resonance imaging-guided focused ultrasound

Applicable once per patient per lifetime (R) (Anaes.) (Contrast)

Fee: \$426.50 Benefit: 75% = \$319.90 85% = \$362.55

Private Health Insurance Classification:

- **Clinical category:** Support list (DI)
- **Procedure type:** Type C

63020

MRI—scan of head (including MRA if performed) for the post procedure assessment of the patient following magnetic resonance imaging guided focused ultrasound for the treatment of medically refractory essential tremor

Applicable once per patient per lifetime (R) (Anaes.) (Contrast)

Fee: \$426.50 Benefit: 75% = \$319.90 85% = \$362.55

Private Health Insurance Classification:

- **Clinical category:** Support list (DI)
- **Procedure type:** Type C

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.