

New MBS item 35401 for vertebroplasty

Last updated: 22 September 2021

- From 1 November 2021, a new Medicare Benefits Schedule (MBS) item will be created for vertebroplasty for the treatment of a painful thoracolumbar vertebral compression fracture of the thoracolumbar spinal segment (T11, T12, L1 or L2).
- This change is relevant for interventional radiologists.
- Practitioners should be registered with and provide relevant service data to the Vertebroplasty MBS Service Monitor managed by the Interventional Radiology Society of Australasia.

What are the changes?

From 1 November 2021, there will be a new MBS item 35401 for vertebroplasty for the treatment of a painful thoracolumbar vertebral compression fracture of the thoracolumbar spinal segment (T11, T12, L1 or L2) in patients where pain is severe and has had a duration of three weeks or less, symptoms are poorly controlled by opiate therapy and there is MRI (or SPECT-CT if MRI is unavailable) evidence of acute vertebral fracture.

Why are the changes being made?

The listing of this service was recommended by the Medical Services Advisory Committee (MSAC) in April 2020. Further details about MSAC applications can be found under <u>MSAC Applications</u> on the MSAC website (<u>www.msac.gov.au</u>).

What does this mean for providers?

This service is to be performed by interventional radiologists. Practitioners should be registered with and provide relevant service data to the Vertebroplasty MBS Service Monitor (the Monitor) managed by the Interventional Radiology Society of Australasia (IRSA).

The objective of the Monitor is to capture data relating to services of item 35401 including patient age, patient sex, provider name and state of practice, duration of fracture before the procedure, in-patient or out-patient status at the time the decision was made to perform the procedure, and adverse events related to the procedure that require additional hospitalisation or medical treatment. IRSA will share this data with the Department of Health in six-month intervals for the lifetime of the Monitor. The Monitor has been established by agreement of the Department of Health and IRSA, on the advice of MSAC.

IRSA can be contacted via e-mail at secretariat@irsa.com.au for enquiries.

How will these changes affect patients?

Patients will receive Medicare rebates for clinically relevant vertebroplasty services.



Who was consulted on the changes?

Consultation has been undertaken with key stakeholders, clinical experts and providers, and consumer health representatives as part of the MSAC process.

This included a stakeholder meeting in June 2019 at which members of MSAC, clinicians with experience and expertise in geriatric medicine, interventional radiology and spinal surgery, and representatives of the MSAC applicant, consumer organisations and the Department of Health met to discuss vertebroplasty.

How will the changes be monitored and reviewed?

Data related to services of MBS item 35401 will be captured by the Vertebroplasty MBS Services Monitor (see the 'What does this mean for providers?' section of this factsheet.)

MBS item 35401 will be reviewed by MSAC approximately 24 months post-implementation.

MBS item 35401 will be subject to MBS compliance processes and activities, including random and targeted audits which may require a provider to submit evidence about the services claimed.

Item Descriptor

35401	Vertebroplasty, for one or more fractures in one or more vertebrae, performed by an interventional radiologist, for the treatment of a painful osteoporotic thoracolumbar vertebral compression fracture of the thoracolumbar spinal segment (T11, T12, L1 or L2), if:
	(a) pain is severe (numeric rated pain score greater than or equal to 7 out of 10); and
	(b) symptoms are poorly controlled by opiate therapy; and
	(c) severe pain duration is 3 weeks or less; and
	(d) there is MRI (or SPECT-CT if MRI unavailable) evidence of acute vertebral fracture
	Applicable only once for the same fracture, but is applicable for a new fracture of the same vertebra or vertebrae (H) (Anaes.)
	Fee: \$710.50 Benefit: 75% = \$532.90

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 at <u>www.mbsonline.gov.au</u>. You can also subscribe to future MBS updates by visiting <u>MBS Online</u> and clicking 'Subscribe'.

The Department of Health provides an email advice service for providers seeking advice on interpretation of the MBS items and rules and the Health Insurance Act and associated regulations. If you have a query relating exclusively to interpretation of the Schedule, you should email <u>askMBS@health.gov.au</u>.



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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 was made available on 22 September 2021 and can be accessed via the MBS Online website under the <u>Downloads</u> 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.