Remote reprogramming of a neurostimulator for the management of chronic pain

Last updated: 29 September 2022

* From 1 November 2022, Medicare Benefits Schedule (MBS) item 39141 will be introduced for the remote management, adjustment, or reprogramming of a neurostimulator for the management of patients with chronic neuropathic pain or pain from refractory angina pectoris.

## What are the changes?

Effective 1 November 2022, a new MBS item will be introduced to provide for remote adjustments or reprogramming of a neurostimulator. The new item:

* Provides for patients with chronic neuropathic pain or pain from refractory angina pectoris to consult with a medical practitioner by video conference to manage, adjust, or reprogram their neurostimulator.
* Medical practitioners can continue to reprogram neurostimulators in person under MBS item 39131.

## Why are the changes being made?

The listing of this service was recommended by the Medical Services Advisory Committee (MSAC) Executive in September 2021.

This change will support appropriate patient access to the reprogramming of a neurostimulator performed remotely when they are not able to see the medical practitioner face to face for this service.

## What does this mean for providers?

The intent of 39141 is to enable the reprogramming of neurostimulators that would previously have been delivered under MBS 39131, when it is both clinically relevant and appropriate for this service to be delivered remotely. The new item 39141 requires that the remote service be delivered by a medical practitioner and performed in the context of clinical best practice.

The new service can be billed once per day if clinically appropriate, however, under the complete medical service principle, 39141 is restricted from being co-claimed by the same provider on the same occasion with:

* Other attendance items unless the condition requiring a consultation is unrelated to chronic neuropathic pain, or pain from refractory angina pectoris, or
* MBS item 39131.

## How will these changes affect patients?

The changes will provide improved access for patients where a remote service is more appropriate. It will especially help patients who are in rural and regional areas where it may be difficult to see their specialist in person.

## Who was consulted on the changes?

Consultation was undertaken with the Australian and New Zealand College of Anaesthetists, Australian Medical Association, Royal Australasian College of Surgeons, and the Neuro-modulation Society of Australia and New Zealand.

## New item descriptor (to take effect 1 November 2022)

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|  | Category 3 – THERAPEUTIC PROCEDURES |
|  | **T8 – Surgical Operations** |
| Item | **Descriptor** |
| 39141 | Epidural or peripheral nerve electrodes (management, adjustment, or reprogramming of neurostimulator), with a medical practitioner attending remotely by video conference, for the management of chronic neuropathic pain or pain from refractory angina pectoris—each day  MBS Schedule Fee: $135.15 75% Benefit: $101.40 85% Benefit: $114.90  Private Health Insurance Classifications  Proposed Procedure Type: Type C  Proposed Clinical Category: Pain management with device |
| 39141 | Explanatory note: TN.8.253 Reprogramming of a neurostimulator for the treatment of chronic pain or pain from refractory angina pectoris (items 39131 and 39141)  Items 39131 (in person service) and 39141 (remote service by video conference) provide for the reprogramming of an implanted neurostimulator when this has been deemed clinically relevant for the care of a patient by the treating practitioner.  Item 39131 should be billed if the medical practitioner attends in person, and item 39141 should be billed if the medical practitioner attends remotely by video conference. Item 39141 cannot be provided by phone. Only one service can be billed for a patient on a particular day.  Items 39131 and 39141 should not be billed with each other on the same day, or with another attendance item on the same day unless the consultation pertains to a condition other than chronic neuropathic pain, or pain from refractory angina pectoris. |

## How will the changes be monitored and reviewed?

The intent of this item is not to provide additional programming services that may not otherwise have been provided under item 39131 (in person service), and the ongoing use of new item 39141 will be monitored and subject to usual compliance activities and consultation with stakeholders will occur as required.

## 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 [www.mbsonline.gov.au](http://www.mbsonline.gov.au/) with this amendment becoming available from 1 November 2022. You can also subscribe to future MBS updates by visiting [MBS Online](http://www.mbsonline.gov.au/) 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 and associated regulations. If you have a query relating exclusively to interpretation of the Schedule, or to this item after they come into effect on 1 November 2022, please email [askMBS@health.gov.au](mailto:askMBS@health.gov.au).

Subscribe to ‘[News for Health Professionals](https://www.servicesaustralia.gov.au/organisations/health-professionals/news/all)’ 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](http://www.mbsonline.gov.au/internet/mbsonline/publishing.nsf/Content/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.