



Repetitive Transcranial Magnetic Stimulation (rTMS) therapy – Patient factsheet

Last updated: 25 October 2021

- From 1 November 2021, rTMS therapy will be listed on the Medicare Benefits Schedule (MBS) for the treatment of major depressive disorder to help stabilise your episode.
- The Australian Government is providing funding of \$288.5 million over the next four years to support this therapy. Around 90,000 patients are expected to benefit over this period.

What is rTMS?

Repetitive Transcranial Magnetic Stimulation (rTMS) is a form of localised brain stimulation therapy used to treat depression. The therapy involves using a magnet to target and stimulate the region of the brain involved in mood regulation and depression. rTMS is a non-invasive form of therapy that does not require sedation with anaesthesia.

What will be funded through Medicare?

Up until now, rTMS has not been subsidised through Medicare.

From 1 November 2021, rTMS therapy will be listed on the Medicare Benefits Schedule (MBS), with Medicare rebates available for eligible patients (explained below).

Medicare will provide funding for an initial course of treatment and a course of retreatment, but not for longer-term maintenance treatment.

Who is eligible to receive Medicare-funded rTMS services?

Firstly, you must be eligible for Medicare. You must also meet the following criteria:

- Be at least 18 years of age;
- Be diagnosed with major depressive episode;
- Have failed to receive satisfactory improvement for the major depressive episode despite the adequate trialling of at least two different classes of antidepressant medications, unless contraindicated;
- Have also undertaken psychological therapy unless inappropriate; and
- Have not received rTMS treatment previously in either a public or private setting.

You should speak to your psychiatrist about whether rTMS might be of benefit to you, and whether you would be eligible for Medicare-funded services.



How many rTMS treatment services will be funded through Medicare?

If you are eligible, Medicare rebates will be available for:

- Up to 35 rTMS services for an initial course of treatment; and
- Up to 15 rTMS services for a course of retreatment.

A course of retreatment may be undertaken where there has been a relapse after at least four months, and where the initial course of treatment has been successful.

Before commencing your first treatment session, your psychiatrist will plan how the treatment is to be provided including the dosage (as part of a 'prescription and mapping' service). A further prescription and mapping service will be required before commencing a course of retreatment. Both of these services will also attract a Medicare rebate.

Why are Medicare rebates not available for patients who have previously received rTMS treatment, or for ongoing maintenance treatment?

The Government has followed the advice of the Medical Services Advisory Committee (MSAC) on these issues. MSAC is an independent, expert advisory group which provides advice to Government on whether new medical services should be publicly funded, based on an assessment of comparative safety, clinical effectiveness and cost-effectiveness, using the best available evidence.

Based on MSAC's advice to Government, Medicare rebates will be available for the initial course of treatment and one course of retreatment services over a patient's lifetime. MSAC supported the listing of rTMS for patients who have not previously received rTMS treatment.

MSAC also considered the use of rTMS as a maintenance treatment for major depressive disorder. MSAC found that, compared to initial treatment and retreatment courses, there was a limited evidence base for maintenance treatment.

Is there any discretion to increase the number of Medicare-funded rTMS treatment services to a patient?

No. The Medicare regulations allow a maximum of 50 treatment services (35 services initially and a further 15 services if clinically appropriate) over a person's lifetime.

Who can provide Medicare-funded rTMS services?

Medicare-funded rTMS treatment can only be provided by a psychiatrist, or a health care professional on behalf of a psychiatrist, who has undertaken rTMS training. A health care professional may include a nurse practitioner, practice nurse or an allied health professional who has undertaken rTMS training.



Is a referral needed to receive rTMS services?

If you are currently under the care of a rTMS-trained psychiatrist, then you will not need another referral.

If you don't have a psychiatrist you see regularly, speak to your GP. You can discuss your symptoms and your GP can refer you to a psychiatrist if needed. They can contact the Royal Australian and New Zealand College of Psychiatrists (RANZCP) if they are not sure who to refer you to. The [RANZCP website](#) includes information about finding a psychiatrist.

Where can Medicare-funded rTMS services be provided?

While it is expected that most rTMS services will be provided as out-of-hospital treatment (for example, in an rTMS clinic or in a psychiatrist's consultation room), some patients may require hospital treatment as an inpatient. Your psychiatrist will assess where it is best for you to receive rTMS treatment.

How much will rTMS services cost?

This will depend on what the psychiatrist charges. While the Government determines the Medicare rebate, doctors are free to set their own fees for services. The actual fee charged is a matter between the psychiatrist and you as the patient. Before your treatment commences, it is important to discuss and agree if you will be charged a fee. This is known as 'informed financial consent'.

Will rTMS service be bulk billed?

Like all Medicare services, bulk billing is at the discretion of the treating doctor. If the service is bulk billed, your psychiatrist is agreeing to accept the Medicare rebate as full payment. You cannot be charged any other costs such as booking, administration or record keeping fees.

How much is the Medicare rebate?

The amount of the Medicare rebate will depend on where you receive rTMS services.

- If provided as part of out-of-hospital treatment (outpatient or in consulting rooms), the Medicare rebate will be \$136 for each treatment service, and \$158.45 for each prescription and mapping service. The rebate is 85% of the Medicare schedule fee*.
- If provided as part of hospital treatment (inpatient), the Medicare rebate will be \$120 for each treatment service, and \$139.80 for each prescription and mapping service. The rebate is 75% of the Medicare schedule fee. Private health insurance benefits may also apply (25% of the Medicare schedule fee*).

If you have reached the annual threshold for the Extended Medicare Safety Net, you may be eligible to receive a higher Medicare rebate for out-of-hospital treatment depending on what your psychiatrist charges for the service. Further information about the Extended Medicare Safety Net is available from the [Services Australia website](#).

* Medicare Schedule fee is \$160.00 for each treatment service and \$186.40 for the prescription and mapping service.



Where Medicare-funded rTMS treatment is provided as part of hospital treatment, can a patient also receive private health insurance benefits to cover hospital accommodation and other services?

Yes, but your psychiatrist will need to certify that rTMS treatment as an admitted patient is clinically necessary in your circumstances. You should speak to your psychiatrist, private hospital and health fund about what fees will be charged, and what benefits are payable, before commencing treatment.

Can patients receive privately-funded treatment after 1 November 2021 if they are not eligible for Medicare-funded rTMS services?

Yes. If you are not eligible for Medicare-funded rTMS services, you can continue to access privately-funded treatment. If you have private health insurance, you should speak to your health fund about what private health benefits would apply under your policy.

Where can I find more information?

Further information about the new rTMS arrangements, including details about the MBS items, is available on the MBS Online website at [MBS Online](#). You can also subscribe to future MBS updates by visiting [MBS Online](#) and clicking 'Subscribe' at the bottom of the 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 Fact Sheet is current as of the last updated date shown above and does not account for MBS changes since that date.