Australian Government
Department of Health, Disability and Ageing

CORRECT CLAIMING OF REGIONAL AND FIELD NERVE BLOCK ITEMS

ITEMS 18222 AND 18225

JANUARY 2023*

On 1 March 2022, updates were made to the item descriptors for pain management Medicare Benefits Schedule Items (MBS) 18222 and 18225 for regional or field nerve blocks. This fact sheet outlines these changes and provides information to help ensure the correct billing of these items.

MEDICARE BENEFITS SCHEDULE (MBS) ITEMS 18222 AND 18225

MBS Items 18222 and 18225 are pain management items which are intended for services that involve the continuous infusion or injection by catheter of a therapeutic substance (not contrast agent) to maintain anaesthesia or analgesia.

1 MARCH 2022 CHANGES TO MBS ITEMS 18222 AND 18225

Changes made to the item descriptors for MBS items 18222 and 18225 on 1 March 2022 are outlined in the table below (changes are highlighted in blue). To ensure compliant billing of these items, practitioners should ensure that the **current item description** is being met.

MBS ITEM 18222 AND 18225 ITEM DESCRIPTOR CHANGES

Item number	Previous description (Pre-1 March 2022)	Current description (Post-1 March 2022)
18222	Infusion of a therapeutic substance to maintain regional anaesthesia or analgesia, subsequent injection or revision of, if the period of continuous medical practitioner attendance is 15 minutes or less.	**Continuous** infusion **or injection by catheter** of a therapeutic substance **(not contrast agent)** to maintain regional anaesthesia or analgesia, subsequent injection or revision of, if the period of continuous medical practitioner attendance is 15 minutes or less.
18225	Infusion of a therapeutic substance to maintain regional anaesthesia or analgesia, subsequent injection or revision of, if the period of continuous medical practitioner attendance is more than 15 minutes.	**Continuous** infusion **or injection by catheter** of a therapeutic substance **(not contrast agent)** to maintain regional anaesthesia or analgesia, subsequent injection or revision of, if the period of continuous medical practitioner attendance is more than 15 minutes.

These changes were made to provide improved clarity on the intended use of the items and are a result of recommendations from the Pain Management Clinical Committee (PMCC) of the MBS Review Taskforce. The PMCC recommended amending the descriptors to ensure that these items are not claimed for diagnostic radiology purposes. The changes follow extensive consultation with stakeholders and have been implemented to improve safety and health outcomes by ensuring improved alignment with contemporary best practice.

CORRECT BILLING OF MBS ITEMS 18222 AND 18225

In accordance with the updated item descriptors, MBS Items 18222 and 18225 can only be claimed for regional or field nerve blocks where the service involves the **continuous infusion or injection by catheter** of a therapeutic substance to maintain regional anaesthesia or analgesia.

These items should not be claimed for the infusion or injection of a contrast agent.

Time requirements for these items remain unchanged. To correctly bill these items, practitioners should ensure the specified period of continuous medical practitioner attendance, as per the item descriptors, is appropriately met.

- Item 18222 - the period of continuous medical practitioner attendance is 15 minutes or less.
- Item 18225 - the period of continuous medical practitioner attendance is more than 15 minutes.

ENSURING COMPLIANT CLAIMING

The Department of Health and Aged Care recognises that most health practitioners maintain high professional standards and adhere to the rules that govern access to the MBS.

One of the easiest and most effective ways for a practitioner to ensure high compliance standards in their own practice is through making sure they know what is being claimed under their provider number and taking steps to remedy any errors.

All practitioners play a vital role in supporting Medicare compliance. You can help ensure appropriate MBS claiming and help to avoid inadvertent non-compliance by:

- remembering **you** are responsible for what is claimed under **your** provider number. Be proactive and conduct regular reviews on claiming under your provider number, particularly if your claiming is managed by someone other than yourself.
- being aware and educated on the rules and requirements of the MBS and where necessary utilising the range of services and resources provided by the Department and Services Australia listed on the next page.
- using professional judgment to ensure that you bill MBS items only where services are clinically relevant.
- checking that the full item descriptor requirements of the services have been met before billing against the MBS item(s) and ensuring that claims are made for eligible services only.
- creating and retaining contemporaneous clinical and administrative records.
- proactively contacting the Department of Health and Aged Care and Services Australia if errors in claiming are identified.

Remember, if an error has been made with your MBS claiming, you can complete a Voluntary Acknowledgment of Incorrect Payment form: Voluntary acknowledgement of incorrect payments | Australian Government Department of Health and Aged Care

Scan the code to view further information on the changes

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MORE INFORMATION

Services Australia provider enquiry line: 132 150

askmbs@health.gov.au

www.mbsonline.gov.au

www.health.gov.au

FURTHER SUPPORT, CONTACTS AND RESOURCES

Additional information and resources on health payment programs, compliance, and enforcement for practitioners include the following:

- **AskMBS** – The AskMBS email service responds to enquiries from providers of services listed on the MBS seeking advice on the interpretation of MBS items, explanatory notes and associated legislation. More information about AskMBS can be found on the AskMBS Email Advice Service page.
- **Record Keeping** – Guidelines for administrative and clinical record keeping can be found at the Department of Health and Aged Care website on the Administrative record keeping guidelines for health professionals page.
- **Medicare Billing Toolkit** – Information to assist with the prevention of non-compliance and to assist healthcare professionals to bill correctly can be found at the Compliance education for health professionals Medicare Billing Assurance Toolkit on the Department of Health and Aged Care website.
- **Services Australia** – Services Australia is responsible for the administration of Medicare. More information can be found on the Services Australia website, including a number of educational guides to help practitioners understand their obligations when billing and claiming MBS items.

MEDICARE PROGRAM INFORMATION

- **Medicare Benefits Schedule (MBS)** – Information on the MBS, eligible services and the rules under which services are subsidised can be found on MBS Online.
- **Pharmaceutical Benefits Schedule (PBS)** – Information on the PBS and subsidised medicines can be found on the Pharmaceutical Benefits Scheme (PBS) website.
- **Child Dental Benefits Schedule (CDBS)** – Information about the CDBS is available at: the Child Dental Benefits Schedule page on the Department of Health and Aged Care website.
- **Practice Inventive Programs (PIP)** – Information about PIP can be found on the Services Australia website at the Practice Incentives Program page.
- **Pathology and Diagnostic Imaging** – Guidance on prohibited practices in relation to pathology and diagnostic imaging can be found in The Red Book on the Department of Health and Aged Care website.

COMPLIANCE CONTACTS

Key contact details can be found on the Department of Health and Aged Care website at Medicare Compliance. These contacts include:

- Voluntary Acknowledgement of Incorrect Payments
- Tip-offs
- Review of Decision of a Compliance Audit
- Pathology Rents.