



## Hospital certification for MBS items for repetitive transcranial magnetic stimulation (rTMS)

The following information has been developed to assist practitioners in preparing Type C certification, for submission to private health insurers, where repetitive transcranial magnetic stimulation (rTMS) treatment is provided in hospital.

On 1 November 2021, the Australian Government introduced four new MBS items for patients requiring (rTMS) treatment for the treatment of a medication resistant major depressive disorder.

The new MBS items for rTMS treatment have been classified as Type C procedures. The Private Health Insurance (Benefits Requirements) Rules 2011 (the Rules) define Type C procedures as those that 'do not normally require hospital treatment'. As such, patients should typically receive rTMS treatment out of hospital.

### When is Type C Certification required?

In certain circumstances, where it is deemed clinically appropriate by a practitioner for a patient to receive rTMS treatment as an in-hospital procedure, a [Type C certificate](#)<sup>1</sup> must be provided to a private health insurer, to enable benefits to be paid for the new rTMS MBS item/s. Type C certification is required each time the MBS item/s are claimed.

Type C certification is *not* required for the provision of rTMS treatment where a patient is already an in-patient being treated, assessed, or managed for a depressive episode or complex mental illness, and receives rTMS treatment as a component of that admission.

### How can practitioners ensure their Type C certification is correctly completed?

As you would already be aware, practitioners have an obligation to ensure they complete certification documentation, in detail, and consistent with the requirements as set out in the Rules.

Certification must be provided, in writing, by the treating practitioner explicitly specifying that 'because of the medical condition of the patient specified in the certificate, or because of the special circumstances specified in the certificate, it would be contrary to accepted medical practice for a

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<sup>1</sup> Benefits for day-only accommodation are payable for patients receiving a Type C procedure only if certification is provided. Certification must be provided as follows, the medical practitioner providing the professional service must certify in writing that because of the medical condition of the patient specified in the certificate, or because of the special circumstances specified in the certificate, it would be contrary to accepted medical practice to provide the procedure to the patient unless the patient is given hospital treatment at the hospital for a period that does not include part of an overnight stay.



patient to receive treatment unless they are in hospital (Schedule 1 Part 3 Sections 10 and 11, and Schedule 3 Part 2 Section 7 of the Rules)'.

To address a lack of awareness, and confusion around the documentation requirements associated with Type C certificates, the Department of Health published a circular ([Private Health Insurance Circular PHI 37/17](#)), to provide guidance on the practical application of the Rules, so as to provide an understanding and avoid potential disputes.

To assist practitioners in correctly completing Type C certification documentation, **at a minimum**, they should adopt the following practices:

## What practitioners should do

- ✓ provide sufficient and detailed information in the certificate to allow the health insurer to identify the patient and certifying practitioner.
- ✓ stipulate the specific treatment to be/being provided to the patient in-hospital under the MBS items to which the certificate relates to.
- ✓ specify why the patient's medical condition, or special circumstances, require them to receive rTMS as in-hospital treatment instead of out-of-hospital treatment.
- ✓ provide a signed statement certifying it would be contrary to accepted medical practice to provide the Type C procedure unless the patient receives treatment in hospital.

## What practitioners should NOT do

- ✗ use only MBS item number/s as the description of treatment to be received in hospital.
- ✗ provide generic/non-specific circumstances that are not specific and/or substantive enough to clearly identify why the patient or the treatment required must be in hospital (e.g. 'required for patient safety', 'monitoring patient for adverse reaction').

The Department has consulted with the Royal Australian and New Zealand College of Psychiatrists (RANZCP) who is developing guidance on when it would be appropriate for rTMS to be provided as in-hospital treatment.

Please remember, certification is a clinical decision which should be recorded and supported through clinical records. Insurers cannot challenge the clinical basis of certification. However, insurers may check the validity of certification documentation to ensure it meets the requirements as set out in the Rules.