

17 February 2022

Mr Nigel Murray  
Assistant Secretary  
MBS Policy & Specialist Services  
Australian Government Department of Health  
GPO Box 9848  
Canberra ACT 2601

Via email: [nigel.murray@health.gov.au](mailto:nigel.murray@health.gov.au)

Dear Mr Murray

**Re: MBS Item Numbers 39118, 39110, 39111, 39116, 39117 and 39119**

I am writing to seek urgent advice on behalf of the Faculty of Pain Medicine, Australian and New Zealand College of Anaesthetists with regard to changes in the Medicare Benefits Scheme (MBS) which will come into effect on 1 March 2022. In particular, there appears to be an issue in relation to proposed changes to the above item numbers that will have severe financial implications for those in the community living with chronic pain.

The Pain Management Clinical Committee made recommendations to the Medicare Benefits Schedule (MBS) Taskforce for changes to pain management item numbers which were supported by FPM during the consultation phase. It is apparent from advice given to our Fellows in the last week that the implementation of these recommendations is markedly different from that intended by the Committee.

The intention of the recommendations which related to the frequency restriction on these item numbers was that, as a properly conducted radiofrequency neurotomy should be effective for at least four (4) months, there would be no detriment for the majority of practitioners in restricting claiming to three (3) episodes of care per year. The current item number for this procedure is 39118, it is claimed on a reducing schedule for up to eight (8) joints per treatment session. This is standard practice aimed at reducing the number of times a patient needs to come to theatre and be exposed to radiation. The effect of the department's current interpretation will be to allow us to bill for three (3) joints only per year **in total**.

A number of our fellows have been advised that the item numbers above can only be claimed a **combined total of three (3) times from any region within a twelve month period**. This constitutes a substantial departure from previous practice and will significantly impact patients by increasing their out-of-pocket expenses by hundreds, if not thousands, of dollars each year.

If the interpretation of the Department is adopted by state-based compensable insurers, as well as PHI and Medicare, it will pose an existential threat to both public and private pain services. It will encourage poor practice from providers such as repeated facet joint injections which are less effective and more risky, but which are not subject to the same frequency restriction. It will also render affordability of these procedures out of reach of a disproportionate number of our patients, even those on limited incomes who make financial sacrifices to keep their health insurance, and whom many of our private practitioners can currently offer no-gap fees to.

Our Fellows and their clinics will not have the financial capacity to absorb such massive reductions in their rebate revenue, driving more patients to the already dysfunctional and underfunded public hospital system and increase patient waiting times even further.

The Faculty of Pain Medicine is seeking urgent clarification and attention to this. We urge an immediate reconsideration of this interpretation which is not in the spirit, or indeed the letter in our opinion, of the revised item number descriptions.

The Australian community has already seen poorly planned implementation of item number revisions in several other craft groups, and this may well be the most damaging one yet to the health and wellbeing of the community, given the substantial societal burden of chronic pain.

If the interpretation of these item numbers is not reconsidered prior to the 1<sup>st</sup> March, the Faculty will withdraw its support from the implementation process and begin advocating strongly against the changes and utilise all means at our disposal to publicise the damaging effect of these sweeping cuts to Medicare support for Australians living with chronic pain.

I look forward to your urgent consideration of this matter and am available to discuss this critical issue with you and your departmental officers.

Yours sincerely



**Associate Professor Michael Vagg**  
**Dean, Faculty of Pain Medicine**

Cc: Geoff Simpson – [geoffrey.simpson@health.gov.au](mailto:geoffrey.simpson@health.gov.au)  
Clinical Lead  
Clinical Committee Support &  
Implementation Section