

Medical Services Advisory Committee (MSAC) Application 1358.1: Vagus nerve stimulation (VNS) therapy for epilepsy

What is Vagus nerve stimulation therapy for epilepsy?

Vagus nerve stimulation therapy for the treatment of drug-resistant epilepsy uses a small device implanted under the skin of the chest that sends regular, mild pulses of electrical energy to the brain via the vagus nerve, preventing seizures typically associated with epilepsy. Epilepsy is a disorder involving spontaneous, recurrent seizures caused by a disruption of electrical activity in the brain. Vagus nerve stimulation therapy involves inserting a small pulse generator (similar to a pacemaker) under the skin in the left chest wall. A wire is attached to the left vagus nerve in the neck to deliver precisely timed and measured electrical stimulation. A doctor can adjust and set the timing and degree of stimulation using a hand-held programming device.

Why was the application for MBS funding supported?

MSAC considered a range of clinical and economic reasons to support listing the therapy on the Medicare Benefits Schedule (MBS). The committee recommended that the therapy be listed because:

- it was found to be safe, clinically effective and cost-effective; and
- the therapy results in a decrease in both the rate and severity of seizures for patients who don't respond to other treatment.

What alternatives are available?

The therapy is an alternative to conventional treatment in patients with epilepsy suffering ongoing, severe and frequent seizures who are unsuitable for surgery and when other treatments (including anti-epileptic drugs) have not worked.

What happens next?

The Australian Government has decided to follow MSAC's recommendation and the therapy is now funded by Medicare and listed as items on the MBS (www.mbsonline.gov.au). The relevant MBS items are 40701, 40702, 40704, 40705, 40707 and 40708.

What out-of-pockets expenses are involved?

Each service listed in the MBS has a unique item number along with a description of the service and the Medicare fee. The amount of rebate for the Medicare service differs depending on whether the service is provided in hospital (75% of the Medicare fee) or out of hospital (85% of the Medicare fee). Medicare benefits do not always cover the full costs of treatment.

Doctors may bill patients above the Medicare rebate, and this leads to a gap between the Medicare benefits paid to the patient and doctors' fee. If a patient has private health insurance (for in hospital services only), this will cover some or all of this gap. Patients should ensure they are aware of all costs involved in their treatment, including out-of-pocket costs, before they receive it. For MBS services performed out-of-hospital, Medicare Safety Nets provide families and singles with an additional benefit, once an annual limit (or threshold) is reached. Further information about Medicare Safety Nets is at:

<https://www.humanservices.gov.au/individuals/services/medicare/medicare-safety-net>

Where can I find out more?

A full summary of MSAC's decision is at www.msac.gov.au

People should talk with their doctor if they have any concerns about their health. Every Australian citizen, and some other people, are entitled to free public hospital care under Medicare. Patients with private health insurance can retain the right to be treated as either public or private patients in public hospitals.