

RADIATION THERAPY: WHAT YOU NEED TO KNOW ABOUT THE COST OF TREATMENT IN AUSTRALIA



The Royal Australian
and New Zealand
College of Radiologists®

There are several cost factors you and your family need to think about when choosing the best treatment provider for you. These include direct costs such as those covered by Medicare, and other costs such as travel, parking, accommodation and any allied health care that may be required. Many radiation therapy centres have staff who can talk you through these considerations.

For more information about radiation therapy and how it helps patients visit <https://www.targetingcancer.com.au/what-is-radiation-therapy/>

WHAT ARE THE COSTS ASSOCIATED WITH RADIATION THERAPY?

Radiation therapy treatment at public or partnership radiation therapy centres (where public services are provided at a public centre by a private provider) is generally provided without a cost to the patient.

Radiation therapy at a private centre may incur out of pocket costs, also known as a gap or gap payment. This is the difference between the cost of treatment and Medicare rebate. You are required to pay the full cost yourself before you can claim a rebate from Medicare.

Any direct costs charged by a radiation therapy centre, Medicare rebates applicable to you and any out of pocket costs (gap) that you will need to pay must be made clear to you before treatment begins.

You will also need to confirm with the radiation therapy centre what other costs you are likely to need to pay as part of your overall treatment and recovery. Allied health care providers may be free of charge in the public system or may incur a cost if they are private providers. Your doctor or the radiation therapy centre may be able to advise you about your eligibility for government assistance for travel and accommodation.

You have the right to choose the radiation therapy centre who will provide your treatment based on your needs and considering all the costs involved. Many radiation therapy centres have accounts staff to talk you through these considerations.



WHAT ARE MEDICARE CONTRIBUTIONS AND OUT OF POCKET COSTS FOR RADIATION THERAPY?

Medicare reimburses 70-80% of the cost of the treatment at private radiation therapy centres.

For most patients, an out of pocket cost (gap), is the amount paid after the Medicare reimbursement is paid to you. For example, if Medicare covered 70% of treatment costs the breakdown may be as follows:

<i>Direct cost of treatment</i>	<i>\$ 1,000 (to be paid by you)</i>
<i>Less Medicare reimbursement</i>	<i>\$ 700 (to be reimbursed to you by Medicare)</i>
<i>Out of pocket cost</i>	<i>\$ 300</i>

This example does not represent actual treatment costs.

The reimbursement is usually paid within 1-2 days into your bank account that is registered with Medicare.

WHAT IS THE MEDICARE SAFETY NET?

The Medicare Safety Net is a Federal Government health program that provides a higher Medicare benefit for eligible services, including radiation therapy, when a health consumer reaches a threshold of out of pocket costs (gap payments). This threshold depends on personal circumstances, for example, if the health consumer holds a concession card.

You need to meet certain criteria to be eligible for the Medicare Safety Net.

The Medicare Safety Net thresholds and any reimbursements are reviewed annually on 1 January and calculated for the calendar year. Single individuals are automatically registered but families need to formally register with the program.

The Medicare Safety Net provides an extra benefit to health consumers with high out of pocket medical treatment costs. It reduces the amount of out of pocket costs for radiation therapy.

The Medicare Safety Net does not reduce the direct cost of radiation therapy treatment. It results in a higher Medicare rebate, reducing the out of pocket cost to you.

The standard Medicare rebate and the additional Medicare Safety Net rebate are automatically calculated and paid into your bank account once a fully paid claim is lodged with Medicare.

For more information about the Medicare Safety Net (including how to register as a family) visit

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

RADIATION THERAPY AND PRIVATE HEALTH INSURANCE

Radiation therapy is usually an outpatient treatment and as such is not covered by private health insurance, regardless of the level of coverage.

Some private health insurance products will cover radiation therapy if you are being treated as an inpatient. You should speak to your health insurance provider to clarify coverage.

WHAT IF I HAVE A CONCESSION CARD (HEALTHCARE/PENSIONER CARD)?

Holding a Concession Card does not automatically mean that out of pocket costs (gap) will be lower. Please let the radiation therapy centre know that you have this as it helps them to understand your individual circumstances.

Holding a Concession Card reduces the level at which the Medicare Safety Net Threshold applies and provides extra support to reduce your out of pocket costs.

WHAT IF I HAVE A DEPARTMENT OF VETERANS' AFFAIRS (DVA) CARD?

DVA Gold Card holders are supported by the Department of Veterans' Affairs to receive radiation therapy with no out of pocket cost.

DVA White Card holders are not always supported by the Department of Veterans' Affairs. If you hold a DVA White Card you should check with the Department of Veterans' Affairs.

For more information visit www.dva.gov.au

WHAT IS INFORMED FINANCIAL CONSENT AND HOW DOES IT RELATE TO RADIATION THERAPY?

When agreeing to treatment at a radiation therapy centre, you should be provided with written information about the Medicare contribution to the treatment and any out of pocket costs (gap payments) plus any other costs that may apply.

HOW DO I CHECK WHAT HAS BEEN PAID BY MEDICARE OR MY PRIVATE INSURER?

You can review previous Medicare contributions towards your radiation therapy by looking at your account online at <https://my.gov.au>

This applies to treatment at both public and private radiation therapy centres.

If applicable, you can review the contribution of your private health insurance by asking your health insurance provider for a statement.

QUESTIONS TO ASK YOUR RADIATION THERAPY PROVIDER ABOUT COSTS

- What are your fees? Can I have an estimate of these in writing?
- Are there additional fees for other doctors or healthcare professionals? Are these fees included in your estimate?
- Will I have any out of pocket costs/gap payments?
- If the cost changes, when will you let me know?
- When do I need to pay?
- Do I need to pay the whole amount upfront? Or can I pay in instalments?
- What if I need a prosthesis/implant?
- Should I contact my health insurance provider?
- Can I access any assistance in relation to accommodation and travel?

