In Australia, Medicare (and private health insurance) cover a substantial proportion of the costs associated with IVF and other assisted reproductive treatments.

The difference between the Medicare benefit and the amount charged by the clinic is the ‘out-of-pocket costs’.

These costs vary, depending on the treatment you will need, the clinic you attend and whether you have reached the Extended Medicare Safety Net threshold.
The services that clinics include in their ‘global’ fee per cycle vary, so if you know what services and medications will be required in your treatment, you will be in a better position to ask clinics what they would include in a cycle fee and what you would have to pay for separately.

Before starting IVF treatment you will have:

Medical tests
After initial tests to find out why you have not been able to get pregnant, you may need to have further medical tests before treatment can begin.

These might include:
- screening blood tests (blood group; German measles; chicken pox; hepatitis B and C; HIV and syphilis)
- other blood tests (depending on the cause of infertility, you may need to have some hormone levels checked, such as Anti-Mullerian Hormone (AMH), which gives an indication of a woman's ovarian reserve).
- semen analysis
- ultrasound examinations.

Medicare rebates are available for the majority of these assessments, so make sure you have a current referral from your doctor (GP). Check with your clinic if there are additional costs for any pre-treatment tests or counselling.

Counselling
In the Australian state of Victoria it is a legal requirement for people undergoing IVF to see an infertility counsellor before starting treatment.

Information session(s)
At most clinics, you will have an information session with a nurse who will make sure you know what an IVF cycle involves, that you understand what medications you will be taking and what you need to do as part of your IVF treatment. You may also meet with administrative staff who explain the financial aspects of your treatment.

Steps in the IVF cycle
There are a number of stages involved in IVF treatment. It will help to be familiar with the stages of treatment to understand the costs involved for each stage.

• Step 1: some treatments involve taking medications that ‘switch off’ the woman’s natural cycle of egg production in the ovaries (down-regulation).

• Step 2: stimulation of the ovaries to produce more than one egg (ovulation induction).

• Step 3: collecting the eggs from the woman’s ovaries (egg pick-up).

• Step 4: collecting sperm from the male partner (if applicable).

• Step 5: fertilising the eggs with a male partner’s or donor’s sperm in a laboratory. This will entail either the standard IVF or the Intracytoplasmic sperm injection (ICSI) process. ICSI entails further costs.

• Step 6: incubating the fertilised eggs for a few days. Fertilised eggs that have started to develop are called embryos.

• Step 7: after a few days the embryo(s) is/are put into the woman’s uterus (embryo transfer).

• Step 8: if there are additional suitable embryos these are frozen and can be used in subsequent cycles.

• Step 9: approximately two weeks after embryo transfer a pregnancy test will determine if the treatment has been successful.
IVF cycle

**During the treatment cycle the IVF cycle fee covers the following:**
- Specialist and nursing consultations
- Counselling while on treatment
- Ultrasound scans
- Blood tests
- Embryology/laboratory services
- Semen preparation
- Egg collection (a private health fund may contribute to this cost)
- Embryo transfer (a private health fund may contribute to this cost)
- Some treatment medications (Medicare covers the cost of some treatment medications)
- Pregnancy test

**The following services may incur additional costs:**
- Pre-treatment counselling
- Pre-treatment tests
- ICSI (intracytoplasmic sperm injection)
- Extended embryo culture to blastocyst stage (if required)
- Excess embryo freezing
- Ongoing embryo storage
- Day surgery or hospital costs (for egg pick up and embryo transfer) – anaesthetist and bed fees
- Specialist consultation fees
- Early pregnancy care

**Frozen embryo transfer cycle**

If the IVF cycle results in more than one or two embryos assessed as suitable for transfer, those remaining can be frozen for later use. In a frozen embryo transfer cycle, the embryos are thawed and transferred when the lining in the uterus has the best chance for embryo implantation. This is either a couple of days after ovulation in a natural cycle or after a couple of weeks of taking estrogen tablets to build up the lining in the uterus.

**During the frozen embryo transfer cycle the IVF fee covers the following:**
- Blood tests
- Ultrasounds
- Embryology/laboratory services

**You should check with the clinic whether the fee includes:**
- Specialist and nurse consultations
- Medications

Intrauterine insemination cycle

**Treatment involves inserting the male’s concentrated semen through the neck of the womb and into the uterus close to the time of ovulation.**

**During the treatment cycle the Medicare rebate should include the following:**
- Blood tests
- Ultrasound scans
- Some treatment medications
- Sperm preparation
- Insemination

**Additional costs:**

**ICSI (Intracytoplasmic sperm injection)**

ICSI is used when there is male-related infertility such as a low sperm count. ICSI follows the same process as IVF, except ICSI involves the direct injection of a single sperm into each egg to achieve fertilisation. There is a Medicare rebate for ICSI but most clinics charge more than the rebate so there is also an out-of-pocket cost.

**Other laboratory procedures**

In addition to the standard embryology procedures, your fertility specialist might recommend other procedures such as preimplantation genetic diagnosis (PGD). If additional procedures are recommended ask the clinic about the costs associated with these.

**Hospital/ Day surgery**

With most clinics, patients’ egg collection takes place in a private hospital or day surgery centre. Medicare does not provide a rebate for private hospital fees but if you have private health insurance and have served the mandatory waiting period your health fund may cover a portion of the hospital costs. Contact your health fund directly to ask.

**Anaesthetist**

You may also incur a fee for the anaesthetist attending to you during the egg collection procedure. If you have private health insurance and have served the mandatory waiting period, you might be eligible for a rebate from your health fund.

**Medication**

Your fertility specialist might prescribe medication that is not covered by the Pharmaceutical Benefit Scheme (PBS). Ask the clinic about fees associated with all medications that the fertility specialist prescribes.

**Donor eggs/sperm/embryos**

If you need to use donor eggs, sperm or embryos, this will incur additional costs.
Medicare rebate
Most of the services and products you will need to have an IVF treatment attract a Medicare rebate. Medicare will reimburse you for part of the cost of your treatment when your treatment is complete.

Extended Medicare Safety Net
The Extended Medicare Safety Net exists to help people with the costs of having recurring medical treatment. When your out-of-hospital, out-of-pocket medical expenses reach a certain level – $1222 (or $611 for Commonwealth concession card holders and those receiving Family Tax Benefit – Part A) – in one calendar year, the Extended Medicare Safety Net applies and you will get a further rebate for your IVF treatment expenses. However for IVF services there is a cap on the rebate that can be paid under the safety net.

Medicare rules change, so please check with your clinic’s accounts department for the latest updates. For more information on the Extended Medicare Safety Net rebate and current safety net threshold please contact Medicare on 132011 or refer to the Medicare website www.medicareaustralia.gov.au.

How the Medicare safety net works – an example:
Say that the clinic’s fee for an initial IVF cycle is $8500 and Medicare rebates for the services within the treatment cycle add up to $3500. You would have to pay the difference – $5000, so this would be your ‘out-of-pocket’ expense.

In addition to Medicare rebates attached to IVF services, there is an Extended Medicare Safety Net (EMSN). You are eligible for the EMSN rebate if your out-of-hospital, out-of-pocket medical expenses exceed the safety net threshold in a calendar year. As the threshold is currently $1222 or $611 concession, in this scenario your medical expenses would exceed the safety net threshold, meaning you can claim an EMSN rebate.

Under the EMSN, Medicare will cover 80 per cent of your out-of-pocket expense or the Extended Medicare Safety Net Cap figure, whichever is lower, for out-of-hospital services. In this case, the cap figure for an initial IVF cycle would be $1686, so you would get an Extended Medicare Safety Net rebate of $1686. (The $1686 figure comes from a Medicare table which lists rebates for IVF services.)

So the final cost to you would be $5000 (out-of-pocket expense) minus the Extended Medicare Safety Net rebate of $1686, which equals $3314.

“No up-front fees” payment plans
Some clinics offer delayed payment plans, in which patients start their IVF cycle but don’t have to pay until later. This means there is less time between paying for the treatment and receiving the Medicare rebate for the treatment. Ask your clinic about payment plans.

Sample questions
As individual treatments vary, it’s impossible to list all the questions you should ask clinics to determine how much your treatment will cost. The following are some sample questions to ascertain the cost of an average IVF cycle:

- Are scans and tests leading up to the treatment covered in your cycle fee?
- Does the cycle fee include the fertility specialist’s fee?
- What medications will I have to take as part of my treatment, how much will they cost and which are covered by Medicare?
- Is embryo storage covered in the cycle fee?
- How much will I have to pay for the hospital/day surgery and anaesthetist?

For more information visit the Victorian Assisted Reproductive Treatment Authority at www.varta.org.au or phone 03 8601 5250.