

Medical Services Advisory Committee (MSAC) Application 1182: The use of intensity modulated radiation therapy (IMRT)

What is IMRT?

IMRT uses radiation to treat a variety of cancers such as head and neck, genitourinary and anal cancers. The radiation beam can be altered so that the cancer is more precisely targeted and other surrounding organs and tissues that do not require treatment are largely avoided. This often allows higher doses of radiation to be delivered to the cancer whilst reducing the potential side effects that can come from unnecessarily treating other nearby normal areas of the body. This may lead to a higher chance of cure of some cancers and significantly reduces the risk of damage to normal tissue from radiation.

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 the therapy provides good treatment outcomes in some patients, such as those with small tumours near important organs when compared to standard radiation treatment.

What alternatives are available?

This therapy is an alternative to radiation therapy 3D-CRT, which is similar in the radiation intensity and distribution, but is less precise than IMRT.

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 15555, 15565, 15275 and 15715 on the MBS (www.mbsonline.gov.au).

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.