

Medical Services Advisory Committee (MSAC) Application 1365.1: Active middle ear implants for sensorineural hearing loss

What are active middle ear implants and sensorineural hearing loss?

Sensorineural hearing loss is hearing loss (or deafness) due to damage to, or a malfunction of the inner ear and/or the nerve for hearing. This results in a loss of loudness as well as a lack of clarity. It can be caused by ageing, excessive noise exposure, diseases such as meningitis or Meniere's disease and viruses such as mumps or measles. There is rarely any medical treatment available for hearing loss, which is mostly permanent, so hearing devices are often recommended. Active middle ear implants are audio processors implanted into the middle ear through surgery just behind the ear. A signal from the implant travels through vibrations that stimulate bones in the middle ear, which we hear as sound. The person using the implant can control the level of vibrations.

Why was the application for MBS funding supported?

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

- it was found to be safe, clinically effective and cost effective; and
- the implant meets a considerable unmet clinical need for patients who are unable to use other implants.

What alternatives are available?

The implant suits some kinds and degrees of hearing loss, and is for patients who, for a range of medical reasons, cannot wear other hearing aids. The alternative for these patients is no treatment at all.

What happens next?

The Australian Government has decided to follow MSAC's recommendation and the implant is now funded by Medicare and listed as item 41618 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.