

PROSTHESIS INFORMATION

Under the *Private Health Insurance Act 2007*, private health insurers are required to pay benefits for a range of prostheses that are provided as part of an episode of hospital treatment or hospital substitute treatment for which a patient has cover and for which a Medicare benefit is payable for the associated professional service.

The type of products on the Prostheses List include cardiac pacemakers and defibrillators, cardiac stents, hip and knee replacements and intraocular lenses, as well as human tissues such as human heart valves, corneas, bones (part and whole) and muscle tissue. The list does not include external legs, external breast prostheses, wigs and other such devices.

The Prostheses List contains prostheses and human tissue prostheses and the benefit to be paid by the private health insurers. There are more than 9,500 products on the Prostheses List. With respect to the benefits, there are two categories of prostheses:

No-gap prostheses

No-gap prostheses are listed with a single benefit. Assuming the conditions for the insured patient above are met, health insurers are required to pay this benefit.

Gap-permitted prostheses

Gap-permitted prostheses have both a minimum and maximum benefit listed. For these prostheses private health insurers are required to pay at least the minimum benefit.

Patients may incur an out-of-pocket expense for these prostheses, which, at a maximum, will be the difference between the minimum and the maximum benefit.

For further current Prosthesis information please refer to:

<http://www.health.gov.au/internet/main/publishing.nsf/Content/prostheses-list-pdf.htm>