

ANSWERS TO QUESTIONS ON NOTICE

HEALTH AND AGEING PORTFOLIO

12 November 2012

Question no: 6

Topic: INQUIRY INTO MEDICARE FUNDING FOR HYPERBARIC OXYGEN TREATMENT

**Type of Question:** Written Question on Notice

Senator Fierravanti-Wells asked:

What proportion of services are bulk-billed for non-diabetic treatment and what are the average out-of-pocket costs?

Answer:

HBOT for the treatment of non-diabetic wounds, such as radionecrosis, and chronic wounds in non-diabetic patients were funded under the same MBS item number (13015) until 1 November 2012.

In 2011-12, the bulk-billing rate for item 13015 overall (for both clinical indications) was 44 per cent. There were no patient copayments for services provided out-of-hospital (42 per cent of total services), with all being bulk-billed. As Medicare does not capture information on private health insurance arrangements, it is not possible to determine patient copayments for the 58 per cent of services provided in-hospital.