KEEP IT SIMPLE

ONE PRESCRIPTION, ONE PATHWAY

Revealing the hidden complexity in accessing MBS funded radioligand therapy

Australia's healthcare system is built on the principle that everyone should be able to access the medicines and care they need, regardless of income or location. This is supported by two key programs: Medicare, which subsidises medical services and some therapeutics through the Medicare Benefits Schedule (MBS), and the Pharmaceutical Benefits Scheme (PBS), which subsidises the cost of essential medicines, some vaccines and therapeutics.

When it comes to accessing medicines or therapeutics both programs aim to make healthcare affordable, but they operate very differently. The PBS offers a simple, cost effective and consistent process. Patients receive a prescription from their prescriber, take it to a pharmacy, and pay a set co-payment – no more than $31.60 in 2025.

Accessing MBS-funded therapeutics, like radioligand therapy, is far more complex. Costs and rebates vary depending on whether they are provided in the public or private system, where the service takes place, the type of service, local billing practices, how the claim is processed, and how much is being charged.

If we want truly equitable access, we need to apply the same clarity seen in the PBS to the way Australians access MBS funded medicines and therapeutics.

evohealth

August 2025

EQUITABLE ACCESS TO **MEDICINES AND THERAPEUTICS**

The process for accessing medicines, vaccines and therapeutics through the PBS is straightforward. The price is known in advance, the subsidy is applied automatically, and there is no paperwork for the patient. They simply pay a fixed co-payment, or less, at the pharmacy.

In comparison, accessing medicines and therapeutics funded through the MBS can be confusing and inconsistent. Patients often don't know what a treatment will cost, whether they're eligible for a rebate, or how much and when they will be reimbursed — if at all. While the MBS lists standard fees, the added complexity of gap payments, providers charging above the schedule fee, and varied billing practices means there is no clear or central way for patients to understand what they will pay or be reimbursed. The rebate depends on the provider's fee, the referral pathway, and whether care is delivered in a public or private setting. For many, figuring out what is covered and how to claim a rebate is a burden itself.

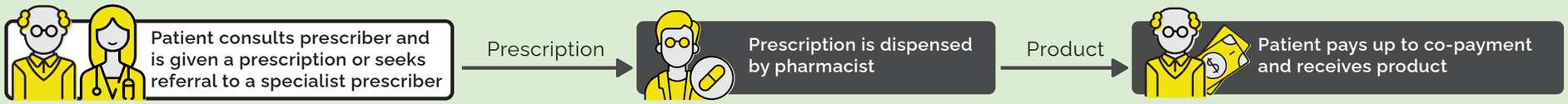
PBS Reimbursement

- ✔ Predictable cost (fixed amount paid up to co-payment)
- ✔ No claiming process for the patient

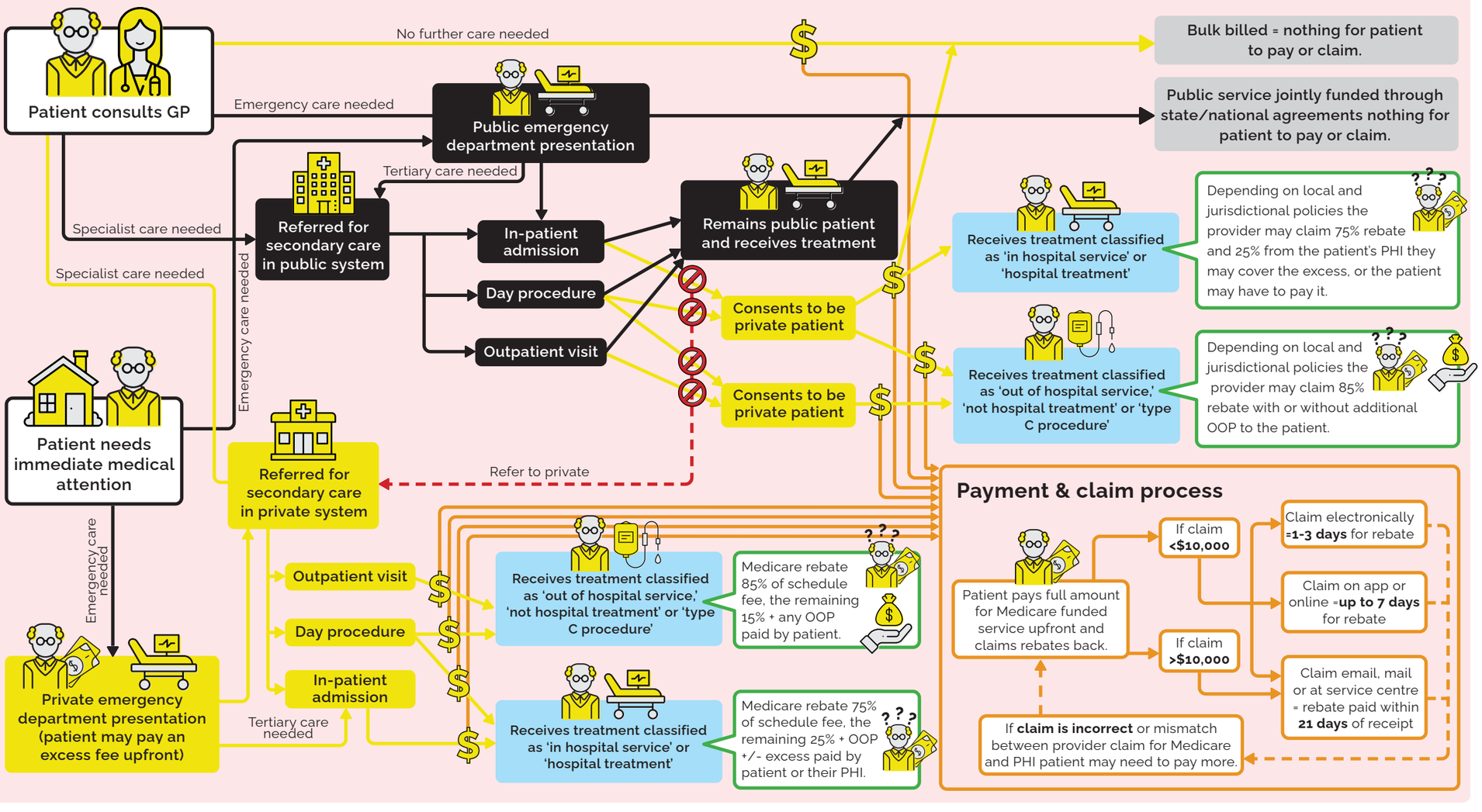
MBS Reimbursement

- ✖ Unpredictable cost (unless bulk billed)
- ✖ Unclear to patient influence of service setting and classification on cost
- ✖ Partial subsidy (unless bulk billed)
- ✖ Complex billing, multiple pathways to claim, pay full cost upfront, wait time for reimbursement
- ✖ Jurisdictional policies influence access and cost

Access to **PBS medicines and therapeutics**



Access to **MBS funded medicines and therapeutics**



Key

Access to services depends on local and jurisdictional MBS private billing policies. If an equivalent service isn't available in the public system, patients may be referred privately — facing high OOP costs or missing out on care altogether.

The decision to treat may depend on a patient's ability to pay. The total cost is influenced by the MBS schedule fee, the Medicare rebate, their safety net status and any additional charges set by the provider. This creates significant variability in OOP costs, which are often difficult for patients to anticipate. In many settings the patient must pay before the service is provided.

Medicare Safety Nets

- Original Medicare Safety Net (OMSN): Once the threshold is met, Medicare covers 100% of the schedule fee for out-of-hospital services. The patient only pays any additional out-of-pocket costs charged above the schedule fee.
- Extended Medicare Safety Net (EMSN): After reaching the threshold, Medicare provides an additional 80% rebate OOP costs, up to any applicable service caps.

OOP costs vary based on local and jurisdictional policies, provider billing practices, and private health insurance coverage. In some cases, additional costs are passed on to the patient, while in others they may be absorbed through alternative funding arrangements.

- Public system
- PBS access
- Non-MBS funded care pathway
- PBS pathway
- Private system
- Patient MBS payment and rebate claiming process
- MBS funded care pathway
- Medicare service classification
- Service cost
- Community or primary care setting
- Non hospital treatment
- GP or prescriber
- Patient
- Community
- Private
- Public
- Hospital treatment
- Payment

REFERENCES

1. Australia. Health Insurance Act 1973. Act No. 42 of 1974. 1973; Available from: https://www.legislation.gov.au/C2004A00101/latest/versions.
2. Australia. National Health Act 1953. Act No. 95 of 1953. 1953; Available from: https://www.legislation.gov.au/C1953A00095/latest/text.
3. Australia. Private Health Insurance Act 2007. Act No. 42 of 2007. 2007 Available from: https://www.legislation.gov.au/C2007A00031/latest/text.
4. Services Australia. About Medicare. 2023; Available from: https://www.servicesaustralia.gov.au/about-medicare?context=60092.
5. Department of Health and Aged Care. MBS Online. 2025; Available from: https://www.mbsonline.gov.au/.
6. Department of Health and Aged Care. Understanding Medicare - Provider Handbook, . 2024; Available from: https://www.health.gov.au/sites/default/files/2024-11/understanding-medicare-provider-handbook.pdf.
7. Services Australia. Medicare claims 2024; Available from: https://www.servicesaustralia.gov.au/medicare-claims?context=60092.
8. Services Australia. MBS and DVA billing 2024; Available from: https://www.servicesaustralia.gov.au/mbs-and-dva-billing?context=20.
9. Services Australia. Submit claims using Medicare Easyclaim. 2024; Available from: https://www.servicesaustralia.gov.au/submit-mbs-claims-using-medicare-easyclaim?context=20#accordion2.
10. Services Australia. 90 day pay doctor cheque scheme. 2024; Available from: https://www.servicesaustralia.gov.au/90-day-pay-doctor-cheque-scheme?context=20.
11. Department of Health and Aged Care. Medicare Safety Net Arrangements – 1 January 2025. 2024; Available from: https://www.mbsonline.gov.au/internet/mbsonline/publishing.nsf/Content/Factsheet-EMSN-1Jan2025.
12. Services Australia. Medicare Safety Nets. 2023; Available from: https://www.servicesaustralia.gov.au/medicare-safety-nets.
13. Services Australia. How they work 2022; Available from: https://www.servicesaustralia.gov.au/how-medicare-safety-nets-and-thresholds-work?context=22001.
14. Services Australia. Original Medicare Safety Net. 2021; Available from: https://www.servicesaustralia.gov.au/original-medicare-safety-net?context=22001.
15. Services Australia. Extended Medicare Safety Net. 2024; Available from: https://www.servicesaustralia.gov.au/extended-medicare-safety-net?context=22001.
16. Australian Medical Association. Guidance for Practitioners on when to claim 75 / 85 / 100% benefits under Medicare for health professionals – December 2021. 2022; Available from: https://www.ama.com.au/articles/guidance-practitioners-when-claim-75-85-100-benefits-under-medicare-health-professionals.
17. Australia. Private Health Insurance (Benefit Requirements) Rules 2011. F2011L02160.; Available from: https://www.legislation.gov.au/F2011L02160/latest/text.
18. SA Health. Policy: Medicare Billing for Private Outpatients (Version 4.0). 2022; Available from: https://www.sahealth.sa.gov.au/wps/wcm/connect/public+content/sa+health+internet/about+us/governance/policy+governance/policies/medicare+billing+for+private+outpatients+policy
19. Services Australia. Apply for additional provider numbers. 2024; Available from: https://www.servicesaustralia.gov.au/apply-for-additional-provider-numbers?context=20.
20. Services Australia. Eligibility for Health Professionals 2024; Available from: https://www.servicesaustralia.gov.au/eligibility-for-health-professionals?context=20#accordion4.
21. Services Australia. Medicare online account help - Make a Medicare claim. 2025; Available from: https://www.servicesaustralia.gov.au/medicare-online-account-help-make-medicare-claim.
22. Services Australia. Medicare Benefits Schedule (MBS) items online checker. 2024; Available from: https://hpe.servicesaustralia.gov.au/INFO/MBS/MBSM05INFO1.pdf.
23. National Health Funding Body. National Health Reform Agreement. Available from: https://www.publichospitalfunding.gov.au/about-us/nhr-agreement.
24. National Health Funding Body. Basis of National Health Reform funding - Commonwealth 2020-21 to 2024-25. Available from: https://www.publichospitalfunding.gov.au/basis-national-health-reform-funding-commonwealth-2020-21-2024-25?utm.
25. Solomon, S., Health reform and activity-based funding. Medical Journal of Australia, 2014. 200(10): p. 564-564.
26. National Health Reform Agreement – Addendum 2020–25 [Internet]. 2020; Available from: https://www.health.gov.au/our-work/2020-25-national-health-reform-agreement-nhra.
27. Department of Health, Guideline for substantiating services provided under rights of private practice at public hospital outpatient departments.
28. Department of Health and Aged Care. Medicare billing in public hospitals – overview 20 March 2023. 2023; Available from: https://www.health.gov.au/sites/default/files/2023-03/medicare-billing-in-public-hospitals-overview.pdf.
29. Department of Health Disability and Ageing. What private health insurance covers. 2022; Available from: https://www.health.gov.au/topics/private-health-insurance/what-private-health-insurance-covers.
30. Department of Health Disability and Ageing. Private hospitals 2024; Available from: https://www.health.gov.au/topics/hospital-care/about/private-hospitals.
31. Department of Health Disability and Ageing. Out of pocket costs. 2025; Available from: https://www.health.gov.au/topics/private-health-insurance/what-private-health-insurance-covers/out-of-pocket-costs.
32. Department of Health and Aged Care. Clarifying MBS Items that are Hospital Only Services. 2025; Available from: https://www.mbsonline.gov.au/internet/mbsonline/publishing.nsf/Content/C8663BE325CD4C18CA258C3B0011B05A/$File/PDF%20Version%20-%20Clarifying%20Hospital%20Only%20Services.pdf

GLOSSARY

Term	Description
Bulk billing	A healthcare provider accepts the Medicare benefit as full payment for a service, with the patient's agreement.
Claimant	The individual who submits the claim to Medicare and receives the rebate. In most cases, the patient is also the claimant, but a parent, carer, or authorised representative may act as the claimant on the patient's behalf.
Gap	The difference between the MBS schedule fee and the rebate.
Medicare Benefits Schedule (MBS)	A list of medical services for which the Australian Government provides a rebate to patients.
Medicare rebate or benefit	The amount Medicare pays toward the service. Typically, 85% of the schedule fee for out-of-hospital services or 75% for in-hospital services.
Medicare	Australia's publicly funded universal health insurance scheme.
Out-of-pocket cost (OOP)	The total amount the patient pays above the MBS item rebate, which includes the gap and any additional fee charged beyond the MBS item fee.
Patient	The person who receives the medical service.
Pharmaceutical Benefits Scheme (PBS)	The Pharmaceutical Benefits Scheme (PBS) is a government program that subsidises the cost of prescription medicines to make them affordable for all Australians.
Private health insurance (PHI)	A type of cover that individuals can purchase to help pay for health care services and treatments that are not fully covered by Medicare.
Provider	The health professional who performs the Medicare-eligible service.
Schedule fee	The amount set by the Government as the standard cost of a MBS service item. Providers may charge more or less than this fee.

evohealth

August 2025

+61 2 6198 3440

www.evohealth.com.au

Level 1, 18 National Circuit,
Barton ACT, Australia 2600

Funding to develop this article has been received from Novartis. Novartis representatives did not participate in the development of the article to ensure the independence of Evohealth.