



Medicare and benefits for Assisted Reproductive Technology – definition of infertility

Change to the Australian fertility sector's definition of infertility

Last updated: 20 August 2025

In **August 2024** the Australian and New Zealand Society for Reproductive Endocrinology and Infertility (ANZSREI) released an updated clinical definition of infertility. The new definition was endorsed by the Fertility Society of Australia and New Zealand (FSANZ) and by Royal Australian and New Zealand College of Obstetricians and Gynaecologists (RANZCOG).

The definition broadens the sector's previously accepted definition of infertility to include:

“the inability to achieve a successful pregnancy based on a patient's medical, sexual, and reproductive history, age, physical findings, diagnostic testing, or any combinations of these factors” and “the need for medical intervention... to achieve a successful pregnancy.”

The consensus statement can be found [here](#), or by going to the ANZSREI website at www.anzsrei.com and navigating to the 'Consensus Statement' page.

What does this mean for providers?

The Australian Government supports Australians to access high quality and affordable health care by providing both free and subsidised health care services.

This includes providing Medicare benefits for privately rendered services listed on the Medicare Benefits Schedule (MBS), including those used for Assisted Reproductive Technology (ART) treatment including in-vitro fertilisation (IVF).

Clinically relevant services

In order to receive a benefit from the MBS, a professional service provided must be 'clinically relevant' and all elements of the item descriptor must be met.

Under the MBS (subsection 3(1) of the [Health Insurance Act 1973](#)), a clinically relevant service is one which is “*generally accepted in the medical profession as being necessary for the appropriate treatment of the patient to whom it is rendered*”.

The Department of Health, Disability and Ageing (the department) relies on the judgement of health practitioners in determining the appropriate care for patients and in upholding the principle of clinical relevance when billing under the MBS.

Claiming ART services on the MBS

It is a claiming practitioner's responsibility to consider the clinical circumstances of any services rendered and to determine the appropriate MBS item(s) to claim, if any.

If a provider determines that delivering ART/IVF services is clinically relevant for that patient, they may bill under MBS items related to that treatment, as long as all elements of the item descriptor/s are met.

Where a service is not considered clinically relevant, MBS items may not be used. If a patient or service do not meet all the legislated requirements of an MBS item, the MBS item may not be claimed. In these cases the service may still be delivered, and the patient may be privately charged.

Surrogacy

Clause 5.2.6 of the General Medical Services Table states that:

"Items 13200 to 13221 do not apply to a service provided in relation to a patient's pregnancy, or intended pregnancy, that is, at the time of the service, the subject of an agreement, or arrangement, under which the patient makes provision for transfer to another person of the guardianship of, or custodial rights to, a child born as a result of the pregnancy."

This means that MBS items 13200-13221 cannot be claimed when they relate to ART treatment which involves a surrogacy arrangement.

When did the fertility sector's updated definition of infertility come into effect?

The Australian fertility sector released a consensus statement confirming an updated clinical definition of infertility in August 2024.

Services which a practitioner considers meet the updated definition of infertility and which are delivered in accordance with relevant MBS items and requirements, can attract an MBS benefit.

MBS claims for services which meet all eligibility and item requirements may be lodged up to two years after the date on which the service was provided to the patient (the 'date of service').

How will these changes affect patients?

Patients will have continued access to clinically appropriate MBS items for a range of ART/IVF services, if a relevant provider (such as a fertility specialist) determines that the patient has a clinically relevant need for ART services.

The fertility sector's extended definition of infertility may mean that more patients can access Medicare benefits for their ART/IVF treatment, as determined by a patient's specialist.

How are items monitored and reviewed?

Providers are responsible for ensuring Medicare services claimed using their provider number meet all legislative requirements. It is important for providers to keep accurate records and to be able to produce them to substantiate their Medicare claims if requested, as part of a review or audit. Records should include documentation of how the provider determined a patient's eligibility for MBS benefits for the services they provided.

All Medicare claiming is subject to compliance checks and providers may be required to submit evidence about the services they bill. More information about the department's compliance program can be found on its website at [Medicare compliance](#).

The department relies on the judgement of health practitioners in determining the appropriate care for patients and in upholding the principle of clinical relevance when billing under the MBS. Providers should refer to relevant clinical guidelines and contact appropriate sector peak bodies for clinical guidance on accepted standards of practice.

Where can I find more information?

Full item descriptor(s) for ART services can be found on the MBS Online website at www.mbsonline.gov.au. You can also subscribe to future MBS updates by visiting [MBS Online](#) and clicking 'Subscribe'.

The department provides an email advice service for providers seeking advice on interpretation of the MBS items and rules and the *Health Insurance Act 1973* and associated regulations. If you have a query relating exclusively to interpretation of the Schedule, you should email askMBS@health.gov.au.

Private health insurance information on the product tier arrangements is available at www.privatehealth.gov.au. Detailed information on the MBS item listing within clinical categories is available on the [Department's website](#). Private health insurance minimum accommodation benefits information, including MBS item accommodation classification, is available in the latest version of the *Private Health Insurance (Benefit Requirements) Rules 2011* found on the [Federal Register of Legislation](#). If you have a query in relation to private health insurance, you should email PHI@health.gov.au.

Subscribe to '[News for Health Professionals](#)' on the Services Australia website and you will receive regular news highlights.

If you are seeking advice in relation to Medicare billing, claiming, payments, or obtaining a provider number, please go to the Health Professionals page on the Services Australia website or contact the Services Australia on the Provider Enquiry Line – 13 21 50.

The data file for software vendors when available can be accessed via the [Downloads](#) page.

The department has prepared an information sheet for patients which can be accessed [here](#).

Please note that the information provided is a general guide only. It is ultimately the responsibility of treating practitioners to use their professional judgment to determine the

most clinically appropriate services to provide, and then to ensure that any services billed to Medicare fully meet the eligibility requirements outlined in the legislation.

This factsheet is current as of the Last updated date shown above and does not account for MBS changes since that date.