



## Patient Information Sheet

# Medicare and benefits for Assisted Reproductive Technology – definition of infertility

Last updated: 20 August 2025

## Medicare and benefits for Assisted Reproductive Technology

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 Assisted Reproductive Technology (ART) services which are used for infertility treatment, including in-vitro fertilisation (IVF).

## Changes to the Australian fertility sector's definition of infertility

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 is endorsed by the Fertility Society of Australia and New Zealand (FSANZ) and by the 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.”*

You can find the consensus statement [here](#), or by going to the ANZSREI website at [www.anzsrei.com](http://www.anzsrei.com) and navigating to the ‘Consensus Statement’ page.

## Frequently asked questions

### Who can access Medicare benefits?

In order to access Medicare benefits for healthcare services in Australia:

- You need to have a Medicare card and be able to access Medicare.
- Your provider needs to determine that the health service you are seeking (such as ART IVF treatment) is clinically relevant for you.

For more information on Medicare eligibility you can go to the '[Enrolling in Medicare](#)' page at Services Australia.

### **What happens if I can't access Medicare, or my provider says my health service is not clinically relevant?**

If you are not able to access Medicare, or if your provider determines that the health service you are seeking is not clinically relevant, you may still be able to have that health service. However, no Medicare benefits will be available, and you will need to pay the cost of the service yourself.

### **What does this change mean for Australians seeking infertility treatment?**

The fertility sector's extended definition of infertility may mean that more patients are eligible for MBS benefits for ART IVF treatment. Talk to your fertility specialist about whether you are able to access MBS benefits for ART treatment.

### **Does the fertility sector's updated definition of infertility mean that all single women and same sex couples can access MBS benefits for ART IVF services?**

Medicare benefits are available for services a provider determines are clinically relevant. Under the fertility sector's updated definition of infertility women and same sex couples who require donor gametes to conceive may meet the clinical definition of infertility.

Talk to your fertility specialist to determine whether ART treatment using donor gametes is clinically relevant for you. If so, you may be able to claim Medicare benefits for that treatment.

### **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. Talk to your fertility specialist about whether you are able to access MBS benefits for ART treatment.

Medicare claims for services which meet all eligibility and item requirements can be lodged up to two years after the date on which the service was provided to the patient.

### **Does this change mean that elective egg freezing (EEF) may attract MBS benefits?**

No. Medicare benefits are available for services a provider determines are clinically relevant. To access Medicare benefits for freezing your eggs or sperm (gametes) for future use, your fertility specialist must determine that this treatment is clinically relevant for you.

If you would like to freeze your eggs or sperm (gametes) for future use, talk to your fertility specialist about whether you are able to access MBS benefits for this treatment.

If your fertility specialist determines that freezing gametes is not clinically relevant for you, you may still be able to have that health service; however, no Medicare benefits will be available, and you will need to pay the cost of the service yourself.

**Are MBS benefits available for ART IVF services if they involve a surrogacy arrangement?**

No. MBS benefits cannot be claimed for ART IVF treatment when the treatment involves a surrogacy arrangement.

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 to their patients, 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