

OVARIAN VEIN EMBOLISATION



FAQs for prospective patients regarding device and procedure cost considerations including insurance coverage

Use this guide to help you prepare for the procedure and ask important questions to your doctor about insurance.

Will the costs of the device be covered?

The Prescribed List (PL), which is released by the Department of Health and Aged Care, sets out the medical devices and other products that private health insurers must pay benefits for to patients that have appropriate insurance policies.

Currently, coils that are used in ovarian vein embolisation procedures are listed on the PL.¹ For patients with the appropriate level of health cover, applicable private health funds will reimburse the cost of these devices.

Will my treatment costs be covered?

A combination of medicare and the private health funding will cover part and, in some circumstances all, of the medically necessary interventions to diagnose pelvic venous congestion syndrome and treat with ovarian vein embolisation. Dependent on the patient's level of private health cover, there may be expenses incurred and not reimbursed by the health fund or other extra payments.

What steps can I take to access my level private insurance cover and other costs?

Below are some steps a patient can take to inform themselves of their coverage levels relating to medical procedures, including procedures involving medical devices:

- Read your insurance policy. You should take steps to understand what your private health insurer will cover or require before you receive a service.
- If you still have questions about your coverage, call your private health insurer and ask a representative to explain it.
- Remember your private health insurance policy, not your doctor, determines which procedures will be covered by insurance and which will not.

Professional fees for surgeons, surgical assistants, anaesthetists and hospital fees may vary. Private health insurance typically cover these costs. Where a patient will incur out of pocket expenses, surgeons are required to request their patient's prior informed financial consent.

If I don't have private health insurance, can I self-fund the device and procedure costs and how do I find out further information about costs?

Patients who do not have private health insurance coverage for some or all of the costs of the procedure, can choose to self-finance. A detailed description of the out-of-pocket costs should be obtained from the surgeon prior to undertaking any procedure or receiving any services. The costs of the procedure will vary between patients and depending on the procedure.

Other funding sources: Health services for the veteran community

The Department of Veterans' Affairs provide funded health services to eligible members of the veteran's community. To learn more visit: www.dva.gov.au/get-support/health-support/veteran-healthcare-cards.

Any patient that falls under veterans' affairs policies will have the total cost of the surgery covered by the commonwealth government. To avoid delays in payment or reimbursement, work with your surgeon's office and health fund to verify coverage and reimbursement payment levels before beginning a treatment path.

More questions for your doctor

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For more information about pelvic venous congestion syndrome and ovarian vein embolisation, [visit our website](#)

Reference:

- 1. Prescribed List | Australian Government Department of Health and Aged Care. <https://www.health.gov.au/our-work/prescribed-list>

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PI-2163707-AA APR 2025

