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# Medicare criteria for rebates & guidelines for repeat testing

July 2017



Medicare rebates apply for most pathology tests. For some tests, Medicare requires that the patient satisfy specific clinical criteria in order to receive a rebate, or limit the frequency of testing, or both. Some tests do not qualify for a rebate under any circumstances.

A list of all up-to-date test criteria for Pathology Services is available at [www.mbsonline.gov.au](http://www.mbsonline.gov.au).

<b>MEDICARE CRITERIA FOR REBATES   Medicare Schedule July 1, 2017</b>	
<b>Test</b>	<b>Rule</b>
<b>Active B12 (Holotranscobalamin)</b>	Only attracts a rebate if Vitamin B12 is low or equivocal
<b>Activated Protein C Resistance (APC Resistance)</b>	History of venous thromboembolism OR first degree relative who has a proven defect
<b>Alpha Fetoprotein (AFP)</b>	See Tumour Markers
<b>Antithrombin (AT)</b>	History of venous thromboembolism OR first degree relative who has a proven defect
<b>Bile Acids</b>	3 tests in a pregnancy
<b>BhCG (Beta Human Chorionic Gonadotrophin)</b>	See Tumour Markers
<b>BNP Brain Natriuretic Peptide (NT ProBNP)</b>	Diagnosis of heart failure in patients presenting with dyspnoea to a hospital Emergency Department
<b>CA 15-3, CA 125, CA 19-9</b>	See Tumour Markers
<b>CEA (Carcinoembryonic Antigen)</b>	See Tumour Markers
<b>C-Telopeptide of Collagen (CTX)</b>	Monitoring of patients with proven low bone mineral density
<b>Cu, Zn, Mn, Se</b>	3 tests in a 6 month period
<b>Eosinophil Cationic Protein (ECP)</b>	3 tests in a 12 month period for monitoring the response to therapy in corticosteroid treated asthma in a child <12 years of age
<b>Factor V Leiden PCR</b>	Proven DVT/PE in patient OR presence of mutation in first degree relatives
<b>Faeces Culture</b>	1 test in a 7 day period
<b>Faeces Ova, Cysts and Parasites</b>	2 tests in a 7 day period
<b>First Trimester Screen</b>	1 test in a pregnancy
<b>Fragile X PCR Gene Test</b>	Patient exhibits intellectual disability, ataxia, neurodegeneration, or premature ovarian failure consistent with an FMR1 mutation OR the patient has a relative with a FMR1 mutation
<b>Free T4 or Free T3</b>	Medicare rebate only applies if any of the following criteria are written in clinical notes: <ul style="list-style-type: none"> <li>▪ TSH is abnormal</li> <li>▪ Monitoring thyroid disease</li> <li>▪ Psychiatric investigations or dementia</li> <li>▪ Infertility investigation or amenorrhoea</li> <li>▪ Investigating sick euthyroid syndrome in an admitted patient</li> <li>▪ Pituitary dysfunction suspected</li> <li>▪ On drugs interfering with thyroid function</li> </ul>
<b>Fructosamine</b>	4 tests in a 12 month period for established diabetes
<b>Haemochromatosis</b>	Detection of C282Y genetic mutation of the HFE gene and, if performed, detection of other mutations for haemochromatosis where the patient: <ol style="list-style-type: none"> <li>i) has an elevated transferrin saturation or elevated serum ferritin on testing of repeated specimens; OR</li> <li>ii) has a first degree relative with haemochromatosis; OR</li> <li>iii) has a first degree relative with homozygosity for the C282Y genetic mutation, or with compound heterozygosity for recognised genetic mutations for haemochromatosis</li> </ol>
<b>HbA1c (in diagnosed diabetes)</b>	4 tests in a 12 month period
<b>HbA1c (screening)</b>	1 test in a 12 month period for diagnosis of diabetes in asymptomatic patients at high risk
<b>HbA1c (in pregnancy)</b>	6 tests in a 12 month period
<b>Hepatitis B Quantitative PCR (viral load)</b>	Hepatitis B carrier and not on treatment – 1 test in a 12 month period Hepatitis B carrier and on treatment – 4 tests in a 12 month period
<b>Hepatitis C Qualitative PCR (diagnostic)</b>	<ul style="list-style-type: none"> <li>▪ Patient is Hepatitis C seropositive; OR</li> <li>▪ Patient's serological status is uncertain after testing; OR</li> <li>▪ The test is performed for the purpose of: <ol style="list-style-type: none"> <li>i) determining the Hepatitis C status of an immunosuppressed or immunocompromised patient; OR</li> <li>ii) the detection of acute Hepatitis C prior to seroconversion where considered necessary for the clinical management of the patient</li> </ol> </li> <li>▪ 1 test in a 12 month period</li> </ul>
<b>Hepatitis C Quantitative PCR (in treatment monitoring)</b>	<ul style="list-style-type: none"> <li>▪ Patient undertaking antiviral therapy for Hepatitis C</li> <li>▪ 4 tests in a 12 month period</li> </ul>
<b>Hepatitis C Quantitative PCR (viral load)</b>	<ul style="list-style-type: none"> <li>▪ Pre-treatment evaluation or the assessment of efficacy of antiviral therapy of a patient with chronic HCV hepatitis where any request for the test is made by or on the advice of the specialist or consultant physician who manages the treatment of the patient with chronic HCV hepatitis</li> <li>▪ 1 test in a 12 month period</li> </ul>
<b>Hepatitis C Genotype</b>	<ul style="list-style-type: none"> <li>▪ Patient is Hepatitis C PCR positive AND being evaluated for antiviral therapy for chronic Hepatitis C AND test advised by specialist or consulting physician who manages treatment of the patient's hepatitis</li> <li>▪ 1 test in a 12 month period</li> </ul>

**MEDICARE CRITERIA FOR REBATES | Medicare Schedule July 1, 2017**

Test	Rule
<b>HPV DNA Typing</b>	A test for high-risk human papillomavirus (HPV) in a patient: <ul style="list-style-type: none"> <li>Who received excisional or ablative treatment for high grade squamous intraepithelial lesions (HSIL) of the cervix within the last two years; OR</li> <li>Who has had a positive HPV test after excisional or ablative treatment for HSIL of the cervix within the last two years; OR</li> <li>Who is already undergoing annual cytological review for the follow-up of a previously treated HSIL</li> <li>2 tests in a 24 month period</li> </ul>
<b>IgE</b>	2 tests in a 12 month period
<b>Lead</b>	3 tests in a 6 month period
<b>Lipoprotein EPG</b>	<ul style="list-style-type: none"> <li>If cholesterol is &gt;6.5 mmol/L and triglyceride &gt;4.0 mmol/L; OR</li> <li>In the diagnosis of types III and IV hyperlipidaemia</li> <li>2 tests in a 12 month period</li> </ul>
<b>MTHFR (Methylene Tetrahydrofolate Reductase) Gene Mutation</b>	Proven DVT/PE in patient OR presence of mutation in first degree relatives
<b>Protein C</b>	History of venous thromboembolism OR first degree relative who has a proven defect
<b>Protein EPG</b>	1 test in a 28 day period
<b>Protein S</b>	History of venous thromboembolism OR first degree relative who has a proven defect
<b>Prothrombin Gene Mutation G20210A PCR</b>	Proven DVT/PE in patient OR presence of mutation in first degree relatives
<b>PSA-Total (in diagnosed prostatic disease)</b>	No limit
<b>PSA-Total (screening)</b>	1 test in a 12 month period
<b>PSA (Total &amp; Free)</b>	PSA between median and upper limit of reference range – 1 test in a 12 month period PSA between upper limit of reference range and 10 ug/L – 4 tests in a 12 month period
<b>Quantiferon TB Gold</b>	A test of cell-mediated immune response in blood for the detection of latent tuberculosis by interferon gamma release assay (IGRA) in a patient: <ol style="list-style-type: none"> <li>who has been exposed to a confirmed case of active tuberculosis; OR</li> <li>who is infected with human immunodeficiency virus; OR</li> <li>who is to commence, or has commenced, tumour necrosis factor (TNF) inhibitor therapy; OR</li> <li>who is to commence, or has commenced, renal dialysis; OR</li> <li>with silicosis; OR</li> <li>who is, or is about to become, immunosuppressed because of a disease or a medical treatment, not mentioned in (i) to (v)</li> </ol>
<b>RAST (Specific IgE) <i>in vitro</i> allergy</b>	4 episodes in a 12 month period and a maximum of 4 tests per episode
<b>Red Cell Folate</b>	When serum folate is persistently low, test is reflexed
<b>Thrombophilia</b>	History of venous thromboembolism OR first degree relative who has a proven defect of Antithrombin III, Protein C, Protein S, or APC Resistance and testing for that defect only.  <small>Please note: This is not an 'Acceptable Group Test' for Medicare purposes. To receive a Medicare rebate, the tests within this group must be ordered individually.</small>
<b>Tumour Markers – AFP; CA 15-3; CA 125; CA 19-9; CEA; BhCG; CASA; NSE; Thyroglobulin</b>	<ul style="list-style-type: none"> <li>Monitoring of malignancy, or in the detection or monitoring of hepatic tumours, gestational trophoblastic disease, or germ cell tumour</li> <li>Maximum of 2 tests per episode</li> </ul>
<b>Urine Drug Screen (in rehabilitation)</b>	36 tests in a 12 month period for monitoring a drug abuse treatment program at a rehabilitation centre
<b>Vitamins A, E, B1, B2, B3, B6 &amp; C</b>	1 test for 1 or more vitamins in a 6 month period
<b>Vitamin B12</b>	1 test in a 12 month period
<b>Vitamin D [25-hydroxyvitamin D (25OHD)]</b>	A test for routine Vitamin D status where the patient: <ol style="list-style-type: none"> <li>Has signs or symptoms of osteoporosis or osteomalacia; OR</li> <li>Has increased alkaline phosphatase and otherwise normal liver function tests; OR</li> <li>Has hyperparathyroidism, hypo- or hypercalcaemia, or hypophosphataemia; OR</li> <li>Is suffering from malabsorption (e.g. because the patient has cystic fibrosis, short bowel syndrome, inflammatory bowel disease or untreated coeliac disease, or has had bariatric surgery); OR</li> <li>Has deeply pigmented skin, or chronic and severe lack of sun exposure for cultural, medical, occupational or residential reasons; OR</li> <li>Is taking medication known to decrease 25OHD levels (e.g. anticonvulsants); OR</li> <li>Has chronic renal failure or is a renal transplant recipient; OR</li> <li>Is &lt;16 years of age and has signs or symptoms of rickets; OR</li> <li>Is an infant whose mother has established vitamin D deficiency; OR</li> <li>Has a sibling who is &lt;16 years of age with a vitamin D deficiency; OR</li> <li>Is an exclusively breastfed baby and has at least one other risk factor mentioned in (i) to (x)</li> </ol>

**CIRCUMSTANCES WHERE MEDICARE REBATE NEVER APPLIES:**

- Screening for employment purposes – including pre-employment and WH&S testing
- Testing for court purposes
- Workers' compensation
- Insurance testing
- Immigration/visa testing
- Screening of sports people – including serology for boxing medicals
- Surveillance of sports people and athletes for performance improving substances
- Screening of IVF donors
- Testing for non-therapeutic cosmetic surgery
- Detection of nicotine and metabolites in smoking withdrawal programs

## MEDICARE GUIDELINES FOR REPEAT TESTING

### Drugs entitlement for patient having 6 visits within 6 months

Test requested	Accepted drug treatment – Brand name (generic name)	
<b>FBC (&amp; if requested ESR)</b>	Actemra (Tocilizumab) Afinitor (Everolimus) Anastrozole Arimidex (Anastrozole) Arava / Arabloc (Leflunomide) Aromasin (Exemestane) Atgam (Lymphocyte immune globulin) Aubagio (Teriflunomide) Avastin (Bevacizumab) Azamun (Azathioprine) Azathioprine Betaferon / Roferon-A / Rebif (Interferon) Celebrex (Celecoxib) CellCept / Myfortic (Mycophenolate) Cetuximab Chemotherapy Cicloral / Neoral (Cyclosporin) Cimzia (Certolizumab) Clozaril / Clopine (Clozapine) Cosudex (Bicalutamide) Crizotinib Cycloblastin (Cyclophosphamide) Cyclosporin Cytotoxic therapy D-Penammine (Penicillamine) Enbrel (Etanercept) Erbitux (Cetuximab) Everolimus Faslodex (Fulvestrant) Fludara (Fludarabine) Gilenya (Fingolimod) Glivec (Imatinib) Gold Herceptin (Trastuzumab) Humira (Adalimumab) Hydrea (Hydroxyurea) Imbruvica (Ibrutinib) Imuran (Azathioprine) Interferon Keytruda (Pembrolizumab) Leukeran (Chlorambucil)	Mabthera (Rituximab) Mesasal (Mesalazine) Mesothelioma treatment Methoblastin / Ledertrexate (Methotrexate) Methotrexate Mitomycin Mycophenolate Myleran (Busulfan) Myocrisin (Aurothiomalate) Opdivo (Nivolumab) Orencia (Abatacept) Panafcort (Prednisone) Plaquenil (Hydroxychloroquine) Pomalyst (Pomalidomide) Prednisone Purinethol / 6MP (Mercaptopurine) Pyralin / Salazopyrin (Sulfasalazine) Regorafenib Remicade (Infliximab) Revlimid (Lenalidomide) Rheumatrex (Methotrexate) Ridaura (Auranofin) Sandimmun (Cyclosporin) Simponi (Golimumab) Sirolimus Tacrolimus Tamoxifen Tarceva (Erlotinib) Taxol (Paclitaxel) Temodal (Temozolomide) Thalomid (Thalidomide) Thioprine 50 (Azathioprine) Thiotepa Tilodene (Ticlopidine) Tysabri (Natalizumab) Velcade (Bortezomib) Vidaza (Azacitidine) Xeljanz (Tofacitinib) Xeloda (Capecitabine) Yervoy (Ipilimumab) Zoladex (Goserelin)
<b>FBC, ESR, CRP, BIO, MBA, EUC, LFT &amp; if requested Gluc, Mg, CK, Chol/Trig</b>	Methotrexate, Arava / Arabloc (Leflunomide), Enbrel (Etanercept), Humira (Adalimumab), Cimzia (Certolizumab), Gilenya (Fingolimod), Orencia (Abatacept), Aubagio (Teriflunomide), Actemra (Tocilizumab), Xeljanz (Tofacitinib)	
<b>EUC</b>	Dialysis patients Cyclosporin, Cicloral (Cyclosporin), Cisplatin	
<b>Lithium</b>	Lithium, Quilonum	
<b>Calcium (Ca<sup>2+</sup>), Albumin</b>	Vitamin D or Vit D Metabolite/Analogue, Calcitriol / Rocaltrol / Citrihexal / Kosteo / Sical / Calcijex (Calcitriol) for Osteoporosis, Xgeva (Denosumab)	
<b>UEC, Ca, Mg, Phos/PO<sub>4</sub> (CMP)</b>	Cancer patient receiving biphosphonate infusion Pamisol / Aredia (Pamidronate bisodium), Bondronat (Ibandronate), Zometa / Aclasta (Zoledronic acid)	

### Drugs entitlement for patient having unlimited visits within 6 months

Test requested	Accepted drug treatment
<b>INR or Prothrombin ratio</b>	Anticoagulant therapy Clexane (Enoxaparin), Coumadin / Marevan (Warfarin), Dindevin (Phenindione), Coperin / Septrin (Heparin), Orgaran (Danaparoid)