



**MEDICARE GUIDELINES FOR REPEAT TESTING**

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

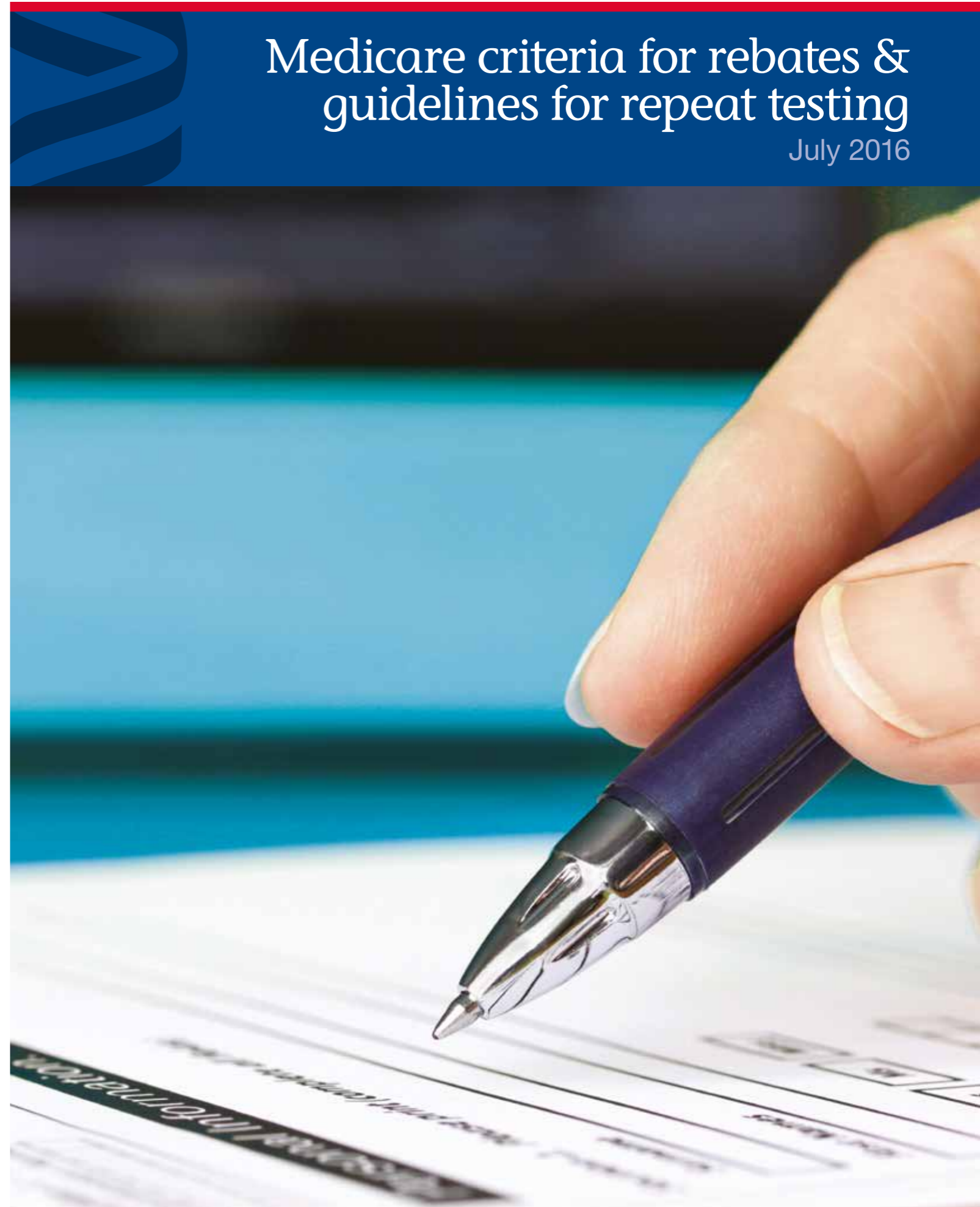
Test requested	Accepted drug treatment – Brand name (generic name)	
<b>FBC (&amp; if requested ESR)</b>	Actemra (Tocilizumab) Afinitor (Everolimus) Anastrozole Arimidex (Anastrozole) Arava / Arabloc (Leflunomide) Aromasin (Exemestane) Atgam (Lymphocyte immune globulin) Aubagio (Teriflunomide) Avastin (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-Penamime (Penicillamine) Enbrel (Etanercept) Erbix (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) Orencia (Abatacept) Panafcort (Prednisone) Plaquenil (Hydroxychloroquine) 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) Vidaza (Azacitidine) Xeljanz (Tofacitinib) Xeloda (Capecitabine) 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)

# Medicare criteria for rebates & guidelines for repeat testing

July 2016



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Most pathology tests automatically qualify for a Medicare rebate; however, for some tests, Medicare requires that the patient satisfy certain clinical criteria before the rebate applies, or limits the frequency of testing, or both. Some tests do not qualify for a rebate under any circumstances.

Please note that this list is not comprehensive and the criteria may change at anytime. A large number of specialised tests in the general areas of metabolic and molecular genetic testing, occupational health and environmental and nutritional testing, are not included. A list of all up-to-date test criteria is available when you visit [www.mbsonline.gov.au](http://www.mbsonline.gov.au). Simply download the 2016 Medicare Benefits Schedule and click on the Category 6 Pathology Services links.

MEDICARE CRITERIA FOR REBATES   Medicare Schedule July 1, 2016	
Test	Rule
<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>Antithrombin (AT)</b>	History of venous thromboembolism OR first degree relative who has a proven defect
<b>Bile Acids</b>	Maximum of 3 tests in a pregnancy
<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 less than 12 years
<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>	Maximum of 1 test in a pregnancy
<b>Fragile X PCR Gene Test</b>	Patient exhibits intellectual disability, ataxia, neurodegeneration, or premature ovarian failure OR patient has a relative with the 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: <ol style="list-style-type: none"> <li>i) the patient has an elevated transferrin saturation or elevated serum ferritin on testing of repeated specimens; OR</li> <li>ii) the patient has a first degree relative with haemochromatosis; OR</li> <li>iii) the patient 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</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>HbA1c (in diabetes)</b>	4 tests in a 12 month period for established diabetes
<b>Hepatitis B virus DNA – quantitative</b>	1 test in a 12 month period if Hepatitis B carrier and not on treatment 4 tests in a 12 month period if Hepatitis B carrier and on treatment
<b>Hepatitis C Qualitative PCR for diagnosis</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>▪ Maximum of 1 test in a 12 month period</li> </ul>

MEDICARE CRITERIA FOR REBATES   Medicare Schedule July 1, 2016	
Test	Rule
<b>Hepatitis C Qualitative PCR for treatment monitoring</b>	<ul style="list-style-type: none"> <li>▪ Patient undertaking antiviral therapy for Hepatitis C</li> <li>▪ Maximum of 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>▪ Maximum of 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 who manages treatment of the patient's hepatitis</li> <li>▪ Maximum of 1 test in a 12 month period</li> </ul>
<b>HPV DNA Typing</b>	A test for high-risk human papillomavirus (HPV) in a patient who: <ul style="list-style-type: none"> <li>▪ Has received excisional or ablative treatment for high grade squamous intraepithelial lesions (HSIL) of the cervix within the last two years; OR</li> <li>▪ Who within the last two years has had a positive HPV test after excisional or ablative treatment for HSIL of the cervix; OR</li> <li>▪ Is already undergoing annual cytological review for the follow-up of a previously treated HSIL</li> <li>▪ Maximum of 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>	2 tests in a 12 month period <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> </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 (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 request in a 12 month period PSA between upper limit of reference range and 10 ug/L – 4 requests in a 12 month period
<b>Quantiferon TB Gold</b>	Patient who is immunosuppressed
<b>Red Cell Folate</b>	When serum folate is persistently low, test is reflexed
<b>Specific IgE (in vitro allergy: formerly RAST)</b>	4 episodes in a 12 month period and a maximum of 4 tests per episode
<b>Tumour Markers</b>	<ul style="list-style-type: none"> <li>▪ AFP, CA 15-3, CA 125, CA 19-9, CEA, hCG, CASA, NSE, Thyroglobulin. 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 (monitoring a drug abuse treatment program at a rehabilitation centre)</b>	36 tests in a 12 month period
<b>Vitamins A, E, B1, B2, B3, B6 &amp; C</b>	1 request for 1 or more in a 6 month period
<b>Vitamin B12</b>	1 test in a 12 month period
<b>Vitamin D</b>	Refer to NPS MedicineWise Fact Sheet for criteria at <a href="http://www.nps.org.au">www.nps.org.au</a>

CIRCUMSTANCES WHERE MEDICARE REBATE NEVER APPLIES:	
<ul style="list-style-type: none"> <li>▪ Screening for employment purposes – including pre-employment and WH&amp;S testing</li> <li>▪ Testing for court purposes</li> <li>▪ Workers' compensation</li> <li>▪ Insurance testing</li> <li>▪ Immigration/visa testing</li> </ul>	<ul style="list-style-type: none"> <li>▪ Screening of sports people – including serology for boxing medicals</li> <li>▪ Surveillance of sports people and athletes for performance improving substances</li> <li>▪ Screening of IVF donors</li> <li>▪ Testing for non-therapeutic cosmetic surgery</li> <li>▪ Detection of nicotine and metabolites in smoking withdrawal programs</li> </ul>