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# Medicare criteria for rebates & guidelines for repeat testing

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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. For a list of all tests with up-to-date criteria, visit [www.medicareaustralia.gov.au](http://www.medicareaustralia.gov.au).

<b>MEDICARE CRITERIA FOR REBATES   NOV 2014</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>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 6 months
<b>Eosinophil Cationic Protein (ECP)</b>	3 tests in 12 months 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>	Only 1 test in a 7 day period
<b>Faeces Ova, Cysts and Parasites</b>	Only 2 tests in a 7 day period
<b>First Trimester Screen</b>	Not more than once 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 12 months 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>a) the patient has an elevated transferrin saturation or elevated serum ferritin on testing of repeated specimens; or</li> <li>b) the patient has a first degree relative with haemochromatosis; or</li> <li>c) 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 per 12 months for diagnosis of diabetes in asymptomatic patients at high risk
<b>HbA1c (in pregnancy)</b>	6 tests in 12 months
<b>HbA1c (in diabetes)</b>	4 tests in 12 months for established diabetes
<b>Hep B virus DNA – quantitative</b>	1 test in 12 months if Hep B carrier and not on treatment 4 tests in 12 months if Hep B carrier and on treatment
<b>Hepatitis C Qualitative PCR for diagnosis</b>	<ul style="list-style-type: none"> <li>▪ Patient is Hepatitis C antibody positive</li> <li>▪ Patient is Hepatitis C antibody status indeterminate</li> <li>▪ To determine Hepatitis status in immunosuppressed/immunocompromised</li> <li>▪ Detection of acute Hepatitis C prior to seroconversion when necessary for patient management (maximum 1 test per 12 months)</li> </ul>
<b>Hepatitis C Qualitative PCR for treatment monitoring</b>	<ul style="list-style-type: none"> <li>▪ Patient undertaking antiviral therapy for Hepatitis C (maximum 4 tests per 12 months)</li> </ul>

Test	Rule
Hepatitis C Quantitative PCR (viral load)	<ul style="list-style-type: none"> <li>Pre-treatment evaluation for antiviral therapy for chronic Hepatitis C (1 only per 12 month period)</li> <li>OR assessment of efficacy of antiviral therapy (1 – 2 tests per 12 months) AND test advised by specialist who manages treatment of the patient's hepatitis (maximum 2 tests per 12 months)</li> </ul>
Hepatitis C Genotype	<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 (maximum 1 test per 12 months)</li> </ul>
HPV DNA Typing	<p>A test for high risk human papillomavirus (HPV) in a patient who:</p> <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. Maximum of 2 tests in 24 months</li> </ul>
IgE	2 tests in 12 months
Lead	3 tests in 6 months
Lipoprotein EPG	<p>2 tests in 12 months</p> <ul style="list-style-type: none"> <li>If the 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>
MTHFR (Methylene Tetrahydrofolate Reductase) Gene Mutation	Proven DVT/PE in patient OR presence of mutation in first degree relatives
Protein C	History of venous thromboembolism OR first degree relative who has a proven defect
Protein EPG	Only 1 test in a 28 day period
Protein S	History of venous thromboembolism OR first degree relative who has a proven defect
Prothrombin Gene Mutation 20210 PCR	Proven DVT/PE in patient OR presence of mutation in first degree relatives
PSA-Total (diagnosed prostatic disease)	No limit
PSA-Total (screening)	1 test in 12 months
PSA (Total & Free)	PSA between median and upper limit of reference range – 1 request in 12 months
PSA (Total & Free)	PSA between upper limit of reference range and 10ug/L – 4 requests in 12 months
Quantiferon TB Gold	Patient who is immunosuppressed
Red Cell Folate	Reflexed when serum folate is persistently low
Specific IgE (in vitro allergy: formerly RAST)	4 episodes in 12 months (maximum 4 tests/episode)
Tumour Markers	AFP, CA 15.3, CA 125, CA 19.9, CEA, BHCG, CASA, NSE, Thyroglobulin. Monitoring of malignancy, or in the detection or monitoring of hepatic tumours, gestational trophoblastic disease, or germ cell tumour. Maximum of 2 tests per episode
Urine Drug Screen (monitoring a drug abuse treatment program at a rehabilitation centre)	36 tests in 12 months
Vitamins A, E, B1, B2, B3, B6 & C	1 request for 1 or more tests per 6 months
Vitamin B12 Active B12 (holoTranscobalamin)	<p>1 test per 12 months</p> <p>Only attracts a rebate if Vitamin B12 is low or equivocal</p>
Vitamin D	Refer to NPS Medicinewise Fact Sheet <a href="http://www.nps.org.au">www.nps.org.au</a> for criteria

**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 – Brandname (generic name)	
<b>FBC (&amp; if requested ESR)</b>	Actemra (Tocilizumab) Arava / Arabloc (Leflunomide) Aromasin (Exemestane) Atgam Avastin (Bevacizumab) Avonex (Interferon beta 1a) Azamun (Azathioprine) Azathioprine Betaferon / Roferon-A / Rebif / (Interferon) Celebrex (Celecoxib) CellCept / Myfortic (Mycophenolate) Chemotherapy Cicloral / Neoral (Cyclosporin) Cimzia (Certolizumab) Clozaril / Clopine (Clozapine) Cycloblastin (Cyclophosphamide) Cyclosporin Cytotoxic therapy D-penammine (Penicillamine) Enbrel (Etanercept) Faslodex (Fulvestrant) Fludara (Fludarabine) Gemzar (Gemcitabine) Gilenya (Fingolimod) Glivec (Imatinib) Gold Herceptin (Trastuzumab) Humira (Adalimumab) Hydrea (Hydroxyurea) Imuran (Azathioprine) Infliximab (Remicade) Interferon Leukeran (Chlorambucil) Mabthera (Rituximab) Mesasal (Mesalazine) Mesothelioma	Methoblastin / Ledatrexate (Methotrexate) Methotrexate Mitomycin Mycophenolate Myleran (Busulfan) Myocrisin (Aurothiomalate) Orencia (Abatacept) Panafcort (Prednisone) Plaquenil (Hydroxychloroquine) Prednisone Puri-Nethol / 6MP (Mercaptopurine) Pyralin / Salazopyrin (Sulfasalazine) Revlimid (Lenalidomide) Rheumatrex (Methotrexate) Ridaura (Auranafin) Sandimmun (Cyclosporin) Simponi (Golimumab) Stelara (Ustekinumab) Tacrolimus Tamoxifen Tarceva (Erlotinib) Taxol (Paclitaxel) Tecfideral (Dimethylfumerate) Temodal (Temozolomide) Teriflunomide (Aubagio) Thalomid (Thalidomide) Thioprine (Azathioprine) Thiotepa Tilodene (Ticlopidine) Tysabri (Natalizumab) Vidaza (Azacitidine) Xeloda (Capecitabine) Yervoy (Ipilimumab) Zoladex Zytiga (Abiraterone)
<b>FBC, ESR, CRP, BIO, MBA, EUC, LFT &amp; if requested Gluc, Mg, CK, Chol/Trig</b>	Methotrexate, Arava, Leflunomide, Enbrel, Etanercept, Humira, Arabloc, Cimzia Fingolimod, Abatacept, Aubagio (Teriflunomide)	
<b>EUC</b>	Dialysis Patients Cyclosporin, Cicloral, CIS Platinum	
<b>Lithium</b>	Lithium, Quilonum	
<b>Calcium (CA2+),albumin</b>	Vitamin D or Vit D Metabolite/Analogue, Calcitrol, Rocaltrol, Citrihexal, Kosteo, Sical, Sitalol for Osteoprosis, Calcijex Denosumab Xgeva	
<b>UEC,Ca,Mg,Phos/PO4 (CMP)</b>	Cancer patient receiving biphosphonate infusion Pamisol, Aredia, Bondronat, Zometa, Aclasta	

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

Test requested	Accepted drug treatment
<b>INR or Prothrombin ratio</b>	Anticoagulant Therapy Clexane, Coumadin, Dindevin, Heparin, Marevan, Warfarin, Orgaran

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