4Cyte Pathology

Medicare Criteria for Rebates

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 limits the frequency of testing, or both. Some tests do not qualify for a rebate under any circumstances.

TEST	CRITERIA
Activated protein C resistance (APC)	Patient has history of venous thromboembolism OR is a first degree relative of someone with a proven ATIII, protein C or protein S deficien-cy or APC resistance.
Antithrombin III deficiency (ATIII)	Patient has history of venous thromboembolism OR is a first degree relative of someone with a proven ATIII, protein C protein S or deficien-cy or APC resistance.
Blood Pressure Monitoring	Continuous ambulatory blood pressure recording for ≥24 hours for a patient if: • the patient has a clinic blood pressure measurement (using a sphygmomanometer or a validated oscillometric blood pressure monitoring device) of either or both systolic blood pressure ≥140 mmHg and ≤180 mmHg; diastolic blood pressure ≥90 mmHg and ≤110 mmHg; and • the patient has not commenced anti-hypersensitive therapy; and • the recording includes the patient's resting blood pressure; and • the recording is conducted using microprocessor-based analysis equipment; and • the recording is interpreted by a medical practitioner and a report is prepared by the same medical practitioner; and • a treatment plan provided for the patient; and • the service is not provided in association with ambulatory electrocardiogram recording and is not associated with a professional attendance to which any of the following MBS Items apply: 177, 224 to 228; 229 to 244; 699; 701 to 707; 715; 721 to 732; 735 to 758. 1 test in a 12-month period.
Factor V Leiden (FVL) PCR	Investigation of proven DVT/PE OR investigation of first degree relative of someone with proven relevant gene mutations.
Faecal calprotectin	Patient aged <50 with symptoms suggestive of inflammatory bowel disease for >6 weeks where: • infectious causes have been excluded; • likelihood of malignancy has been assessed as low; and • no relevant clinical alarms are present OR Follow up test (following above described test) requested by a specialist or consultant physician practising as a gastroenterologist where: • the patient has ongoing symptoms suggestive of inflammatory or functional bowel disease; • the results of the earlier test were inconclusive (results showed a faecal protectin level of >50 μg/g but <100 μg/g); • the request indicates that an endoscopic examination is not required; and • no relevant clinical alarms are present.
Haemochromatosis (HFE)	Detection of C282Y genetic mutation of the HFE gene/other mutations for haemochromatosis where: • patient has elevated transferrin saturation/level or elevated ferritin on testing of repeated specimens; OR • patient has a first-degree relative with haemochromatosis; OR • patient has a first-degree relative with homozygosity for the C282Y genetic mutation or with compound heterozygosity for recognised genetic mutations for haemochromatosis.

TEST	CRITERIA
Hepatitis C PCR (qualitative) (diagnostic)	Detection of Hepatitis C viral RNA where: • patient is seropositive or inconclusive; OR • the test is performed for the purpose of: (a) determining the Hepatitis C status of an immunosuppressed or immunocompromised patient; OR (b) the detection of acute Hepatitis C prior to seroconversion if considered necessary for the clinical management of the patient. 1 test in a 12-month period
Hepatitis C PCR (quantitative) (viral load)	• Pre-treatment evaluation or assessment of efficacy of antiviral ther-apy of a patient with chronic Hepatitis C – 2 tests in a 12 month pe-riod. • Patient undertaking antiviral therapy for chronic Hepatitis C – 4 tests in a 12-month period.
Holter monitoring (ambulatory ECG)	Continuous electrocardiogram recording of ambulatory patient for 12 or more hours with interpretation and report, by a specialist or consultant physician, if the service is indicated for the evaluation of a patient for: • syncope; OR • pre-syncopal episodes; OR • palpitations, where episodes are occurring greater than once a week; OR • another asymptomatic arrhythmia is suspected with an expected frequency of greater than once a week; OR • surveillance following cardiac surgical procedures that have an established risk of causing dysrhythmia. 1 test in a 4-week period. The service does not apply if the patient is an admitted patient.
IgE	2 tests in a 12-month period
Protein C deficiency	Patient has history of venous thromboembolism OR is a first degree relative of someone with a proven ATIII, protein C protein S or deficiency or APC resistance.
Protein S deficiency	Patient has history of venous thromboembolism OR is a first degree relative of someone with a proven ATIII, protein C protein S or deficiency or APC resistance.
Prothrombin gene mutation (PGM) PCR	When investigating a patient with proven venous thrombosis OR a patient who has a first degree relative with this abnormal genotype.
PSA-total (in diagnosed prostatic disease)	No limit on tests.
Quantiferon TB Gold	A test of cell-mediated immune response in blood for the detection of latent tuberculosis by interferon gamma release assay (IGRA) in a patient: • who has been exposed to a confirmed case of active tuberculosis; OR • who is infected with human immunodeficiency virus (HIV); OR • who is to commence, or has commenced, tumour necrosis factor (TNF) inhibitor therapy; OR • who is to commence, or has commenced, renal dialysis; OR • with silicosis; OR • who is, or is about to become, immunosuppressed because of disease or a medical treatment not listed above.
Tumour markers	Monitoring of malignancy or in the detection or monitoring of gestational trophoblastic disease or a hepatic or germ cell tumour. Maximum of 2 tests per episode.
Vitamin D [25-hydroxymitamin D (25OHD)]	Quantification of Vitamin D for a patient who: • has signs or symptoms of osteoporosis or osteomalacia; OR • has increased alkaline phosphatase and otherwise normal liver function tests; OR • has hyperparathyroidism, hypo- or hypercalcaemia, or hypophosphataemia; OR • is suffering from malabsorption (eg. because the patient has cystic fibrosis, short bowel syndrome, inflammatory bowel disease or untreated coeliac disease, or has had bariatric surgery); OR • has deeply pigmented skin, or chronic and severe lack of sun exposure for cultural, medical, occupational or residential reasons; OR • is taking medication known to decrease 25OH-D levels (eg. anticonvulsants); OR • has chronic renal failure or is a renal transplant recipient; OR • is <16 years of age and has signs or symptoms of rickets; OR • is an infant whose mother has established vitamin D deficiency; OR • has a sibling who is less than 16 years of age and has vitamin D deficiency; OR • is an exclusively breastfed baby and has at least one other risk factor mentioned in a paragraph in this item.

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