



How do I ensure I get the **Thyroid** function tests I need?

Medicare has stipulated a number of pre-qualifiers for a Medicare rebate for T3 and T4 tests
(see MBS item 66719)

SCENARIO 1

CLINICIAN REQUESTS

“TFT” or “TSH+T3+T4” or “TSH+T4”

AND

Clinician writes Complying Clinical Note

THEN

Laboratory ALWAYS reports TSH and T4
(and T3 if TSH is low).

Medicare categories of “Complying Clinical Note” that qualify for full TFT include:

- Monitoring thyroid disease (eg: Hashimoto’s, Graves’, thyroiditis, MNG, thyrotoxicosis etc).
- Investigating infertility (eg: PCOS, amenorrhoea, miscarriage, IVF).
- Suspected pituitary dysfunction (eg: adenoma, prolactinoma).
- Investigating dementia/psychiatric illness (eg: Alzheimer’s, dementia, bipolar, depression etc).
- Medications that interfere with thyroid metabolism (eg: lithium, carbamazepine, thyroxine, PTU, prednisone, prednisolone, dilantin, valproate, phenytoin).

SCENARIO 2

CLINICIAN REQUESTS

“TFT” or “TSH+T3+T4” or “TSH+T4”

AND

Clinician DOES NOT write Complying Clinical Note

THEN

Laboratory reports the TSH but **ONLY** reports on the T4 +/- T3 if the TSH is abnormal.

SCENARIO 3

CLINICIAN REQUESTS

“TSH” only.

THEN

Laboratory only reports TSH
(even if the TSH is abnormal).