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.

Please note that this list is not comprehensive and 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 for Pathology Services is available at www.mbsonline.gov.au.

<table>
<thead>
<tr>
<th>MEDICARE CRITERIA FOR REBATES</th>
<th>Medicare Schedule July 1, 2019</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Test</strong></td>
<td><strong>Rule</strong></td>
</tr>
<tr>
<td>Activated protein C resistance</td>
<td>History of venous thromboembolism OR first degree relative who has a proven defect</td>
</tr>
<tr>
<td>Active B12 (holotranscobalamin)</td>
<td>Only attracts a rebate if Vitamin B12 is low or equivocal</td>
</tr>
<tr>
<td>Antithrombin (ATIII)</td>
<td>History of venous thromboembolism OR first degree relative who has a proven defect</td>
</tr>
<tr>
<td>Bile acids/salt</td>
<td>3 tests in a pregnancy</td>
</tr>
<tr>
<td>Brain natriuretic peptide</td>
<td>Diagnosis of heart failure in patients presenting with dyspnoea to a hospital Emergency Department</td>
</tr>
<tr>
<td>(NT-ProBNP)</td>
<td></td>
</tr>
<tr>
<td>BRCA gene test (in treatment)</td>
<td>Requested by a consultant physician (geneticist or oncologist) to determine whether eligibility criteria for olaparib under PBS are fulfilled. Detection of germline BRCA1 or BRCA2 gene mutations, where the patient:</td>
</tr>
<tr>
<td></td>
<td>i) has platinum-sensitive relapsed ovarian, fallopian tube or primary peritoneal cancer with high grade serous features or a high grade serous component, <strong>AND</strong></td>
</tr>
<tr>
<td></td>
<td>ii) has responded to subsequent platinum-based chemotherapy</td>
</tr>
<tr>
<td>BRCA gene test (diagnostic and predictive)</td>
<td>Requested by a consultant physician (geneticist or oncologist) Characterisation of germline gene mutations, including copy number variation in BRCA1 and BRCA2 genes and one or more of the following genes STK11, PTEN, CDH1, PALB2, or TP53, where the patient:</td>
</tr>
<tr>
<td></td>
<td>i) has breast or ovarian cancer for whom clinical and family history criteria, as assessed by the requesting specialist or consultant physician using a quantitative algorithm, place the patient at &gt;10% risk of having a pathogenic mutation identified in one or more of the genes specified above, <strong>OR</strong></td>
</tr>
<tr>
<td></td>
<td>ii) is a biological relative of a patient who has had a pathogenic mutation identified in one or more of the genes specified above, and has not previously received a service under item 73296</td>
</tr>
<tr>
<td>C-telopeptide of collagen (CTx)</td>
<td>Monitoring of patients with proven low bone mineral density</td>
</tr>
<tr>
<td>Cervical screening test (CST)</td>
<td></td>
</tr>
<tr>
<td>CST routine (HPV)</td>
<td>• Asymptomatic screening</td>
</tr>
<tr>
<td></td>
<td>• Aged 25 years and over</td>
</tr>
<tr>
<td></td>
<td>• 1 test in a 57 month period</td>
</tr>
<tr>
<td>Co-test (HPV+LBC)</td>
<td>Medicare rebate only applies where the patient:</td>
</tr>
<tr>
<td></td>
<td>i) is symptomatic (provide details of symptoms); <strong>OR</strong></td>
</tr>
<tr>
<td></td>
<td>ii) is DES exposed; <strong>OR</strong></td>
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<tr>
<td></td>
<td>iii) requires Test of Cure (previous HSIL); <strong>OR</strong></td>
</tr>
<tr>
<td></td>
<td>iv) requires follow-up (previous AIS) or cervical cancer</td>
</tr>
<tr>
<td></td>
<td>Any age, no time restriction</td>
</tr>
<tr>
<td>HPV test</td>
<td>Medicare rebate only applies where the patient:</td>
</tr>
<tr>
<td></td>
<td>i) requires follow-up 12-month repeat test; <strong>OR</strong></td>
</tr>
<tr>
<td></td>
<td>ii) is immune-deficient; <strong>OR</strong></td>
</tr>
<tr>
<td></td>
<td>iii) has experienced early sexual debut (&lt;14yrs) prior to vaccination (1 test between 20–24yrs of age); <strong>OR</strong></td>
</tr>
<tr>
<td></td>
<td>iv) received previous unsatisfactory HPV test (must have previous cervical MBS screening item)</td>
</tr>
<tr>
<td>LBC test</td>
<td>Medicare rebate only applies following:</td>
</tr>
<tr>
<td></td>
<td>i) HPV detection in a self-collected sample; <strong>OR</strong></td>
</tr>
<tr>
<td></td>
<td>ii) previous unsatisfactory LBC test (must have previous cervical MBS screening item); <strong>OR</strong></td>
</tr>
<tr>
<td></td>
<td>iii) previous endometrial/extrauterine cancer</td>
</tr>
</tbody>
</table>
### Medicare Criteria for Rebates

**MEDICARE CRITERIA FOR REBATES | Medicare Schedule July 1, 2019**

<table>
<thead>
<tr>
<th>Test</th>
<th>Rule</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Cervical screening test (CST)</strong></td>
<td></td>
</tr>
<tr>
<td>Vaginal co-test (HPV+LBC)</td>
<td>Medicare rebate only applies following:</td>
</tr>
<tr>
<td></td>
<td>i) hysterectomy and previous HSIL (Test of Cure not complete prior to hysterectomy); OR</td>
</tr>
<tr>
<td></td>
<td>ii) previous AIS; OR</td>
</tr>
<tr>
<td></td>
<td>iii) patient experiencing symptoms; OR</td>
</tr>
<tr>
<td></td>
<td>iv) HPV detection</td>
</tr>
<tr>
<td>Vaginal HPV test</td>
<td>Medicare rebate only applies following:</td>
</tr>
<tr>
<td></td>
<td>i) previous hysterectomy without evidence of cervical pathology; OR</td>
</tr>
<tr>
<td></td>
<td>ii) previous hysterectomy screening history unknown; OR</td>
</tr>
<tr>
<td></td>
<td>iii) previous unsatisfactory vaginal HPV test (must have previous vaginal MBS screening item)</td>
</tr>
<tr>
<td>Vaginal LBC test</td>
<td>Previous unsatisfactory vaginal LBC test (must have previous vaginal MBS screening item)</td>
</tr>
<tr>
<td>Vaginal self-collected HPV test</td>
<td>Medicare rebate only applies where the patient:</td>
</tr>
<tr>
<td></td>
<td>i) is under or never screened and refuses speculum exam (at least 30yrs of age and never screened or at least 2 years overdue for screening (1 test per 84 months)); OR</td>
</tr>
<tr>
<td></td>
<td>ii) requires self-collect follow-up 12-month repeat test (only claimable within 21 months of HPV detected result in a self-collected sample)</td>
</tr>
<tr>
<td>Cystic fibrosis CFTR gene test (carrier screening)</td>
<td>Requested by a specialist or consultant physician Tested for pathogenic variants:</td>
</tr>
<tr>
<td></td>
<td>i) in a prospective parent whose fetus has ultrasonic findings of echogenic gut, in order to determine the risk of their fetus having cystic fibrosis or a CFTR related disorder; OR</td>
</tr>
<tr>
<td></td>
<td>ii) to determine if a patient is a genetic carrier of disease-causing variants previously identified in their family. The patient must have a personal risk of being a carrier of at least 6% (this includes family relatedness of: parents, children, full-siblings, half-siblings, grand-parents, grandparents, aunts, uncles, first cousins, and first cousins once-removed, but excludes relatedness of second cousins or more distant relationships); OR</td>
</tr>
<tr>
<td></td>
<td>iii) to determine the reproductive risk of a patient because their reproductive partner is already known to have pathogenic CFTR variants</td>
</tr>
<tr>
<td>Cystic fibrosis CFTR gene test (diagnostic)</td>
<td>Requested by a specialist or consultant physician Testing for pathogenic variants where the patient has clinical or laboratory findings suggesting there is a high probability of cystic fibrosis or CFTR related disorder</td>
</tr>
<tr>
<td>Cystic fibrosis CFTR gene test (prenatal)</td>
<td>Requested by a specialist or consultant physician Testing for a pregnant patient for pathogenic variants, whose fetus has ultrasonic findings of echogenic gut OR at least one of the parents is known to be a genetic carrier, in order to make or exclude a diagnosis of cystic fibrosis or CFTR related disorder in the fetus</td>
</tr>
<tr>
<td>Cu, Zn, Mn, Se (trace elements)</td>
<td>3 tests in a 6 month period</td>
</tr>
<tr>
<td>Eosinophil cationic protein (ECP)</td>
<td>3 tests in a 12 month period for monitoring the response to therapy in corticosteroid treated asthma in a child 12yrs of age</td>
</tr>
<tr>
<td>Factor V Leiden PCR G1691A</td>
<td>Proven DVT/PE in patient OR presence of mutation in first degree relative</td>
</tr>
<tr>
<td>Faeces culture</td>
<td>1 test in a 7 day period</td>
</tr>
<tr>
<td>Faeces ova, cysts and parasites</td>
<td>2 tests in a 7 day period</td>
</tr>
<tr>
<td>First trimester screen</td>
<td>1 test in a pregnancy</td>
</tr>
<tr>
<td>Fragile X gene test</td>
<td>Patient exhibits intellectual disability, ataxia, neurodegeneration, or premature ovarian failure consistent with an FMRI mutation OR the patient has a relative with a FMRI1 mutation</td>
</tr>
<tr>
<td>Free thyroxine (FT4) or Free triiodothyrine (FT3)</td>
<td>Medicare rebate only applies if any of the following criteria are written in clinical notes:</td>
</tr>
<tr>
<td></td>
<td>i) TSH is abnormal</td>
</tr>
<tr>
<td></td>
<td>ii) Monitoring thyroid disease</td>
</tr>
<tr>
<td></td>
<td>iii) Psychiatric investigations or dementia</td>
</tr>
<tr>
<td></td>
<td>iv) Infertility investigation or amenorrhoea</td>
</tr>
<tr>
<td></td>
<td>§ Investigating sick euthyroid syndrome in an admitted patient</td>
</tr>
<tr>
<td></td>
<td>§ Pituitary dysfunction suspected</td>
</tr>
<tr>
<td></td>
<td>§ On drugs interfering with thyroid function</td>
</tr>
<tr>
<td>Fructosamine</td>
<td>4 tests in a 12 month period for established diabetes</td>
</tr>
<tr>
<td>Haemochromatosis (HFE)</td>
<td>Detection of C282Y genetic mutation of the HFE gene and, if performed, detection of other mutations for haemochromatosis where the patient:</td>
</tr>
<tr>
<td></td>
<td>i) has an elevated transferrin saturation or elevated serum ferritin on testing of repeated specimens; or</td>
</tr>
<tr>
<td></td>
<td>ii) has a first degree relative with haemochromatosis, or</td>
</tr>
<tr>
<td></td>
<td>iii) has a first degree relative with homozygosity for the C282Y genetic mutation, or with compound heterozygosity for recognised genetic mutations for haemochromatosis</td>
</tr>
<tr>
<td>HbA1c (in diagnosed diabetes)</td>
<td>4 tests in a 12 month period</td>
</tr>
<tr>
<td>HbA1c (in pregnancy)</td>
<td>6 tests in a 12 month period</td>
</tr>
<tr>
<td>Hepatitis B quantitative PCR (viral load)</td>
<td>Hepatitis B carrier and not on treatment – 1 test in a 12 month period</td>
</tr>
<tr>
<td></td>
<td>Hepatitis B carrier and on treatment – 4 tests in a 12 month period</td>
</tr>
<tr>
<td>Hepatitis C genotype</td>
<td>Patient is Hepatitis C PCR positive AND being evaluated for antiviral therapy for chronic Hepatitis C</td>
</tr>
<tr>
<td></td>
<td>i) 1 test in a 12 month period</td>
</tr>
<tr>
<td>Hepatitis C qualitative PCR (diagnostic)</td>
<td>§ Patient is Hepatitis C seropositive; or</td>
</tr>
<tr>
<td></td>
<td>§ Patient’s serological status is uncertain after testing; or</td>
</tr>
<tr>
<td></td>
<td>§ The test is performed for the purpose of:</td>
</tr>
<tr>
<td></td>
<td>i) determining the Hepatitis C status of an immunosuppressed or immunocompromised patient; or</td>
</tr>
<tr>
<td></td>
<td>ii) the detection of acute Hepatitis C prior to seroconversion where considered necessary for the clinical management of the patient</td>
</tr>
<tr>
<td></td>
<td>i) 1 test in a 12 month period</td>
</tr>
<tr>
<td>Test</td>
<td>Rule</td>
</tr>
<tr>
<td>------------------------------------</td>
<td>----------------------------------------------------------------------</td>
</tr>
</tbody>
</table>
| Hepatitis C quantitative PCR (viral load) | - Pre-treatment evaluation or assessment of efficacy of antiviral therapy of a patient with chronic Hepatitis C – 1 test in a 12 month period  
- Patient undertaking antiviral therapy for Hepatitis C – 4 tests in a 12 month period |
| IgE                                | 2 tests in a 12 month period                                         |
| Lead                               | 3 tests in a 6 month period                                          |
| Lipoprotein EPG                     | - If cholesterol is >6.5 mmol/L and triglyceride >4.0 mmol/L; or  
- In the diagnosis of types III and IV hyperlipidaemia – 2 tests in a 12 month period |
| Methylene tetrahydrofolate reductase MTHFR gene mutation | Proven DVT/PE in patient OR presence of mutation in first degree relative |
| Protein C                          | History of venous thromboembolism OR first degree relative who has a proven defect |
| Protein EPG                         | 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 PCR G20210A (PGM) (incl. FVL) | Proven DVT/PE in patient OR presence of mutation in first degree relatives |
| PSA-Total (in diagnosed prostatic disease) | No limit                                                               |
| PSA-Total (screening)               | 1 test in a 12 month period                                          |
| PSA (total & free)                  | 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 |
| 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:  
i) who has been exposed to a confirmed case of active tuberculosis; OR  
ii) who is infected with human immunodeficiency virus; OR  
iii) who is to commence, or has commenced, tumour necrosis factor (TNF) inhibitor therapy; OR  
iv) who is to commence, or has commenced, renal dialysis; OR  
v) with silicosis; OR  
vi) who is, or is about to become, immunosuppressed because of a disease or a medical treatment, not mentioned in (i) to (v) |
| RAST (specific IgE) in vitro allergy | 4 episodes in a 12 month period and a maximum of 4 tests per episode |
| Red cell folate allergy             | When serum folate is persistently low, test is reflexed             |
| Thrombophilia                       | History of venous thromboembolism OR first degree relative who has a proven defect of Antithrombin (ATIII), FVL & PGM, Protein C, Protein S, or APC Resistance and testing for that defect only  
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. |
| Tumour markers – AFP; CA 15-3; CA 125; CA 19-9; CEA; βhCG; 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 (in rehabilitation) | 36 tests in a 12 month period for monitoring a drug abuse treatment program at a rehabilitation centre |
| Vitamins A, E, B1, B2, B3, B6 & C    | 1 test for 1 or more vitamins in a 6 month period                    |
| Vitamin B12                         | 1 test in a 12 month period                                          |
| Vitamin D [25-hydroxyvitamin D (25OHD)] | A test for routine Vitamin D status where the patient:  
i) has signs or symptoms of osteoporosis or osteomalacia; OR  
ii) has increased alkaline phosphatase and otherwise normal liver function tests; OR  
iii) has hyperparathyroidism, hypo- or hypercalcaemia, or hypophosphataemia; OR  
iv) 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  
v) has deeply pigmented skin, or chronic and severe lack of sun exposure for cultural, medical, occupational or residential reasons; OR  
v) is taking medication known to decrease 25OHD levels (e.g. anticonvulsants); OR  
vii) has chronic renal failure or is a renal transplant recipient; OR  
viii) is <16yrs of age and has signs or symptoms of rickets; OR  
ix) is an infant whose mother has established vitamin D deficiency; OR  
x) has a sibling who is <16yrs of age with a vitamin D deficiency; OR  
xii) is an exclusively breastfed baby and has at least one other risk factor mentioned in (i) to (x)  |

**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

<table>
<thead>
<tr>
<th>Test requested</th>
<th>Accepted drug treatment - Brand name (generic name)</th>
</tr>
</thead>
<tbody>
<tr>
<td>FBC (if requested ESR)</td>
<td>Acetemra (Tocilizumab)</td>
</tr>
<tr>
<td></td>
<td>Adcetris (Brentuximab)</td>
</tr>
<tr>
<td></td>
<td>Afritor (Everolimus)</td>
</tr>
<tr>
<td></td>
<td>Anastrozole</td>
</tr>
<tr>
<td></td>
<td>Antineoplastic treatment</td>
</tr>
<tr>
<td></td>
<td>Anzatax (Paclitaxel)</td>
</tr>
<tr>
<td></td>
<td>Arimidex (Aromastatin)</td>
</tr>
<tr>
<td></td>
<td>Arava/Arabloc (Leflunomide)</td>
</tr>
<tr>
<td></td>
<td>Atrazines (Extensastane)</td>
</tr>
<tr>
<td></td>
<td>Atgam (Lymphocyte immune globulin)</td>
</tr>
<tr>
<td></td>
<td>Aubago (Terfilunomide)</td>
</tr>
<tr>
<td></td>
<td>Avastin (Bevacizumab)</td>
</tr>
<tr>
<td></td>
<td>Azamun (Azathioprine)</td>
</tr>
<tr>
<td></td>
<td>Azathioprine</td>
</tr>
<tr>
<td></td>
<td>Betaferon/Reveron/A-Rebif (Interferon)</td>
</tr>
<tr>
<td></td>
<td>Celebrex (Celecoxib)</td>
</tr>
<tr>
<td></td>
<td>CellCept/Myfortic (Mycophenolate)</td>
</tr>
<tr>
<td></td>
<td>Cicloral (Cyclosporin)</td>
</tr>
<tr>
<td></td>
<td>Cicloral/Neoral (Cyclosporin)</td>
</tr>
<tr>
<td></td>
<td>Cimzia (Certolizumab)</td>
</tr>
<tr>
<td></td>
<td>Clozaril (Coproxim)</td>
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<tr>
<td></td>
<td>Cosentynx (Secuknunam)</td>
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<tr>
<td></td>
<td>Cosudex (Bicalutamid)</td>
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<tr>
<td></td>
<td>Crozotinib</td>
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<tr>
<td></td>
<td>Cycloblastin (Cyclosporhaphidamine)</td>
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<tr>
<td></td>
<td>Cyclosporin</td>
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<tr>
<td></td>
<td>Cytotoxic therapy</td>
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<tr>
<td></td>
<td>D-penamine (Penicillamine)</td>
</tr>
<tr>
<td></td>
<td>Dabrafenib</td>
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<tr>
<td></td>
<td>Eculizumab</td>
</tr>
<tr>
<td></td>
<td>Enbrel (Etanercept)</td>
</tr>
<tr>
<td></td>
<td>Erbitux (Cetuximab)</td>
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<tr>
<td></td>
<td>Everolimus</td>
</tr>
<tr>
<td></td>
<td>Faslodex (Fulvestrant)</td>
</tr>
<tr>
<td></td>
<td>Fluclara (Fludarabine)</td>
</tr>
<tr>
<td></td>
<td>Gilennya (Fingolimod)</td>
</tr>
<tr>
<td></td>
<td>Glivec (Imatinib)</td>
</tr>
<tr>
<td></td>
<td>Gold</td>
</tr>
<tr>
<td></td>
<td>Hecreptin (Trastuzumab)</td>
</tr>
<tr>
<td></td>
<td>Humira (Adalimumab)</td>
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<tr>
<td></td>
<td>Hydrelia (Hydroxyurea)</td>
</tr>
<tr>
<td></td>
<td>Ibrancar (Paclitaxel)</td>
</tr>
<tr>
<td></td>
<td>Imbruvica (Ibrutinib)</td>
</tr>
<tr>
<td></td>
<td>Imuran (Azathioprine)</td>
</tr>
<tr>
<td></td>
<td>Interferon</td>
</tr>
<tr>
<td></td>
<td>Jakavi (Ruxolitinib)</td>
</tr>
<tr>
<td></td>
<td>Keytruda (Pembrolizumab)</td>
</tr>
<tr>
<td></td>
<td>Kiequil (Ribociclib)</td>
</tr>
<tr>
<td></td>
<td>Leukeran (Chlorambucil)</td>
</tr>
<tr>
<td></td>
<td>Mabthera (Rituxumab)</td>
</tr>
<tr>
<td></td>
<td>Mekinist (Trametinib)</td>
</tr>
<tr>
<td></td>
<td>Methotrexate, Arava/Arabloc (Leflunomide), Enbrel (Etanercept), Humira (Adalimumab), Cimzia (Certolizumab), Gilennya (Fingolimod), Orencia (Abatacept), Aubago (Terfilunomide), Actemra (Tocilizumab), Xeljanz (Tofacitinib), Simponi (Golimumab), Olumiant (Binciclib)</td>
</tr>
</tbody>
</table>

### EUC

- Dialysis patients: Cyclosporin, Cicloral (Cyclosporin), Cisplatin

### Lithium

- Lithium, Quolinum

### Calcium (Ca²⁺), Albumin

- Vitamin D or Vitamin D Metabolite/Analogue, Calcitriol/Rocaltrol/Citrihexal/Kosteo/Sical/Calcijex (Calcitriol) for Osteoporosis, Xgeva (Denosumab)

### UEC, Ca, Mg, Phos/PO₄/CMP

- Cancer patient receiving bisphosphate infusion: Pamisol/Aredia (Pamidronate bisodium), Bondronat (Ibandronate), Zometa/Aclasta (Zolendronic acid)

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

<table>
<thead>
<tr>
<th>Test requested</th>
<th>Accepted drug treatment</th>
</tr>
</thead>
<tbody>
<tr>
<td>INR or Prothrombin ratio</td>
<td>Anticoagulant therapy</td>
</tr>
<tr>
<td></td>
<td>Cleoxa (Enoxaparin), Coumadin/Marevan (Warfarin), Dindevin (Phenindione), Coperin/Seprin (Heparin), Orgaran (Danaparoid)</td>
</tr>
</tbody>
</table>

Correct at time of printing