

## NON MEDICARE REBATABLE TEST LIST

*This list is not comprehensive and criteria may change at any time.*

Barcode / Episode Number:

### BILLING FOR NON MEDICARE REBATABLE TESTS

Not all tests are covered by the Medicare rebate. When your doctor requests a test which is not covered by Medicare you will be privately billed. If the testing is done by a laboratory other than SydPath you will receive an invoice from that pathology service.

Tests performed at SydPath are in **bold type** on the Non Medicare Rebatable Test List and will require payment on the day.

Please note: SydPath's out of pocket guarantee does not apply to non rebatable tests.

*Exceptions: Inpatients of St Vincent's Public Hospital and patients referred from St Vincent's Public Hospital Out Patient Clinics. The cost of these tests will be charged to the department of the doctor that requested them.*

### MAX SCHEDULE BILLING

Some tests will be privately billed if the maximum number of rebatable tests per year is exceeded.

Examples:

Hepatitis B Quantitative PCR (Viral Load)	\$152.10	1 test in 12 months if NOT on Hep B therapy 4 tests in 12 months if on Hep B therapy
Hepatitis C Qualitative PCR	\$92.20	Testing for diagnosis purposes or 4 in 12 months if on Hep C therapy
Hepatitis C Quantitative PCR (Viral Load)	\$180.25	1 in 12 months for pre-treatment evaluation 2 in 12 months for assessment of efficacy of therapy

*\*Billing for Hepatitis testing requires relevant clinical notes*

Please refer to the Medicare Benefits Schedule for rebate eligibility criteria. Go to: [www.mbsonline.gov.au](http://www.mbsonline.gov.au)

### CONSENT

The testing laboratory will require your written agreement of payment before performing the test.

***I agree to accept responsibility for the full payment of the fees for these tests.***

Test: \_\_\_\_\_ Cost: \_\_\_\_\_ Test: \_\_\_\_\_ Cost: \_\_\_\_\_

Test: \_\_\_\_\_ Cost: \_\_\_\_\_ Test: \_\_\_\_\_ Cost: \_\_\_\_\_

Patient Name: \_\_\_\_\_ Signature: \_\_\_\_\_

Collector: \_\_\_\_\_ Date: \_\_\_\_\_

7-Dehydrocholesterol	\$175.00	Inhibin	\$82.00
Acid maltase (aka Alpha Glucosidase)	\$265.00	Inner ear antibodies	\$70.75
Acylcarnitines plasma	\$200.00	<b>Interleukin 6</b>	<b>\$20.00</b>
Adalimumab level	\$100.00	Kennedys disease gene test	\$265.00
ADH	\$30.70	<b>Leflunomide (LEF) level</b>	<b>\$150.00</b>
Adiponectin	\$30.70	Leptin	\$30.70
Alpha galactosidase (Fabry's disease screen)	\$232.00	Limbic Encephalitis (LE) panel (Autoimmune encephalitis panel) (Urgent: \$200)	\$100.00
Alpha glucosidase	\$388.00	Lipoprotein (a)	\$22.00
Alpha thalassemia gene test	\$400.00	<b>Liquid Based Cytology LBC - Medicare not met</b>	<b>\$75.00</b>
Amino acids - plasma	\$100.00	Lysosomal (white cell) enzymes	\$390.00
Amino acids - urine	\$200.00	Marfan syndrome genetic test (+\$400 if for MLPA)	\$1,500.00
Anti-Mullerian Hormone (AMH)	\$80.00	MEN 1 gene test	\$560.60
Apolipoprotein A1	\$44.00	MEN II gene test	\$550.00
Apolipoprotein B	\$44.00	Mesothelin / Mesomark (SMRP) test	\$160.00
Apolipoprotein E genotype	\$100.00	Methylmalonic acid screen	\$200.00
<b>Beta 2 transferrin</b>	<b>\$150.00</b>	Mitochondrial DNA	\$400 - \$800
Beta thalassemia gene test	\$400.00	MODY gene test	\$750 per mutation/Family study \$200 per mutation
Bile acids (if not pregnant or max limit of 3 reached)	\$20.00	MTHFR gene test ( <i>Bulk billing requires clinical notes of proven DVT/PE or mutation present in 1<sup>st</sup> degree relative</i> )	\$60.00
<b>Blood pressure monitor</b>	<b>\$60.00</b>	Multi gene pharmacogenomic test	\$270.00
Boron	\$30.20	MuSK antibody ( <i>Standard / O.S patient</i> )	\$70 / \$90
Breast cancer genes (Medicare criteria not met)	\$2,000	MuSK antibody ( <i>Vet Aff. &amp; Health Care Card</i> )	\$50.00
CAH genetic test	\$795.00	Myotonic dystrophy gene test	\$265.00
Calprotectin, faecal	\$63.75	<b>Neopterin - CSF</b>	<b>\$40.00</b>
Carbohydrate-Deficient Transferrin (CDT)	\$120.00	<b>Neopterin - Serum</b>	<b>\$40.00</b>
Carnitine	\$200.00	<b>NT-ProBNP</b>	<b>\$50.00</b>
<b>Cervical Screening Test HPV – if Medicare not met</b>	<b>\$55.00</b>	Neimann pick type C disease testing	\$110.00
Cholinesterase genotyping ( <i>Screen/Sequence</i> )	\$100 /\$200	NMDA receptor antibodies (Urgent: \$100)	\$50.00
Chromogranin A (CgA)	\$45.00	Ornithine	\$100.00
CLCN1 gene mutation test	\$1,100.00	<b>PD-L1</b>	<b>\$150.00</b>
<b>CMV PCR</b> (does not apply to SVH out patients)	<b>\$120.00</b>	Pharmacogenomic screen	\$197
Cobalt	\$30.20	Phospholipase A2 Receptor (PLA2R) Antibody	\$55.00
Co-enzyme Q10	\$75.00	PIT-1 mutation	\$550.00
Copeptin	\$50.00	PKU genetic test	\$250.00
Connexin 26 gene test	\$110.00	Plasminogen	\$33.00
Connexin 30 gene test	\$80.00	Plasminogen Activator (TPA)	\$93.50
Cytochrome P450 Screen (incl 2C19)	\$200.00	Plasminogen Activator Inhibition (PAI)	\$82.50
DAZ gene PCR including AZF a,b,c,d	\$90 - \$125	Platelet serotonin assay	\$45.00
DPD deficiency test	\$275.00	Proinsulin	\$45.75
DPYD genotype testing	\$200	Prostate Health Index (PHI)	\$95
Drug screen (sealed sample medico-legal testing)	\$28 -\$140	PROP-1 mutation	\$550.00
DYT1 mutation	\$150.00	PTH-related peptide	\$100.00
Elastase - (faecal) pancreatic	\$140.00	Quadruple Test	\$115.00
Eosinophilic Cationic Protein aka ECP (>12 yr)	\$75.00	RET gene - full screen (predictive testing is \$200)	\$600.00
<b>EPO (Erythropoietin)</b>	<b>\$56.00</b>	Retinol Binding Protein	\$20.00
<b>Essential Fatty Acids (Omega-3 Index): \$120 (red cell EFAs) + \$120 (total plasma EFAs)</b>		Reverse T3	\$60.00
Eye muscle antibodies	\$35.00	Sandhoff disease testing ( <i>Non-Pregnant/Pregnant</i> )	\$100/\$150
Fabry's disease screen (Alpha galactosidase)	\$232.00	SDHB gene - full screen ( <i>predictive testing is \$200</i> )	\$800.00
Familial Mediterranean fever gene analysis	\$400.00	SDHD gene - full screen ( <i>predictive testing is \$200</i> )	\$400.00
Folliculin (FLCN) gene test	\$1,430.00	Soluble transferrin receptor	\$25.00
Friedreich's Ataxia gene test	\$325.00	Soluble CD25 (Urgent:\$230)	\$100.00
Ganglionic acetylcholine receptor	\$100.00	Spinocerebellar ataxia DNA	\$265.00

GD1b antibodies	\$47.30	TCR gene re-arrangement	\$421.00
Glycine receptor antibodies	\$100.00	TRAPS genetic test	\$250.00
Haemochromatosis gene analysis (HGA) <i>if private billing or pt not Medicare eligible; a consent form is required to bill</i>	\$150.00	Transferrin isoforms	\$210.00
HE4	\$46.00	Vasopressin	\$30.70
Hereditary Spastic Paraplegic (HSP) gene test	\$1100-\$1540	Very Long Chain Fatty Acid (VLCFA)	\$175.00
HMG CoA reductase antibody	\$80.00	Voltage Gated Calcium Channel	\$85.00
Homocysteine- urine	\$200.00	Voltage Gated Potassium Channel (Serum)	\$46.00
<b>HPV DNA</b> (when Medicare criteria is not met)	<b>\$55.00</b>	Voltage Gated Potassium Channel (CSF)	\$60.00
HSP-70 antibodies	\$70.75	VHL gene - full screen ( <i>predictive testing is \$200</i> )	\$300.00
Huntington disease genetic testing	\$100.00	VLDL cholesterol (Ultracentrifuged)	\$30.20
Hyperkalemic Periodic Paralysis DNA test	\$660.00	VLDL triglycerides (Ultracentrifuged)	\$30.20
Hypokalemic Periodic Paralysis DNA test	\$440.00	Work Cover testing	\$165 -\$330
IGFBP3	\$30.50	Y-chromosome micro-deletion	\$26.00
IL28B receptor assay	\$100.00		
Infliximab level	\$100.00		