

Mater Pathology

Price List of Non-CMBS Tests not covered by Medicare

The following tests are not eligible for Medicare benefit and all costs are the responsibility of the patient

Test	Price
16SPCR	\$55
Acylcarnitine Profile	\$76
ADSL Mutation	\$1495
Alpha-Galactosidase (if incorrect blood spot card is used)	\$388
Anti-Mullerian Hormone (AMH)	\$80
AQP2 Gene Analysis	\$312
AVPR2 Gene Analysis	\$312
Bcl1/IgH Transcript	\$312
Beta Trace Protein	\$63
Bile Acids, Fluid	\$350
Calprotectin - Faeces	\$78
Cardiac Panel (NG Sequencing)	\$1200
Carotene	\$76
Chromogranin A	\$50
C-Kit Mutation Study	\$104
Congenital Adrenal Hyperplasia (CAH) CYP21A2 Gene Analysis	\$936
CoPeptin / Copeptide	\$19
Disorders of Sex Development Panel* (AMH, AMHR2, AR, ARX, CBX2, CYP11A1, CYP11B1, CYP17A1, CYP19A1, DHCR7, DHH, DMRT1, HSD11B1, HSD17B3, HSD3B2, LHCGR, MAMLD1, NR3C1, NR5A1 (SF1), POR, RSPO1, SOX9, SRD5A2, STAR, TSPYL1, WNT4, WT1)	\$1144
ELF Score (Liver Fibrosis Markers)	\$203
Familial Hyperinsulinism (FHI) Panel (ABCC8, GCK, GLUD1, HADH, HNF4A, KCNJ11, SLC6A1, UCP2)	\$1144
Fatty Acid Profile	\$250
FISH - Bone Marrow (BMFISH)	\$312
FISH - Paraffin Embedded Tissue (PETFISH)	\$416
FISH - Prenatal 5 Probe Panel (PNFISH)	\$266
Gaucher Mutation Analysis (if incorrect card is used)	\$368
Glucose Tetrasaccharide Analysis (if incorrect card is used)	\$368
Glycine Antibodies	\$110
Glycolate - 24hr Urine	\$89
HE4 Tumour Marker/ROMA Score	\$50
Helicobacter Urease Biopsy Test	\$16
Hepatitis B Genotype	\$238
HMG CoA Antibodies	\$35
HPRT1 Gene Analysis	\$196
IGFBP3	\$311
IgH Gene Rearrangement (T & B cells)	\$640
IgH Gene Rearrangement (T cells)	\$320
IgH/BCL2 Transcript	\$312
Inhibin	\$50
Iodine - Urine	\$52
Leptin	\$35
Lipoprotein A	\$40
Maternal Cell Contamination	\$550
Maturity Onset Diabetes of the Young (MODY) Panel (ABCC8, GCK, HNF4A, HNF1A, HNF1B, INS, KCNJ11, NEUROD1, PDX1, PAX4)	\$1144
MECP2 Gene Sequencing	\$364
Methylmalonic Acid - Urine	\$89

Test	Price
Mucopolysaccharide Electrophoresis	\$52
MuSK Antibody	\$81
NIPT	\$449
Organic Acids - Amniotic Fluid or Urine	\$89
Orotic Acid Urine	\$89
Osteocalcin	\$31
OTC Mutation Studies	\$1014
P3NP	\$80
Permanent Neonatal Diabetes (PND) Panel (ABCC8, EIF2AK3, GCK, HNF1A, HNF1B, HNF4A, INS, KCNJ11, NEUROD1, PDX1)	\$1144
pH – Fluid or Urine	\$18
Placental Growth Factor	\$60
Plasma Haemoglobin	\$42
Plasminogen	\$50
Plasminogen Activation Inhibitor	\$89
Prepair Genetic Carrier Screening	\$385
PTH-Related Peptide	\$120
Purines - Urine	\$300
RASopathy Syndromes Panel* (BRAF, CBL, HRAS, KAT6B, KRAS, MAP2K1, MAP2K2, NF1, NRAS, PTPN11, RAF1, RIT1, SHOC2, SOS1, SPRED1)	\$1144
Reverse T3	\$72
SCN1A Gene Analysis	\$1750
SHOX Gene Analysis	\$416
Snake Bite Venom Detection	\$292
Sulphates - Urine or Plasma	\$32
T & B Cell Gene Rearrangement	\$640
T-Cell Gene Rearrangement	\$320
Tau-Alz T-Tau and P-Tau	\$400
Thyroxine Binding Globulin (TBG)	\$32
UBE3A Gene Analysis	\$832
Urine Dipstick (Chem)	\$17
Urine Drugs or Abuse Panel for Employment	\$75
Vasopressin (ADH)	\$19
Very Long Chain Fatty Acids	\$89
Vitamin K	\$50
Xanthochromia - CSF	\$78

Price List of Tests with specific Medicare requirements

The following tests are eligible for Medicare benefit only when specific criteria are met or if frequency limits are not exceeded

Test	Price	Test	Price
Activated Protein C Resistance <4 p/a	\$26	MS-MLPA for Prader-Willi-Angelman Syndromes	\$233
Activated Protein C Resistance >5 p/a	\$63	NT-proBNP	\$62
Alpha Thalassemia Gene Deletion Testing (HBA1 & HBA2)	\$100	Protein C	\$26
Antithrombin III	\$26	Protein S	\$26
Factor V Leiden/Prothrombin Gene Mutation	\$63	Thrombotic Profile including FVL/PT Gene Mutation	\$193
Folate	\$26	Vitamin B12	\$26
Haemoglobin A1c (HbA1c)	\$18	HoloTranscobalamin (Active B12) if Vitamin B12 not Medicare eligible	\$26
HFE Genotyping	\$39	Vitamin D [25 Hydroxy]	\$32
Lupus Anticoagulant	\$26		