

Mater Pathology

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
T6SPCR
Acylcarnitine Profile
Alpha-Galactosidase (if incorrect blood spot card is used)
Anti-Mullerian Hormone (AMH)
AQP2 Gene Analysis
AVPR2 Gene Analysis
Bcl1/IgH Transcript
Beta Trace Protein
Bile Acids, Fluid
Calprotectin - Faeces
Cardiac Panel (NG Sequencing) – Not performed by Mater
Carotene
Chromogranin A
C-Kit Mutation Study - Not performed by Mater
Congenital Adrenal Hyperplasia (CAH) CYP21A2 Gene Analysis
CoPeptin / Copeptide
Disorders of Sex Development Panel* (AKR1C2, AKR1C4, AMH, AMHR2, AR, ARX, ATRX, CBX2, CDKN1C, CHD7, CYB5A, CYP11A1, CYP11B1, CYP17A1, CYP19A1, DHCR7, DHH, DYNC2H1, HSD17B3, HSD3B2, LHCGR, MAMLD1, MAP3K1, NEK1, NR0B1, NR5A1, POR, RSP01, SAMD9, SGPL1, SOX9, SRD5A2, SRY, STAR, TOE1, WNT4, WT1)
ELF Score (Liver Fibrosis Markers)
Familial Hyperinsulinism (FHI) Panel (ABCC8, GCK, GLUD1, HADH, HNF1A, HNF4A, INSR, KCNJ11, SLC16A1)
Fatty Acid Profile
FISH - Bone Marrow (BMFISH)
FISH - Paraffin Embedded Tissue (PETFISH)
FISH - Prenatal 5 Probe Panel (PNFISH)
Gaucher Mutation Analysis (if incorrect card is used)
Glucose Tetrasaccharide Analysis (if incorrect card is used)
Glycine Antibodies
Glycolate - 24hr Urine
HE4 Tumour Marker/ROMA Score
Helicobacter Urease Biopsy Test
Hepatitis B Genotype
HMG CoA Antibodies
HPRT1 Gene Analysis
IGFBP3
IgH Gene Rearrangement (B cells)
IgH/BCL2 Transcript
Inhibin
Iodine - Urine
Leptin
Lipoprotein A
Maternal Cell Contamination
Maturity Onset Diabetes of the Young (MODY) Panel (ABCC8, APPL1, DYRK1B, GATA4, GCK, HNF1A, HNF1B, HNF4A, INS, INSR, KCNJ11, NEUROD1, PCBD1, PDX1, RFX6, ZFP57)
MECP2 (73291)
MECP2 Gene Sequencing

Test
Methylmalonic Acid - Urine
Mucopolysaccharide Electrophoresis
MuSK Antibody
NIPT
Organic Acids - Amniotic Fluid or Urine
Orotic Acid Urine
Osteocalcin
P3NP
Permanent Neonatal Diabetes (PND) Panel (ABCC8, GATA4, GCK, HNF1A, HNF1B, HNF4A, INS, KCNJ11, NEUROD1, PDX1, RFX6, ZFP57)
pH – Fluid or Urine
Placental Growth Factor
Plasma Haemoglobin
Plasminogen
Plasminogen Activation Inhibitor
PTH-Related Peptide
Purines - Urine
RASopathy Syndromes Panel* (A2ML1, BRAF, CBL, CDC42, HRAS, KAT6B, KRAS, LZTR1, MAP2K1, MAP2K2, MRAS, NF1, NRAS, PPP1CB, PTPN11, RAF1, RASA2, RIT1, RRAS, SHOC2, SOS1, SOS2, SPRED1)
Reverse T3
SCN1A Gene Analysis – Not performed by Mater
SHOX Gene Analysis
Snake Bite Venom Detection
Sulphates - Urine or Plasma
T & B Cell Gene Rearrangement
T-Cell Gene Rearrangement
Tau-Alz T-Tau and P-Tau
Thyroxine Binding Globulin (TBG)
UBE3A Gene Analysis
Urine Dipstick (Chem)
Urine Drugs or Abuse Panel for Employment
Vasopressin (ADH)
Very Long Chain Fatty Acids
Vitamin K
Xanthochromia - CSF

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
Activated Protein C Resistance <4 p/a
Activated Protein C Resistance >5 p/a
Alpha Thalassaemia Gene Deletion Testing (HBA1 & HBA2)
Antithrombin III
Factor V Leiden/Prothrombin Gene Mutation
Folate
Haemoglobin A1c (HbA1c)
HFE Genotyping
Lupus Anticoagulant

Test
MS-MLPA for Prader-Willi-Angelman Syndromes
NT-proBNP
Protein C
Protein S
Thrombotic Profile including FVL/PT Gene Mutation
Vitamin B12
HoloTranscobalamin (Active B12) if Vitamin B12 not Medicare eligible
Vitamin D [25 Hydroxy]