Health Insurance (Pathology Services Table) Regulations 2020

made under the

Health Insurance Act 1973

Compilation No. 12

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About this compilation

This compilation

This is a compilation of the *Health Insurance (Pathology Services Table) Regulations 2020* that shows the text of the law as amended and in force on 1 July 2023 (the ***compilation date***).

The notes at the end of this compilation (the ***endnotes***) include information about amending laws and the amendment history of provisions of the compiled law.

Uncommenced amendments

The effect of uncommenced amendments is not shown in the text of the compiled law. Any uncommenced amendments affecting the law are accessible on the Register (www.legislation.gov.au). The details of amendments made up to, but not commenced at, the compilation date are underlined in the endnotes. For more information on any uncommenced amendments, see the Register for the compiled law.

Application, saving and transitional provisions for provisions and amendments

If the operation of a provision or amendment of the compiled law is affected by an application, saving or transitional provision that is not included in this compilation, details are included in the endnotes.

Editorial changes

For more information about any editorial changes made in this compilation, see the endnotes.

Modifications

If the compiled law is modified by another law, the compiled law operates as modified but the modification does not amend the text of the law. Accordingly, this compilation does not show the text of the compiled law as modified. For more information on any modifications, see the Register for the compiled law.

Self-repealing provisions

If a provision of the compiled law has been repealed in accordance with a provision of the law, details are included in the endnotes.

Contents

1 Name

This instrument is the *Health Insurance (Pathology Services Table) Regulations 2020*.

3 Authority

This instrument is made under the *Health Insurance Act 1973*.

4 Pathology services table

For the purposes of section 4A of the *Health Insurance Act 1973*, Schedule 1 is prescribed as a table of pathology services.

Schedule 1—Pathology services table

Note: See section 4.

Part 1—Preliminary

Division 1.1—Interpretation

1.1.1 Dictionary

The Dictionary in Part 4 defines certain words and expressions that are used in this Schedule, and includes references to certain words and expressions that are defined elsewhere in this Schedule.

1.1.2 Methodology for services

If the description of a pathology service in an item in this Schedule does not include the methodology for the service, the methodology by which the service may be carried out includes assay, estimation and test.

Note: A pathology service is deemed to include any necessary interpretation, analysis or reporting—see subsection 3(5A) of the Act.

1.1.3 References in this Schedule to items include items determined under section 3C of the Act

A reference in this Schedule to an item includes a reference to an item relating to a health service that, under a determination in force under subsection 3C(1) of the Act, is treated as if there were an item in the table that relates to the service.

Division 1.2—General application provisions

1.2.1 Restriction on items—precedence

(1) If a service is described:
  (a) in an item in general terms; and
  (b) in another item in specific terms;
only the item that describes the service in specific terms applies to the service.

(2) Subject to subclause (3), if:
  (a) subclause (1) does not apply; and
  (b) a service is described in 2 or more items;
only the item that provides the lower or lowest fee for the service applies to the service.

(3) If an item is expressed to include a service that is described in another item, the other item does not apply to the service in addition to the first-mentioned item, whether or not the services described in the 2 items are requested separately.

1.2.2 When services rendered following multiple requests are taken to have been rendered following a single request

Two or more pathology services (other than services to which, under clause 1.2.3, 1.2.4 or 1.2.5, this clause does not apply) rendered for a patient following 2 or more requests are taken to have been rendered following a single request if:
  (a) the services are listed in the same item; and
  (b) that item is not item 74990, 74991, 75861, 75862, 75863 or 75864; and
  (c) the patient's need for the services was determined under subsection 16A(1) of the Act on the same day even if the services are rendered by an approved pathology practitioner on more than 1 day.

1.2.3 Services to which clause 1.2.2 does not apply—general

(1) Clause 1.2.2 does not apply to a pathology service described in subclause (2) if:
  (a) under a request for a service, other than a request for a service described in paragraph (2)(a), no more than 6 tests are requested; and
  (b) the tests are performed within 6 months of the request; and
  (c) the pathology provider of the service writes on the account for the service that the service has a "rule 3 exemption".

(2) For the purposes of subclause (1), the pathology services are:
  (a) estimation of prothrombin time (INR) for a patient undergoing anticoagulant therapy; and
  (b) quantitative estimation of lithium for a patient undergoing lithium therapy; and

(c) a service described in item 65070 in relation to a patient undergoing chemotherapy for neoplastic disease or immunosuppressant therapy; and

(d) a service described in item 65070 in relation to clozaril, ticlopidine hydrochloride, methotrexate, gold, sulphasalazine or penicillamine therapy of a patient; and

(e) a service described in any of items 66500 to 66512, in relation to methotrexate or leflunomide therapy of a patient; and

(f) quantitative estimation of urea, creatinine and electrolytes in relation to:

(i) cis-platinum or cyclosporin therapy of a patient; or

(ii) chronic renal failure of a patient being treated in a dialysis program conducted by a recognised hospital; and

(g) quantitative estimation of albumin and calcium in relation to therapy of a patient with vitamin D, its metabolites or analogues; and

(h) quantitative estimation of calcium, phosphate, magnesium, urea, creatinine and electrolytes for a cancer patient receiving bisphosphonate infusions.

1.2.4 Services to which clause 1.2.2 does not apply—haematology

(1) Clause 1.2.2 does not apply to a pathology service described in item 65060, 65070, 65120, 65123, 65126, 65129, 65150, 65153 or 65156 if:

(a) the service is rendered in relation to one or more specimens taken on any of not more than 6 occasions in 24 hours; and

(b) the service is rendered to an inpatient of a hospital; and

(c) the service is rendered in relation to each specimen as soon as possible after the specimen is taken; and

(d) the pathology provider of the service writes on the account for the service that the service has a "rule 3 exemption".

(2) Clause 1.2.2 does not apply to a pathology service described in item 65109 or 65110 if:

(a) the service is rendered:

(i) for a service described in item 65109—on one of not more than 5 occasions in 24 hours; and

(ii) for a service described in item 65110—on one of not more than 2 occasions in 24 hours; and

(b) the service was requested on a separate occasion to any other occasions on which the service was requested in that period; and

(c) the pathology provider of the service writes on the account for the service that the service has a "rule 3 exemption".

1.2.5 Services to which clause 1.2.2 does not apply—chemical

Clause 1.2.2 does not apply to a pathology service described in item 66500, 66503, 66506, 66509, 66512, 66584 or 66800 if:

(a) the service is rendered in relation to one or more specimens taken on any of not more than 6 occasions in 24 hours; and

(b) the service is rendered to an inpatient of a hospital; and
(c) the service is rendered in relation to each specimen as soon as possible after the specimen is taken; and
(d) the pathology provider of the service writes on the account for the service that the service has a "rule 3 exemption".

1.2.6 Referral of designated tests by one pathology practitioner to another

(1) ***Designated test*** means a pathology test relating to a patient episode that is a test of a kind mentioned in item 65150, 65175, 66650, 66695, 66711, 66722, 66785, 66800, 66812, 66819, 66825, 69384, 69494, 71089, 71153 or 77165.

(2) This clause applies if one or more designated tests are referred by a referring APP to a receiving APP in another approved pathology authority.

(3) If a referring APP has rendered one or more designated tests:
(a) item 65150, 65153, 65175, 65176, 65177, 65178, 66650, 66695, 66698, 66701, 66704, 66707, 66711, 66722, 66725, 66728, 66731, 66785, 66800, 66803, 66812, 66819, 66825, 69384, 69387, 69390, 69393, 69396, 69494, 69495, 71089, 71091, 71153, 71155, 71157, 77165, 71166 or 71167 (as the case may be) applies to each designated test rendered by the referring APP; and
(b) subject to subclause (5), item 65158, 65181, 66652, 66697, 66715, 66724, 66790, 66805, 66817, 66821, 66827, 69401, 69498, 71092, 71156 or 71170 (as the case may be) applies to each designated test rendered by the receiving APP.

(4) If a referring APP has not rendered a designated test:
(a) for the first designated test that is rendered by the receiving APP—item 65157, 65180, 66651, 66696, 66714, 66723, 66789, 66804, 66816, 66820, 66826, 69400, 69497, 71090, 71154 or 71169 (as the case may be) applies; and
(b) for each subsequent designated test (if any) that is rendered by the receiving APP—subject to subclause (6), item 65158, 65181, 66652, 66697, 66715, 66724, 66790, 66805, 66817, 66821, 66827, 69401, 69498, 71092, 71156 or 71170 (as the case may be) applies to each test rendered.

(5) For the purposes of paragraph (3)(b), the maximum number of designated tests to which the relevant item applies is as follows:
(a) for item 66652, 66715, 66790, 66817, 66821 or 66827—2 less the number of designated tests rendered by a referring APP;
(b) for item 65158, 66805, 69498 or 71092—3 less the number of designated tests rendered by a referring APP;
(c) for item 71156 or 71170—4 less the number of designated tests rendered by a referring APP;
(d) for item 65181 or 66724—5 less the number of designated tests rendered by a referring APP.

(6) For the purposes of paragraph (4)(b), the maximum number of designated tests to which the relevant item applies is as follows:
  (a) for item 66652, 66715, 66790, 66817, 66821 or 66827—1;
  (b) for item 65158, 66805, 69498 or 71092—2;
  (c) for item 71156 or 71170—3;
  (d) for item 65181 or 66724—4.

(7) Items in Group P10 (Patient episode initiation) do not apply to a receiving APP in subclause (2).

1.2.7 Items not to be split except as stated in clause 1.2.6

Except as stated in clause 1.2.6, an item applies only to one approved pathology practitioner for a single patient episode.

1.2.8 Services in certain sets of services to be treated as individual services

(1) If a medical practitioner (other than a specialist or consultant physician), participating midwife or participating nurse practitioner requests a set of pathology services to which clause 1.2.9 applies, the pathology services in the set are to be treated as individual pathology services in accordance with this clause.

(2) If the fee mentioned in an item that describes any of the services in the set is higher than the fees mentioned in the other items that describe the services in the set:
  (a) the pathology service described in the first-mentioned item is to be treated as one pathology service; and
  (b) either:
    (i) the pathology service in the set that is described in the item that mentions the second-highest fee is to be treated as one pathology service; or
    (ii) if 2 or more items that describe any of those services mentions the second-highest fee—the pathology service described in the item that mentions the second-highest fee, and has the lowest item number, is to be treated as one pathology service; and
  (c) the pathology services in the set, other than the services that are to be treated as one pathology service under paragraphs (a) and (b), are to be treated as one pathology service.

(3) If the fees mentioned in 2 or more items that describe any of the services in the set are the same, and higher than the fees mentioned in the other items that describe the services in the set:
  (a) the pathology service in the set that is described in the item that mentions the highest fee, and has the lowest item number, is to be treated as one pathology service; and
  (b) the pathology service in the set that is described in the item that mentions the highest fee, and has the second-lowest item number, is to be treated as one pathology service; and

(c) the pathology services in the set, other than the services that are to be treated as one pathology service under paragraphs (a) and (b), are to be treated as one pathology service.

(4) If pathology services are to be treated as one pathology service under paragraph (2)(c) or (3)(c), the fee for the one pathology service is the highest fee mentioned in any of the items that describe the pathology services that are to be treated as the one pathology service.

1.2.9 Sets of services for the purposes of clause 1.2.8

(1) This clause applies to a set of pathology services if:
(a) the set consists of services that are described in at least 4 different items, other than an item mentioned in subclause (2); and
(b) all of the services in the set are requested in a single patient episode; and
(c) each of the services in the set relates to a patient who is not an admitted patient of a hospital; and
(d) none of the services in the set is referred to in item 66900, 69484, 73070, 73071, 73072, 73074, 73075 or 73076.

(2) For the purposes of paragraph (1)(a), the items are as follows:
(a) an item in Group P10 (Patient episode initiation), Group P11 (Specimen referred), Group P12 (Management of bulk-billed services) or Group P13 (Bulk-billing incentive);
(b) if a service is requested by an approved pathology practitioner of an approved pathology authority and rendered by another approved pathology practitioner of an approved pathology authority that is not related to the approved pathology authority of the first-mentioned approved pathology practitioner—item 65079, 65082, 65157, 65158, 65166, 65180, 65181, 66606, 66610, 66639, 66642, 66651, 66652, 66663, 66666, 66696, 66697, 66714, 66715, 66723, 66724, 66780, 66783, 66789, 66790, 66792, 66804, 66805, 66816, 66817, 66820, 66821, 66826, 66827, 66832, 66834, 66837, 69325, 69328, 69331, 69379, 69383, 69400, 69401, 69451, 69489, 69492, 69497, 69498, 69500, 71076, 71090, 71092, 71096, 71148, 71154, 71156, 71169, 71170, 73309, 73312, 73315, 73318, 73321 or 73324.

(3) For the purposes of paragraph (2)(b), an approved pathology authority is related to another approved pathology authority if:
(a) both approved pathology authorities are employed (including employed under contract) by the same person, whether or not the person is also an approved pathology authority; or
(b) either of the approved pathology authorities is employed (including employed under contract) by the other; or
(c) both approved pathology authorities are corporations and are connected entities within the meaning of the *Corporations Act 2001*; or
(d) the approved pathology authorities are partners (whether or not either or both of the approved pathology authorities are individuals and whether or

not other persons are in partnership with either or both of the approved pathology authorities); or

(e) both approved pathology authorities are operated by the Commonwealth or an authority of the Commonwealth; or

(f) both approved pathology authorities are operated by the same State or internal Territory or an authority of the same State or internal Territory.

1.2.10 Satisfying requirements in descriptions of services

A requirement contained in the description of a pathology service in Part 2 is satisfied if:

(a) for a requirement for information—the information:

(i) is included in the request for the service; or

(ii) was supplied in writing on an earlier occasion to the approved pathology authority that rendered the service, and has been kept by the approved pathology authority; or

(b) for a requirement for laboratory test results—the results are:

(i) included in the request for the service; or

(ii) obtained from another laboratory test performed in the same patient episode; or

(iii) included in results from an earlier laboratory test that have been kept by the approved pathology authority.

1.2.11 Restriction on items—services rendered with autologous injections of blood or blood products

An item in this Schedule does not apply to a service described in the item if the service is rendered to a patient at the same time as, or in connection with, an injection of blood or a blood product that is autologous.

1.2.12 Restriction on items—services rendered with harvesting, storage, in vitro processing or injection of non-haematopoietic stem cells

An item in this Schedule does not apply to a service described in the item if the service is rendered to a patient at the same time as, or in connection with, the harvesting, storage, in vitro processing or injection of non-haematopoietic stem cells.

1.2.13 Restriction on items 66551, 73812 and 73826—timing

For any particular patient, item 66551 is applicable not more than 4 times in 12 months, either individually or in combination with a service to which item 73812 or 73826 applies.

Division 1.3—Patient episodes

1.3.1 Meaning of *patient episode*

In this Schedule:

patient episode means:

(a) one or more pathology services (other than a pathology service to which paragraph (b) refers) rendered for a single patient whose need for the services was determined under section 16A of the Act:

(i) on the same day; or

(ii) if more than one test is performed on the one specimen within 14 days—on the same or different days;

whether the services:

(iii) are requested by one or more practitioners, participating midwives or participating nurse practitioners; or

(iv) are described in a single item or in more than one item; or

(v) are rendered by one approved pathology practitioner or more than one approved pathology practitioner; or

(vi) are rendered on the same or different days; or

(b) a pathology service to which clause 1.2.3, 1.2.4 or 1.2.5 refers that is rendered in the circumstances, set out in the clause, that relate to the service.

1.3.2 When later services are taken to be part of an earlier patient episode

Group P1 services

(1) If:

(a) a patient episode for a patient includes one or more services described in items in Group P1 (except items 65099, 65102, 65105 and 65108); and

(b) specimen material from the patient episode is stored; and

(c) in response to a request made within 14 days of the initiation of the patient episode, one or more further services described in items in Group P1 (except items 65099, 65102, 65105 and 65108) are rendered using the stored material;

the services mentioned in paragraph (c) are taken to be part of the patient episode mentioned in paragraph (a).

Group P3 services

(2) If:

(a) a patient episode for a patient includes one or more services described in items in Group P3; and

(b) specimen material from the patient episode is stored; and

(c) in response to a request made within 14 days of the initiation of the patient episode, one or more further services described in items in Group P3 are rendered using the stored material;

the services mentioned in paragraph (c) are taken to be part of the patient episode mentioned in paragraph (a).

Group P4 services—tests relating to antibodies

(3) If:

(a) a patient episode includes one or more services described in item 71119, 71121, 71123 or 71125; and

(b) specimen material from the patient episode is stored; and

(c) in response to a request made within 14 days of the initiation of the patient episode, one or more further services described in item 71119, 71121, 71123 or 71125 are rendered using the stored material;

the services mentioned in paragraph (c) are taken to be part of the patient episode mentioned in paragraph (a).

Part 2—Services and fees

Division 2.1—Group P1: haematology

2.1.1 Restriction on items 65090 and 65093—services for patients in hospital

If pathology services of a kind described in item 65090 or 65093 are rendered for a patient during a period when the patient is in hospital, the item applies only to the first pathology service of that kind rendered for the patient during the period.

2.1.2 Items in Group P1

This clause sets out items in Group P1.

Group P1—Haematology		
Column 1	**Column 2**	**Column 3**
Item	**Pathology service**	**Fee ($)**
65060	Haemoglobin, erythrocyte sedimentation rate, blood viscosity—one or more tests	7.85
65066	Examination of: (a) a blood film by special stains to demonstrate Heinz bodies, parasites or iron; or (b) a blood film by enzyme cytochemistry for neutrophil alkaline phosphatase, alpha-naphthyl acetate esterase or chloroacetate esterase; or (c) a blood film using any other special staining methods including periodic acid Schiff and Sudan Black; or (d) a urinary sediment for haemosiderin; including a service described in item 65072	10.40
65070	Erythrocyte count, haematocrit, haemoglobin, calculation or measurement of red cell index or indices, platelet count, leucocyte count and manual or instrument generated differential count (not being a service in relation to which haemoglobin only is requested)—one or more instrument-generated sets of results from a single sample and (if performed): (a) a morphological assessment of a blood film; and (b) any service in item 65060 or 65072	16.95
65072	Examination for reticulocytes including a reticulocyte count by any method—one or more tests	10.20
65075	Haemolysis or metabolic enzymes—assessment by one or more of the following tests: (a) erythrocyte autohaemolysis test; (b) erythrocyte osmotic fragility test; (c) sugar water test; (d) G–6–PD (qualitative or quantitative) test;	51.95

Clause 2.1.2

Group P1—Haematology		
Column 1 **Item**	**Column 2** **Pathology service**	**Column 3** **Fee ($)**
	(e) pyruvate kinase (qualitative or quantitative) test; (f) acid haemolysis test; (g) quantitation of muramidase in serum or urine; (h) Donath Landsteiner antibody test; (i) other erythrocyte metabolic enzyme tests	
65078	Tests for the diagnosis of thalassaemia consisting of haemoglobin electrophoresis or chromatography and at least 2 of: (a) examination for HbH; or (b) quantitation of HbA2; or (c) quantitation of HbF; including (if performed) any service described in item 65060 or 65070	90.20
65079	A test described in item 65078 if rendered by a receiving APP—one or more tests	90.20
65081	Tests for the investigation of haemoglobinopathy consisting of haemoglobin electrophoresis or chromatography and at least one of: (a) heat denaturation test; or (b) isopropanol precipitation test; or (c) tests for the presence of haemoglobin S; or (d) quantitation of any haemoglobin fraction (including S, C, D, E); including (if performed) any service described in item 65060, 65070 or 65078	96.60
65082	A test described in item 65081 if rendered by a receiving APP—one or more tests	96.60
65084	Bone marrow trephine biopsy—histopathological examination of sections of bone marrow and examination of aspirated material (including clot sections if necessary), including (if performed) any test described in item 65060, 65066 or 65070	165.85
65087	Bone marrow—examination of aspirated material (including clot sections if necessary), including (if performed) any test described in item 65060, 65066 or 65070	83.10
65090	Blood grouping (including back-grouping if performed)—ABO and Rh (D antigen)	11.15
65093	Blood grouping—Rh phenotypes, Kell system, Duffy system, M and N factors or any other blood group system—one or more systems, including item 65090 (if performed)	22.00
65096	Blood grouping (including back-grouping if performed), and examination of serum for Rh and other blood group antibodies, including: (a) identification and quantitation of any antibodies detected; and (b) (if performed) any test described in item 65060 or 65070	41.00

Group P1—Haematology

Column 1 Item	Column 2 Pathology service	Column 3 Fee ($)
65099	Compatibility tests by crossmatch—all tests performed on any 1 day for up to 6 units, including: (a) direct testing of donor red cells from each unit against the serum of the patient by one or more accepted crossmatching techniques; and (b) all grouping checks of the patient and donor; and (c) examination for antibodies and, if necessary, identification of any antibodies detected; and (d) (if performed) any tests described in item 65060, 65070, 65090 or 65096	108.90
65102	Compatibility tests by crossmatch—all tests performed on any 1 day in excess of 6 units, including: (a) direct testing of donor red cells from each unit against the serum of the patient by one or more accepted crossmatching techniques; and (b) all grouping checks of the patient and donor; and (c) examination for antibodies and, if necessary, identification of any antibodies detected; and (d) (if performed) any tests described in item 65060, 65070, 65090, 65096, 65099 or 65105	164.60
65105	Compatibility testing using at least a 3 cell panel and issue of red cells for transfusion—all tests performed on any 1 day for up to 6 units, including: (a) all grouping checks of the patient and donor; and (b) examination for antibodies and, if necessary, identification of any antibodies detected; and (c) (if performed) any tests described in item 65060, 65070, 65090 or 65096	108.90
65108	Compatibility testing using at least a 3 cell panel and issue of red cells for transfusion—all tests performed on any 1 day in excess of 6 units, including: (a) all grouping checks of the patient and donor; and (b) examination for antibodies and, if necessary, identification of any antibodies detected; and (c) (if performed) any tests described in item 65060, 65070, 65090, 65096, 65099 or 65105	164.60
65109	Release of fresh frozen plasma or cryoprecipitate for the use in a patient for the correction of a coagulopathy—one release	12.90
65110	Release of compatible fresh platelets for the use in a patient for platelet support as prophylaxis to minimise bleeding or during active bleeding—one release	12.90
65111	Examination of serum for blood group antibodies (including identification and, if necessary, quantitation of any antibodies detected)	23.20

Clause 2.1.2

Group P1—Haematology

Column 1 Item	Column 2 Pathology service	Column 3 Fee ($)
65114	One or more of the following tests: (a) direct Coombs (antiglobulin) test; (b) qualitative or quantitative test for cold agglutinins or heterophil antibodies	9.10
65117	One or more of the following tests: (a) spectroscopic examination of blood for chemically altered haemoglobins; (b) detection of methaemalbumin (Schumm's test)	20.25
65120	Prothrombin time (including INR if appropriate), activated partial thromboplastin time, thrombin time (including test for the presence of heparin), test for factor XIII deficiency (qualitative), Echis test, Stypven test, reptilase time, fibrinogen, or one of fibrinogen degradation products, fibrin monomer or D-dimer—one test	13.70
65123	Two tests described in item 65120	20.35
65126	Three tests described in item 65120	27.85
65129	Four or more tests described in item 65120	35.50
65137	A test for the presence of lupus anticoagulant, not being a service connected with a service to which item 65175, 65176, 65177, 65178 or 65179 applies	25.35
65142	Confirmation or clarification of an abnormal or indeterminate result of a test mentioned in item 65175, by testing a specimen collected on a different day—one or more tests	25.35
65144	Platelet aggregation in response to ADP, collagen, 5HT, ristocetin or other substances, or heparin, low molecular weight heparins, heparinoid or other drugs—one or more tests	56.55
65147	Quantitation of anti-Xa activity when monitoring is required for a patient receiving a low molecular weight heparin or heparinoid—one test	37.90
65150	Quantitation of von Willebrand factor antigen, von Willebrand factor activity (ristocetin cofactor assay), von Willebrand factor collagen binding activity, factor II, factor V, factor VII, factor VIII, factor IX, factor X, factor XI, factor XII, factor XIII, Fletcher factor, Fitzgerald factor, circulating coagulation factor inhibitors other than by Bethesda assay—one test	70.90
65153	Two tests described in item 65150	141.85
65156	Three or more tests described in item 65150	212.75
65157	A test described in item 65150, if rendered by a receiving APP, if no tests in the item have been rendered by the referring APP—one test	70.90
65158	A test described in item 65150, if rendered by a receiving APP, if one or more tests in the item have been rendered by the referring APP—one test	70.90
65159	Quantitation of circulating coagulation factor inhibitors by Bethesda assay—one test	70.90

Group P1—Haematology

Column 1 Item	Column 2 Pathology service	Column 3 Fee ($)
65162	Examination of a maternal blood film for the presence of fetal red blood cells (Kleihauer test)	10.45
65165	Detection and quantitation of fetal red blood cells in the maternal circulation by detection of red cell antigens using flow cytometric methods including (if performed) any test described in item 65070 or 65162	34.45
65166	A test described in item 65165 if rendered by a receiving APP—one or more tests	34.45
65171	A test for the presence of antithrombin III deficiency, protein C deficiency, protein S deficiency or activated protein C resistance in a first-degree relative of a person who has a proven deficiency mentioned in this item—one or more tests	25.35
65175	A test for the presence of antithrombin III deficiency, protein C deficiency, protein S deficiency, lupus anticoagulant, activated protein C resistance, if the request for the test specifically identifies that the patient has a history of venous thromboembolism—quantitation by one or more techniques—one test	25.35
65176	Two tests described in item 65175	48.65
65177	Three tests described in item 65175	71.95
65178	Four tests described in item 65175	95.20
65179	Five tests described in item 65175	118.50
65180	A test described in item 65175, if rendered by a receiving APP, if no tests in the item have been rendered by the referring APP—one test	25.35
65181	A test described in item 65175, if rendered by a receiving APP, if one or more tests described in the item have been rendered by the referring APP—one test	23.30

Division 2.2—Group P2: chemical

2.2.1 Inclusion of measurement of creatinine in services

A pathology service described in an item in Group P2 (except item 66500) that:

(a) involves the measurement of a substance in urine; and

(b) requires calculation of a substance/creatinine ratio;

is taken to include the measurement of creatinine necessary for the calculation.

2.2.2 Restriction on vitamins testing items—timing

(1) For any particular patient, items 66605 and 66606 are applicable not more than twice (in total for both items) in 12 months.

(2) For any particular patient, items 66607 and 66610 are applicable not more than twice (in total for both items) in 12 months.

2.2.3 Restriction on metals testing items—timing

(1) This clause applies to items 66819, 66820, 66821, 66822, 66825, 66826, 66827, 66828, 66831 and 66832 (each of which is a ***metals testing item***).

(2) For any particular patient, a metals testing item does not apply if, in the 6 months before the service described in the item was requested, there have been 3 patient episodes for the patient in relation to which any metals testing item applied.

2.2.4 Items in Group P2

This clause sets out items in Group P2.

Group P2—Chemical

Column 1 Item	Column 2 Pathology service	Colum 3 Fee ($)
66500	Quantitation in serum, plasma, urine or other body fluid (except amniotic fluid), by any method, except reagent tablet or reagent strip, (with or without reflectance meter) of acid phosphatase, alanine aminotransferase, albumin, alkaline phosphatase, ammonia, amylase, aspartate aminotransferase, bicarbonate, bilirubin (total), bilirubin (any fractions), C-reactive protein, calcium (total or corrected for albumin), chloride, creatine kinase, creatinine, gamma glutamyl transferase, globulin, glucose, lactate dehydrogenase, lipase, magnesium, phosphate, potassium, sodium, total cholesterol, total protein, triglycerides, urate or urea—one test	9.70
66503	Two tests described in item 66500	11.65
66506	Three tests described in item 66500	13.65
66509	Four tests described in item 66500	15.65
66512	Five or more tests described in item 66500	17.70

Group P2—Chemical		
Column 1	**Column 2**	**Colum 3**
Item	**Pathology service**	**Fee ($)**
66517	Quantitation of bile acids in blood in pregnancy Applicable not more than 3 times in a pregnancy	19.65
66518	Investigation of cardiac or skeletal muscle damage by quantitative measurement of creatine kinase isoenzymes, troponin or myoglobin in blood—tests performed on only one specimen in 24 hours	20.05
66519	Investigation of cardiac or skeletal muscle damage by quantitative measurement of creatine kinase isoenzymes, troponin or myoglobin in blood—tests performed on 2 or more specimens in 24 hours	40.15
66522	Faecal calprotectin test for the diagnosis of inflammatory bowel disease, if all the following apply: (a) the patient is under 50 years of age; (b) the patient has gastrointestinal symptoms suggestive of inflammatory or functional bowel disease of more than 6 weeks' duration; (c) infectious causes have been excluded; (d) the likelihood of malignancy has been assessed as low; (e) no relevant clinical alarms are present	75.00
66523	Faecal calprotectin test for the diagnosis of inflammatory bowel disease, if all the following apply: (a) the results of a service to which item 66522 applies were inconclusive for the patient (that is, the results showed a faecal calprotectin level of more than 50 μg/g but not more than 100 μg/g); (b) the patient has ongoing gastrointestinal symptoms suggestive of inflammatory or functional bowel disease; (c) the service is requested by a specialist or consultant physician practising as a specialist gastroenterologist; (d) the request indicates that an endoscopic examination is not initially required; (e) no relevant clinical alarms are present	75.00
66536	Quantitation of HDL cholesterol	11.05
66539	Electrophoresis of serum for demonstration of lipoprotein subclasses: (a) if the cholesterol is >6.5 mmol/L and triglyceride >4.0 mmol/L; or (b) in the diagnosis of types III and IV hyperlipidaemia For any particular patient, applicable not more than twice in 12 months	30.60
66542	Oral glucose tolerance test for the diagnosis of diabetes mellitus, that includes: (a) administration of glucose; and (b) at least 2 measurements of blood glucose; and (c) (if performed) any test described in item 66695	18.95
66545	Oral glucose challenge test in pregnancy for the detection of gestational diabetes that includes: (a) administration of glucose; and	15.80

Clause 2.2.4

Group P2—Chemical		
Column 1	**Column 2**	**Colum 3**
Item	**Pathology service**	**Fee ($)**
	(b) one or 2 measurements of blood glucose; and (c) (if performed) any test in item 66695	
66548	Oral glucose tolerance test in pregnancy for the diagnosis of gestational diabetes that includes: (a) administration of glucose; and (b) at least 3 measurements of blood glucose; and (c) (if performed) any test in item 66695	19.90
66551	Quantitation of glycosylated haemoglobin performed in the management of established diabetes	16.80
66554	Quantitation of glycosylated haemoglobin performed in the management of pre-existing diabetes if the patient is pregnant—including a service in item 66551 (if performed) For any particular patient, applicable not more than 6 times in 12 months	16.80
66557	Quantitation of fructosamine performed in the management of established diabetes—each test to a maximum of 4 tests in 12 months	9.70
66560	Microalbumin—quantitation in urine	20.10
66563	Osmolality, estimation by osmometer, in serum or in urine—one or more tests	24.70
66566	Quantitation of: (a) blood gases (including pO_2, oxygen saturation and pCO_2); and (b) bicarbonate and pH; including any other measurement (e.g. haemoglobin, lactate, potassium or ionised calcium) or calculation performed on the same specimen—one or more tests on one specimen	33.70
66569	Quantitation of blood gases, bicarbonate and pH as described in item 66566 on 2 specimens performed on any 1 day	42.60
66572	Quantitation of blood gases, bicarbonate and pH as described in item 66566 on 3 specimens performed on any 1 day	51.55
66575	Quantitation of blood gases, bicarbonate and pH as described in item 66566 on 4 specimens performed on any 1 day	60.45
66578	Quantitation of blood gases, bicarbonate and pH as described in item 66566 on 5 specimens performed on any 1 day	69.35
66581	Quantitation of blood gases, bicarbonate and pH as described in item 66566 on 6 or more specimens performed on any 1 day	78.25
66584	Quantitation of ionised calcium (except if performed as part of item 66566)—one test	9.70
66587	Urine acidification test for the diagnosis of renal tubular acidosis including the administration of an acid load, and pH measurements on 4 or more urine specimens and at least one blood specimen	47.55
66590	Calculus, analysis of one or more	30.60
66593	Ferritin—quantitation, except if requested as part of iron studies	18.00

Group P2—Chemical		
Column 1	**Column 2**	**Colum 3**
Item	**Pathology service**	**Fee ($)**
66596	Iron studies, consisting of quantitation of: (a) serum iron; and (b) transferrin or iron binding capacity; and (c) ferritin	32.55
66605	Vitamins—quantitation of vitamin B1, B2, B3, B6 or C in blood, urine or other body fluid—one or more tests	30.60
66606	A test described in item 66605 if rendered by a receiving APP—one or more tests	30.60
66607	Vitamins—quantitation of vitamin A or E in blood, urine or other body fluid—one or more tests	75.75
66610	A test described in item 66607 if rendered by a receiving APP—one or more tests	75.75
66623	All qualitative and quantitative tests on blood, urine or other body fluid for: (a) a drug or drugs of abuse (including illegal drugs and legally available drugs taken other than in appropriate dosage); or (b) ingested or absorbed toxic chemicals; including a service described in item 66800, 66803, 66806, 66812 or 66815 (if performed), but excluding: (c) the surveillance of sports people and athletes for performance improving substances; and (d) the monitoring of patients participating in a drug abuse treatment program	41.50
66626	Detection or quantitation or both of a drug, or drugs, of abuse or a therapeutic drug, on a sample collected from a patient participating in a drug abuse treatment program, including all tests on blood, urine or other body fluid, not including: (a) the surveillance of sports people and athletes for performance improving substances; and (b) the detection of nicotine and metabolites in smoking withdrawal programs For any particular patient, applicable not more than 36 times in 12 months	24.10
66629	Beta-2-microglobulin—quantitation in serum, urine or other body fluids—one or more tests	20.10
66632	Caeruloplasmin, haptoglobins, or prealbumin—quantitation in serum, urine or other body fluids—one or more tests	20.10
66635	Alpha-1-antitrypsin—quantitation in serum, urine or other body fluid—one or more tests	20.10
66638	Isoelectric focusing or similar methods for determination of alpha-1-antitrypsin phenotype in serum—one or more tests	49.05
66639	A test described in item 66638 if rendered by a receiving APP—one or more tests	29.20

Clause 2.2.4

Group P2—Chemical		
Column 1	**Column 2**	**Colum 3**
Item	**Pathology service**	**Fee ($)**
66641	Electrophoresis of serum or other body fluid to demonstrate: (a) the isoenzymes of lactate dehydrogenase; or (b) the isoenzymes of alkaline phosphatase; including the preliminary quantitation of total relevant enzyme activity—one or more tests	29.20
66642	A test described in item 66641 if rendered by a receiving APP—one or more tests	29.20
66644	C-1 esterase inhibitor—quantitation	20.15
66647	C-1 esterase inhibitor—functional assay	45.10
66650	Alpha-fetoprotein, CA-15.3 antigen (CA15.3), CA-19.9 antigen (CA19.9), CA-125 antigen (C125), cancer associated serum antigen (CASA), carcinoembryonic antigen (CEA), human chorionic gonadotrophin (HCG), neuron specific enolase (NSE) thyroglobulin in serum or other body fluid, in the monitoring of malignancy or in the detection or monitoring of gestational trophoblastic disease or a hepatic or germ cell tumour—quantitation—one test	24.35
66651	A test described in item 66650, if rendered by a receiving APP, if no tests in the item have been rendered by the referring APP—one test	24.35
66652	A test described in item 66650, if rendered by a receiving APP, if one or more tests in the item have been rendered by the referring APP—one test	20.30
66653	Two or more tests described in item 66650	44.60
66655	Prostate specific antigen—quantitation For any particular patient, applicable not more than once in 12 months	20.15
66656	Prostate specific antigen (PSA) quantitation in the monitoring of previously diagnosed prostatic disease (including a test to which item 66655 applies)	20.15
66659	Prostate specific antigen (PSA), quantitation of 2 or more fractions of PSA and any derived index, including, if performed, a test described in item 66656, in the follow up of a PSA result that lies at or above the age-related median but below the age-related, method-specific 97.5% reference limit For any particular patient, applicable not more than once in 12 months	37.30
66660	Prostate specific antigen (PSA), quantitation of 2 or more fractions of PSA and any derived index, including, if performed, a test described in item 66656, in the follow up of a PSA result that lies at or above the age-related, method-specific 97.5% reference limit, but below 10 µg/L For any particular patient, applicable not more than 4 times in 12 months	37.30
66662	Quantitation of hormone receptors on proven primary breast or ovarian carcinoma or a metastasis from a breast or ovarian carcinoma or a subsequent lesion in the breast—one or more tests	79.95
66663	A test described in item 66662 if rendered by a receiving APP—one or more tests	79.95

Group P2—Chemical		
Column 1	**Column 2**	**Colum 3**
Item	**Pathology service**	**Fee ($)**
66665	Lead quantitation in blood or urine (other than for occupational health screening purposes) to a maximum of 3 tests in 6 months—each test	30.60
66666	A test described in item 66665 if rendered by a receiving APP—one or more tests	30.60
66667	Quantitation of serum zinc in a patient receiving intravenous alimentation—each test	30.60
66671	Quantitation of serum aluminium in a patient in a renal dialysis program—each test	36.90
66674	Quantitation of: (a) faecal fat; or (b) breath hydrogen in response to loading with disaccharides; one or more tests within 28 days	39.95
66677	Test for tryptic activity in faeces in the investigation of diarrhoea of longer than 4 weeks duration in children under 6 years	11.15
66680	Quantitation of disaccharidases and other enzymes in intestinal tissue—one or more tests	74.45
66683	Enzymes—quantitation in solid tissue or tissues other than blood elements or intestinal tissue—one or more tests	74.45
66686	Performance of one or more of the following procedures: (a) growth hormone suppression by glucose loading; (b) growth hormone stimulation by exercise; (c) dexamethasone suppression test; (d) sweat collection by iontophoresis for chloride analysis; (e) pharmacological stimulation of growth hormone	50.65
66695	Quantitation in blood or urine of hormones and hormone binding proteins—ACTH, aldosterone, androstenedione, C-peptide, calcitonin, cortisol, DHEAS, 11-deoxycortisol, dihydrotestosterone, FSH, gastrin, glucagon, growth hormone, hydroxyprogesterone, insulin, LH, oestradiol, oestrone, progesterone, prolactin, PTH, renin, sex hormone binding globulin, somatomedin C(IGF –1), free or total testosterone, urine steroid fraction or fractions, vasoactive intestinal peptide—one test	30.50
66696	A test described in item 66695, if rendered by a receiving APP, if no tests in the item have been rendered by the referring APP	30.50
66697	A test described in item 66695, if rendered by a receiving APP, if one or more tests in the item have been rendered by the referring APP—each test to a maximum of 4 tests	13.20
66698	Two tests described in item 66695	43.70
66701	Three tests described in item 66695	56.90
66704	Four tests described in item 66695	70.15
66707	Five or more tests described in item 66695	83.35

Clause 2.2.4

Group P2—Chemical		
Column 1	**Column 2**	**Colum 3**
Item	**Pathology service**	**Fee ($)**
66711	Quantitation in saliva of cortisol in: (a) the investigation of Cushing's syndrome; or (b) the management of children with congenital adrenal hyperplasia; one test	30.15
66712	Two tests described in item 66711	43.05
66714	A test described in item 66711, if rendered by a receiving APP, if no tests in the item have been rendered by the referring APP	30.15
66715	A test described in item 66711, if rendered by a receiving APP, if one test in the item has been rendered by the referring APP—one test	12.85
66716	TSH quantitation	25.05
66719	Thyroid function tests (comprising the service described in item 66716 and either or both of a test for free thyroxine and a test for free T3) for a patient, if: (a) the patient has a level of TSH that is outside the normal reference range for the particular method of assay used to determine the level; or (b) the request from the requesting medical practitioner indicates that the tests are performed: (i) for the purpose of monitoring thyroid disease in the patient; or (ii) to investigate the sick euthyroid syndrome if the patient is an admitted patient; or (iii) to investigate dementia or psychiatric illness of the patient; or (iv) to investigate amenorrhoea or infertility of the patient; or (c) the request from the requesting medical practitioner indicates that the medical practitioner suspects the patient has a pituitary dysfunction; or (d) the request from the requesting medical practitioner indicates that the patient is on drugs that interfere with thyroid hormone metabolism or function	34.80
66722	TSH quantitation described in item 66716 and one test described in item 66695	37.90
66723	A test described in item 66722, if rendered by a receiving APP, if no tests in the item have been rendered by the referring APP—one test	37.90
66724	A test described in item 66722, if rendered by a receiving APP, if one or more tests in the item have been rendered by the referring APP—one test	13.15
66725	TSH quantitation described in item 66716 and 2 tests described in item 66695	51.05
66728	TSH quantitation described in item 66716 and 3 tests described in item 66695	64.20
66731	TSH quantitation described in item 66716 and 4 tests described in item 66695	77.40
66734	TSH quantitation described in item 66716 and 5 tests described in item 66695	90.55

Group P2—Chemical		
Column 1	**Column 2**	**Colum 3**
Item	**Pathology service**	**Fee ($)**
66743	Quantitation of alpha-fetoprotein in serum or other body fluids during pregnancy except if requested as part of item 66750 or 66751	20.10
66749	Amniotic fluid, spectrophotometric examination of, and quantitation of: (a) lecithin/sphingomyelin ratio; or (b) palmitic acid, phosphatidylglycerol or lamellar body phospholipid; or (c) bilirubin, including correction for haemoglobin; one or more tests	32.95
66750	Quantitation, in pregnancy, of any 2 of the following to detect foetal abnormality: (a) total human chorionic gonadotrophin (total HCG); (b) free alpha human chorionic gonadotrophin (free alpha HCG); (c) free beta human chorionic gonadotrophin (free beta HCG); (d) pregnancy associated plasma protein A (PAPP-A); (e) unconjugated oestriol (uE_3); (f) alpha-fetoprotein (AFP); including (if performed) a service described in item 73527 or 73529 Applicable not more than once in a pregnancy	39.75
66751	Quantitation, in pregnancy, of any 3 or more tests described in item 66750 Applicable not more than once in a pregnancy	55.25
66752	Quantitation of acetoacetate, beta-hydroxybutyrate, citrate, oxalate, total free fatty acids, cysteine, homocysteine, cystine, lactate, pyruvate or other amino acids and hydroxyproline (except if performed as part of item 66773 or 66776)—one test	24.70
66755	Two or more tests described in item 66752	38.85
66756	Quantitation of 10 or more amino acids for the diagnosis of inborn errors of metabolism—up to 4 tests in 12 months on specimens of plasma, CSF and urine	98.30
66757	Quantitation of 10 or more amino acids for monitoring of previously diagnosed inborn errors of metabolism in one tissue type	98.30
66758	Quantitation of angiotensin converting enzyme, or cholinesterase—one or more tests	24.70
66761	Test for reducing substances in faeces by any method (except reagent strip or dipstick)	13.15
66764	Examination for faecal occult blood (including tests for haemoglobin and its derivatives in the faeces except by reagent strip or dip stick methods) with a maximum of 3 examinations on specimens collected on separate days in a 28 day period	8.90
66767	Two examinations described in item 66764 performed on separately collected and identified specimens	17.85
66770	Three examinations described in item 66764 performed on separately collected and identified specimens	26.70

Clause 2.2.4

Group P2—Chemical		
Column 1	**Column 2**	**Colum 3**
Item	**Pathology service**	**Fee ($)**
66773	Quantitation of products of collagen breakdown or formation for the monitoring of patients with proven low bone mineral density and, if performed, a service described in item 66752—one or more tests	24.65
66776	Quantitation of products of collagen breakdown or formation for the monitoring of patients with metabolic bone disease or Paget's disease of bone and, if performed, a service described in item 66752—one or more tests	24.65
66779	Adrenaline, noradrenaline, dopamine, histamine, hydroxyindoleacetic acid (5HIAA), hydroxymethoxymandelic acid (HMMA), homovanillic acid (HVA), metanephrines, methoxyhydroxyphenylethylene glycol (MHPG), phenylacetic acid (PAA) or serotonin—quantitation—one or more tests	39.95
66780	A test described in item 66779 if rendered by a receiving APP—one or more tests	39.95
66782	Porphyrins or porphyrins precursors—detection in plasma, red cells, urine or faeces—one or more tests	13.15
66783	A test described in item 66782 if rendered by a receiving APP—one or more tests	13.15
66785	Porphyrins or porphyrins precursors—quantitation in plasma, red cells, urine or faeces—one test	39.95
66788	Porphyrins or porphyrins precursors—quantitation in plasma, red cells, urine or faeces—2 or more tests	65.85
66789	A test described in item 66785 if rendered by a receiving APP, if no tests in the item have been rendered by the referring APP—one test	39.95
66790	A test described in item 66785, if rendered by a receiving APP, if one or more tests in the item have been rendered by the referring APP—one test	25.90
66791	Porphyrin biosynthetic enzymes—measurement of activity in blood cells or other tissues—one or more tests	74.45
66792	A test described in item 66791 if rendered by a receiving APP—one or more tests	74.45
66800	Quantitation in blood, urine or other body fluid by any method (except reagent tablet or reagent strip) of any of the following used therapeutically by the patient from whom the specimen was taken: amikacin, carbamazepine, digoxin, disopyramide, ethanol, ethosuximide, gentamicin, lignocaine, lithium, netilmicin, paracetamol, phenobarbitone, phenytoin, primidone, procainamide, quinidine, salicylate, theophylline, tobramycin, valproate or vancomycin—one test	18.15
66803	Two tests described in item 66800	30.50
66804	A test described in item 66800 if rendered by a receiving APP, if no tests in the item have been rendered by the referring APP—one test	18.15
66805	A test described in item 66800, if rendered by a receiving APP, if one or more tests in the item have been rendered by the referring APP—one test	12.35
66806	Three tests described in item 66800	41.85

Group P2—Chemical		
Column 1	**Column 2**	**Colum 3**
Item	**Pathology service**	**Fee ($)**
66812	Quantitation, not elsewhere described in this Schedule by any method or methods, in blood, urine or other body fluid, of a drug being used therapeutically by the patient from whom the specimen was taken—one test	34.80
66815	Two tests described in item 66812	59.55
66816	A test described in item 66812 if rendered by a receiving APP, if no tests in the item have been rendered by the referring APP—one test	34.80
66817	A test described in item 66812, if rendered by a receiving APP, if one or more tests in the item have been rendered by the referring APP—one test	24.75
66819	Quantitation of copper, manganese, selenium or zinc (except if item 66667 applies), in blood, urine or other body fluid—one test	30.60
66820	A test described in item 66819 if rendered by a receiving APP, if no tests in the item have been rendered by the referring APP—one test	30.60
66821	A test described in item 66819, if rendered by a receiving APP, if one or more tests in the item have been rendered by the referring APP—one test	21.80
66822	Quantitation of copper, manganese, selenium or zinc (except if item 66667 applies), in blood, urine or other body fluid—2 or more tests	52.45
66825	Quantitation of aluminium (except if item 66671 applies), arsenic, beryllium, cadmium, chromium, gold, mercury, nickel or strontium, in blood, urine or other body fluid or tissue—one test	30.60
66826	A test described in item 66825 if rendered by a receiving APP if no tests have been rendered by the referring APP—one test	30.60
66827	A test described in item 66825, if rendered by a receiving APP, if one or more tests in the item have been rendered by the referring APP—one test	21.80
66828	Quantitation of aluminium (except if item 66671 applies), arsenic, beryllium, cadmium, chromium, gold, mercury, nickel or strontium, in blood, urine or other body fluid or tissue—2 or more tests	52.45
66830	Quantitation of BNP or NT-proBNP for the diagnosis of heart failure in patients presenting with dyspnoea in a hospital emergency department For any particular patient, applicable not more than 6 times in 12 months	58.50
66831	Quantitation of copper or iron in liver tissue biopsy	30.95
66832	A test described in item 66831 if rendered by a receiving APP	30.95
66833	25-hydroxyvitamin D, quantification in serum, for the investigation of a patient who: (a) has signs or symptoms of osteoporosis or osteomalacia; or (b) has increased alkaline phosphatase and otherwise normal liver function tests; or (c) has hyperparathyroidism, hypo- or hypercalcaemia, or hypophosphataemia; or (d) is suffering from malabsorption (for example, because the patient has cystic fibrosis, short bowel syndrome, inflammatory bowel disease or untreated coeliac disease, or has had bariatric surgery); or (e) has deeply pigmented skin, or chronic and severe lack of sun exposure	30.05

Group P2—Chemical		
Column 1	**Column 2**	**Colum 3**
Item	**Pathology service**	**Fee ($)**
	for cultural, medical, occupational or residential reasons; or (f) is taking medication known to decrease 25OH-D levels (for example, anticonvulsants); or (g) has chronic renal failure or is a renal transplant recipient; or (h) is less than 16 years of age and has signs or symptoms of rickets; or (i) is an infant whose mother has established vitamin D deficiency; or (j) is an exclusively breastfed baby and has at least one other risk factor mentioned in a paragraph in this item; or (k) has a sibling who is less than 16 years of age and has vitamin D deficiency	
66834	A test described in item 66833 if rendered by a receiving APP	30.05
66835	1, 25-dihydroxyvitamin D—quantification in serum, if the request for the test is made by, or on advice of, the specialist or consultant physician managing the treatment of the patient	39.05
66836	1, 25-dihydroxyvitamin D—quantification in serum, if: (a) a patient has hypercalcaemia; and (b) the request for the test is made by a medical practitioner (other than a specialist or consultant physician) managing the treatment of the patient	39.05
66837	A test described in item 66835 or 66836 if rendered by a receiving APP	39.05
66838	Serum vitamin B12 test For any particular patient, applicable not more than once in 12 months	23.60
66839	Quantification of vitamin B12 markers such as holoTranscobalamin or methylmalonic acid, if initial serum vitamin B12 result is low or equivocal	42.95
66840	Serum folate test and, if required, red cell folate test for a patient at risk of folate deficiency, including patients with malabsorption conditions, macrocytic anaemia or coeliac disease	23.60
66841	Quantitation of HbA1c (glycated haemoglobin) performed for the diagnosis of diabetes in asymptomatic patients at high risk For any particular patient, applicable not more than once in 12 months	16.80
66900	Carbon-labelled urea breath test using oral C-13 or C-14 urea, including the measurement of exhaled $^{13}CO_2$ or $^{14}CO_2$, (except if item 12533 applies) for: (a) the confirmation of *Helicobacter pylori* colonisation; or (b) the monitoring of the success of eradication of *Helicobacter pylori* Note: Item 12533 is in the general medical services table.	77.65

Division 2.3—Group P3: microbiology

2.3.1 Restriction on certain items—antigen detection services rendered as pathologist-determinable services

If a pathology service described in item 69316, 69317, 69319, 69494, 69495, 69496, 69497 or 69498 is rendered as a pathologist-determinable service, the item does not apply to the service unless the recognised pathologist who renders the service records, in writing, the reasons for rendering the service.

2.3.2 Fee for certain items in a single patient episode—investigation for hepatitis serology

The fee applying in a single patient episode that includes any of items 69475, 69478 and 69481 is the fee specified for only one of those items.

2.3.3 Restriction on certain items—timing

(1) For any particular patient, items 69445 and 69451 are applicable not more than 4 times (in total for both items) in 12 months.

(2) For any particular patient, items 69488 and 69489 are applicable not more than twice (in total for both items) in 12 months.

(3) For any particular patient, items 69491 and 69492 are applicable not more than once (in total for both items) in 12 months.

(4) For any particular patient, items 69499 and 69500 are applicable not more than once (in total for both items) in 12 months.

2.3.4 Items in Group P3

This clause sets out items in Group P3.

Group P3—Microbiology

Column 1 Item	Column 2 Pathology service	Column 3 Fee ($)
69300	Microscopy of wet film material other than blood, from one or more sites, obtained directly from a patient (not cultures) including (if performed): (a) differential cell count; or (b) examination for dermatophytes; or (c) dark ground illumination; or (d) stained preparation or preparations using any relevant stain or stains; one or more tests	12.50
69303	Culture and (if performed) microscopy to detect pathogenic micro-organisms from nasal swabs, throat swabs, eye swabs and ear swabs (except swabs taken for epidemiological surveillance), including (if	22.00

Clause 2.3.4

Group P3—Microbiology		
Column 1	**Column 2**	**Column 3**
Item	**Pathology service**	**Fee ($)**
	performed): (a) pathogen identification and antibiotic susceptibility testing; or (b) a service described in item 69300; specimens from one or more sites	
69306	Microscopy and culture to detect pathogenic micro-organisms from skin or other superficial sites, including (if performed): (a) pathogen identification and antibiotic susceptibility testing; or (b) a service described in items 69300, 69303, 69312 and 69318; one or more tests on one or more specimens	33.75
69309	Microscopy and culture to detect dermatophytes and other fungi causing cutaneous disease, from skin scrapings, skin biopsies, hair and nails (excluding swab specimens) and including (if performed): (a) the detection of antigens not elsewhere specified in this Schedule; or (b) a service described in items 69300, 69303, 69306, 69312 and 69318; one or more tests on one or more specimens	48.15
69312	Microscopy and culture to detect pathogenic micro-organisms from urethra, vagina, cervix or rectum (except for faecal pathogens), including (if performed): (a) pathogen identification and antibiotic susceptibility testing; or (b) a service described in items 69300, 69303, 69306 and 69318; one or more tests on one or more specimens	33.75
69316	Detection of *Chlamydia trachomatis* by any method—one test	28.65
69317	This item applies if: (a) one test described in item 69316 is performed; and (b) one test described in item 69494 is performed	35.85
69318	Microscopy and culture to detect pathogenic micro-organisms from specimens of sputum (except when part of items 69324, 69327 and 69330), including (if performed): (a) pathogen identification and antibiotic susceptibility testing; or (b) a service described in items 69300, 69303, 69306 and 69312; one or more tests on one or more specimens	33.75
69319	This item applies if: (a) one test described in item 69316 is performed; and (b) 2 or more tests described in item 69494 are performed	42.95
69321	Microscopy and culture of post-operative wounds, aspirates of body cavities, synovial fluid, CSF or operative or biopsy specimens, for the presence of pathogenic micro-organisms involving aerobic and anaerobic cultures and the use of different culture media, and including (if performed): (a) pathogen identification and antibiotic susceptibility testing; or (b) a service described in item 69300, 69303, 69306, 69312 or 69318;	48.15

Group P3—Microbiology		
Column 1	**Column 2**	**Column 3**
Item	**Pathology service**	**Fee ($)**
	specimens from one or more sites	
69324	Microscopy (with appropriate stains) and culture for mycobacteria—one specimen of sputum, urine or other body fluid or one operative or biopsy specimen, including (if performed): (a) microscopy and culture of other bacterial pathogens isolated as a result of this procedure; or (b) pathogen identification and antibiotic susceptibility testing; including a service described in item 69300	43.00
69325	A service described in item 69324 if the microscopy and culture is performed by a receiving APP	43.00
69327	Microscopy (with appropriate stains) and culture for mycobacteria—2 specimens of sputum, urine or other body fluids or operative or biopsy specimens, including (if performed): (a) microscopy and culture of other bacterial pathogens isolated as a result of this procedure; or (b) pathogen identification and antibiotic susceptibility testing; including a service described in item 69300	85.00
69328	A service described in item 69327 if the microscopy and culture is performed by a receiving APP	85.00
69330	Microscopy (with appropriate stains) and culture for mycobacteria—3 specimens of sputum, urine or other body fluids or operative or biopsy specimens, including (if performed): (a) microscopy and culture of other bacterial pathogens isolated as a result of this procedure; or (b) pathogen identification and antibiotic susceptibility testing; including a service described in item 69300	128.00
69331	A service described in item 69330 if the microscopy and culture is performed by a receiving APP	128.00
69333	Urine examination (including serial examinations) by any means other than simple culture by dip slide, including: (a) cell count; and (b) culture; and (c) colony count; and (d) (if performed) stained preparations; and (e) (if performed) identification of cultured pathogens; and (f) (if performed) antibiotic susceptibility testing; and (g) (if performed) examination for pH, specific gravity, blood, protein, urobilinogen, sugar, acetone or bile salts	20.55

Clause 2.3.4

Group P3—Microbiology		
Column 1	**Column 2**	**Column 3**
Item	**Pathology service**	**Fee ($)**
69336	Microscopy of faeces for ova, cysts and parasites, that includes the use of: (a) a concentration technique; and (b) fixed stains or antigen detection for cryptosporidia and giardia; and includes a service described in item 69300 (if performed) For any particular patient, applicable not more than once in 7 days	33.45
69339	Microscopy of faeces for ova, cysts and parasites using concentration techniques examined after examination described in item 69336 performed on a separately collected and identified specimen collected within 7 days of the examination described in item 69336—not more than one examination in 7 days	19.10
69345	Culture and (if performed) microscopy without concentration techniques of faeces for faecal pathogens, using at least 2 selective or enrichment media and culture in at least 2 different atmospheres including (if performed): (a) pathogen identification and antibiotic susceptibility testing; and (b) the detection of clostridial toxins; and (c) a service described in item 69300; not more than one examination in 7 days	52.90
69354	Blood culture for pathogenic micro-organisms (other than viruses), including sub-cultures and (if performed): (a) identification of any cultured pathogen; and (b) necessary antibiotic susceptibility testing; to a maximum of 3 sets of cultures—one set of cultures	30.75
69357	Two sets of cultures described in item 69354	61.45
69360	Three sets of cultures described in item 69354	92.20
69363	Detection of *Clostridium difficile* or *Clostridium difficile* toxin (except if a service described in item 69345 has been performed)—one or more tests	28.65
69378	Quantitation of HIV viral RNA load in plasma or serum in the monitoring of a HIV sero-positive patient not on antiretroviral therapy—one or more tests	180.25
69379	A test described in item 69378 if the quantitation is performed by a receiving APP—one or more tests on one or more specimens	180.25
69380	Genotypic testing for HIV antiretroviral resistance in a patient with confirmed HIV infection if the patient's viral load is greater than 1,000 copies per ml at any of the following times: (a) at presentation; (b) before antiretroviral therapy; (c) when treatment with combination antiretroviral agents fails; maximum of 2 tests in 12 months	770.30
69381	Quantitation of HIV viral RNA load in plasma or serum in the monitoring of a HIV sero-positive patient on antiretroviral therapy—one or more tests on one or more specimens	180.25

Group P3—Microbiology

Column 1 Item	Column 2 Pathology service	Column 3 Fee ($)
69382	Quantitation of HIV viral RNA load in cerebrospinal fluid in a HIV sero-positive patient—one or more tests on one or more specimens	180.25
69383	A test described in item 69381 if the quantitation is performed by a receiving APP—one or more tests on one or more specimens	180.25
69384	Quantitation of one antibody to microbial antigens not elsewhere described in this Schedule—one test	15.65
69387	Two tests described in item 69384	29.00
69390	Three tests described in item 69384	42.35
69393	Four tests described in item 69384	55.70
69396	Five or more tests described in item 69384	69.10
69400	A test described in item 69384 if rendered by a receiving APP, if no tests in the item have been rendered by the referring APP—one test	15.65
69401	A test described in item 69384 if a referring APP has performed a test or tests described in item 69384—each test to a maximum of 4 tests	13.35
69405	Microbiological serology during a pregnancy (except in the investigation of a clinically apparent intercurrent microbial illness or close contact with a patient suffering from parvovirus infection or varicella during that pregnancy) including: (a) the determination of one of the following: rubella immune status, specific syphilis serology, carriage of Hepatitis B, Hepatitis C antibody, HIV antibody; and (b) (if performed) a service described in one or more of items 69384, 69475, 69478 and 69481	15.65
69408	Microbiological serology during a pregnancy (except in the investigation of a clinically apparent intercurrent microbial illness or close contact with a patient suffering from parvovirus infection or varicella during that pregnancy) including: (a) the determination of 2 of the following: rubella immune status, specific syphilis serology, carriage of Hepatitis B, Hepatitis C antibody, HIV antibody; and (b) (if performed) a service described in one or more of items 69384, 69475, 69478 and 69481	29.00
69411	Microbiological serology during a pregnancy (except in the investigation of a clinically apparent intercurrent microbial illness or close contact with a patient suffering from parvovirus infection or varicella during that pregnancy) including: (a) the determination of 3 of the following: rubella immune status, specific syphilis serology, carriage of Hepatitis B, Hepatitis C antibody, HIV antibody; and (b) (if performed) a service described in one or more of items 69384, 69475, 69478 and 69481	42.35

Clause 2.3.4

Group P3—Microbiology		
Column 1	**Column 2**	**Column 3**
Item	**Pathology service**	**Fee ($)**
69413	Microbiological serology during a pregnancy (except in the investigation of a clinically apparent intercurrent microbial illness or close contact with a patient suffering from parvovirus infection or varicella during that pregnancy) including: (a) the determination of 4 of the following: rubella immune status, specific syphilis serology, carriage of Hepatitis B, Hepatitis C antibody, HIV antibody; and (b) (if performed) a service described in one or more of items 69384, 69475, 69478 and 69481	55.70
69415	Microbiological serology during a pregnancy (except in the investigation of a clinically apparent intercurrent microbial illness or close contact with a patient suffering from parvovirus infection or varicella during that pregnancy) including: (a) the determination of all of the following: rubella immune status, specific syphilis serology, carriage of hepatitis B, hepatitis C antibody, HIV antibody; and (b) (if performed) a service described in one or more of items 69384, 69475, 69478 and 69481	69.10
69445	Detection of hepatitis C viral RNA in a patient undertaking antiviral therapy for chronic HCV hepatitis (including a service described in item 69499)—one test	92.20
69451	A test described in item 69445 if the test is performed by a receiving APP—one test	92.20
69471	Test of cell-mediated immune response in blood for the detection of latent tuberculosis by interferon gamma release assay (IGRA) in the following people: (a) a person who has been exposed to a confirmed case of active tuberculosis; (b) a person who is infected with human immunodeficiency virus; (c) a person who is to commence, or has commenced, tumour necrosis factor (TNF) inhibitor therapy; (d) a person who is to commence, or has commenced, renal dialysis; (e) a person with silicosis; (f) a person who is, or is about to become, immunosuppressed because of a disease, or a medical treatment, not mentioned in paragraphs (a) to (e)	34.90
69472	Detection of antibodies to Epstein Barr Virus using specific serology—one test	15.65
69474	Detection of antibodies to Epstein Barr Virus using specific serology—2 or more tests	28.65
69475	Detection of hepatitis antigens or antibodies to determine immune status or viral carriage following exposure or vaccination to Hepatitis A, Hepatitis B, Hepatitis C or Hepatitis D—one test	15.65
69478	Two tests described in item 69475	29.25

Group P3—Microbiology

Column 1 Item	Column 2 Pathology service	Column 3 Fee ($)
69481	Investigation of infectious causes of acute or chronic hepatitis—3 tests described in item 69475	40.55
69482	Quantitation of hepatitis B viral DNA in patients who are hepatitis B surface antigen positive and have chronic hepatitis B but are not receiving antiviral therapy—one test For any particular patient, applicable not more than once in 12 months	152.10
69483	Quantitation of hepatitis B viral DNA in patients who: (a) are hepatitis B surface antigen positive; and (b) have chronic hepatitis B; and (c) are receiving antiviral therapy; one test For any particular patient, applicable not more than 4 times in 12 months	152.10
69484	Supplementary test for hepatitis B surface antigen or hepatitis C antibody using a different assay on a specimen that yielded a reactive result on initial testing	17.10
69488	Quantitation of HCV RNA load in plasma or serum in: (a) the pre-treatment evaluation, of a patient with chronic HCV hepatitis, for antiviral therapy; or (b) the assessment of efficacy of antiviral therapy for such a patient; (including a service described in item 69445 or 69499)	180.25
69489	A test described in item 69488 if the test is performed by a receiving APP	180.25
69491	Nucleic acid amplification and determination of hepatitis C virus (HCV) genotype, if the patient is HCV RNA positive and is being evaluated for antiviral therapy of chronic HCV hepatitis	204.80
69492	A service described in item 69491 if the test is performed by a receiving APP	204.80
69494	Detection of a virus, microbial antigen or microbial nucleic acid (not elsewhere described in this Schedule)—one test	28.65
69495	Two tests described in item 69494	35.85
69496	Three or more tests described in item 69494	43.05
69497	This item applies to a test described in item 69494 if: (a) a referring APP has not performed the test described in item 69494; and (b) a receiving APP performs the test described in item 69494; one test	28.65
69498	This item applies to a test described in item 69494 if: (a) a referring APP has performed the test or tests described in item 69494; and (b) a receiving APP has performed the test or tests described in item 69494; one test	7.20

Clause 2.3.4

Group P3—Microbiology		
Column 1 **Item**	**Column 2** **Pathology service**	**Column 3** **Fee ($)**
69499	Detection of hepatitis C viral RNA if: (a) 2 different assays of Hepatitis C antibodies in the patient are positive or inconclusive; or (b) the test is performed for the purpose of: (i) determining the hepatitis C status of an immunosuppressed or immunocompromised patient; or (ii) the detection of acute hepatitis C prior to seroconversion if considered necessary for the clinical management of the patient	92.20
69500	A test described in item 69499 if the test is performed by a receiving APP	92.20
69505	Sequencing and analysis of the genome of mycobacterium tuberculosis complex from an isolate or nucleic acid extract: (a) to speciate the organism: (i) at the time of a patient's initial diagnosis and commencement of initial empiric therapy; or (ii) following recurrence of a patient's symptoms or a patient's failure to respond to treatment within the expected timeframe; and (b) for the purpose of: (i) genome-wide determination of the antimicrobial resistance markers (resistome) of the isolate; and (ii) individualising the patient's treatment Applicable once at initial diagnosis and once per episode of disease recurrence	150.00

Division 2.4—Group P4: immunology

2.4.1 Restriction on item 71148—HLA-B27 typing services rendered as pathologist-determinable services

If a service described in item 71148 is rendered as a pathologist-determinable service, the item does not apply to the service unless the recognised pathologist who renders the service records, in writing:

(a) the reasons for rendering the service; and

(b) the result of the pathology service described in item 71147.

2.4.2 Items in Group P4

This clause sets out items in Group P4.

Group P4—Immunology

Column 1 Item	Column 2 Pathology service	Column 3 Fee ($)
71057	Electrophoresis, quantitative and qualitative, of serum, urine or other body fluid, collected in a 28 day period, to demonstrate: (a) protein classes; or (b) presence and amount of paraprotein; including the preliminary quantitation of total protein, albumin and globulin—one specimen type	32.90
71058	Examination as described in item 71057—2 or more specimen types	50.50
71059	Immunofixation, immunoelectrophoresis or isoelectric focusing of: (a) urine for detection of Bence Jones proteins; or (b) serum, plasma, or other body fluid; and characterisation of a paraprotein or cryoglobulin—examination of one specimen type (e.g. serum, urine or CSF)	35.65
71060	Examination as described in item 71059 of 2 or more specimen types	44.05
71062	Electrophoresis and immunofixation or immunoelectrophoresis or isoelectric focusing of CSF for the detection of oligoclonal bands and including if required electrophoresis of the patient's serum for comparison purposes—one or more tests	44.05
71064	Detection and quantitation of cryoglobulins or cryofibrinogen—one or more tests	20.75
71066	Quantitation of total immunoglobulin A (by any method) in serum, urine, or other body fluid—one test	14.55
71068	Quantitation of total immunoglobulin G (by any method) in serum, urine, or other body fluid—one test	14.55
71069	Two tests described in item 71066, 71068, 71072 or 71074	22.75
71071	Three or more tests described in item 71066, 71068, 71072 or 71074	30.95

Clause 2.4.2

Group P4—Immunology		
Column 1	**Column 2**	**Column 3**
Item	**Pathology service**	**Fee ($)**
71072	Quantitation of total immunoglobulin M (by any method) in serum, urine, or other body fluid—one test	14.55
71073	Quantitation of all 4 immunoglobulin G subclasses	106.15
71074	Quantitation of total immunoglobulin D (by any method) in serum, urine, or other body fluid—one test	14.55
71075	Quantitation of immunoglobulin E (total)—one test For any particular patient, applicable not more than twice in 12 months	23.00
71076	A test described in item 71073 if the test is performed by a receiving APP—one test	106.15
71077	Quantitation of immunoglobulin E (total) in the follow up of a patient with proven immunoglobulin-E-secreting myeloma, proven congenital immunodeficiency or proven allergic bronchopulmonary aspergillosis—one test For any particular patient, applicable not more than 6 times in 12 months	27.05
71079	Detection of specific immunoglobulin E antibodies to single or multiple potential allergens For any particular patient, applicable not more than 4 times in 12 months	26.80
71081	Quantitation of total haemolytic complement	40.55
71083	Quantitation of complement components C3 and C4 or properdin factor B—one test	20.15
71085	Two tests described in item 71083	28.95
71087	Three or more tests described in item 71083	37.70
71089	Quantitation of complement components or breakdown products of complement proteins not elsewhere described in an item in this Schedule—one test	29.15
71090	This item applies to a test described in item 71089 if: (a) a referring APP has not performed the test described in item 71089; and (b) a receiving APP performs the test described in item 71089; one test	29.15
71091	Two tests described in item 71089	52.85
71092	This item applies to a test described in item 71089 if: (a) a referring APP has performed the test or tests described in item 71089; and (b) a receiving APP performs the test or tests described in item 71089; one test	23.70
71093	Three or more tests described in item 71089	76.45
71095	Quantitation of serum or plasma eosinophil cationic protein, or both, to a maximum of 3 assays in 12 months, for monitoring the response to therapy in corticosteroid treated asthma, in a child aged less than 12 years	40.55

Group P4—Immunology

Column 1 Item	Column 2 Pathology service	Column 3 Fee ($)
71096	A test described in item 71095 if the quantitation is performed by a receiving APP	40.55
71097	Antinuclear antibodies—detection in serum or other body fluids, including quantitation if required	24.45
71099	Double-stranded DNA antibodies—quantitation by one or more methods other than the Crithidia method	26.50
71101	Antibodies to one or more extractable nuclear antigens—detection in serum or other body fluids	17.40
71103	Characterisation of an antibody detected in a service described in item 71101 (including that service)	52.05
71106	Rheumatoid factor—detection by any technique in serum or other body fluids, including quantitation if required	11.30
71119	Antibodies to tissue antigens not elsewhere specified in this Schedule—detection of one antibody, including quantitation if required	17.35
71121	Detection of 2 antibodies specified in item 71119	20.80
71123	Detection of 3 antibodies specified in item 71119	24.25
71125	Detection of 4 or more antibodies specified in item 71119	27.65
71127	Functional tests for lymphocytes—quantitation, other than by microscopy, of: (a) proliferation induced by one or more mitogens; or (b) proliferation induced by one or more antigens; or (c) estimation of one or more mixed lymphocyte reactions; including a test described in item 65066 or 65070 (if performed) For any particular patient, applicable not more than twice in 12 months	176.35
71129	Two tests described in item 71127	217.85
71131	Three or more tests described in item 71127	259.35
71133	Investigation of recurrent infection, by qualitative assessment, for the presence of defects in oxidative pathways in neutrophils by the nitroblue tetrazolium (NBT) reduction test	10.40
71134	Investigation of recurrent infection, by quantitative assessment, of oxidative pathways by flow cytometric techniques, including a test described in item 71133 (if performed)	104.05
71135	Quantitation of neutrophil function, comprising at least 2 of the following: (a) chemotaxis; (b) phagocytosis; (c) oxidative metabolism; (d) bactericidal activity; including any test described in item 65066, 65070, 71133 or 71134 (if performed) For any particular patient, applicable not more than twice in 12 months	207.95

Clause 2.4.2

Group P4—Immunology		
Column 1 **Item**	**Column 2** **Pathology service**	**Column 3** **Fee ($)**
71137	Quantitation of cell-mediated immunity by multiple antigen delayed type hypersensitivity intradermal skin testing using a minimum of 7 antigens For any particular patient, applicable not more than twice in 12 months	30.25
71139	Characterisation of 3 or more leucocyte surface antigens by immunofluorescence or immunoenzyme techniques to assess lymphoid or myeloid cell populations, including a total lymphocyte count or total leucocyte count by any method, on one or more specimens of blood, CSF or serous fluid	104.05
71141	Characterisation of 3 or more leucocyte surface antigens by immunofluorescence or immunoenzyme techniques to assess lymphoid or myeloid cell populations on one or more disaggregated tissue specimens	197.35
71143	Characterisation of 6 or more leucocyte surface antigens by immunofluorescence or immunoenzyme techniques to assess lymphoid or myeloid cell populations for the diagnosis (but not monitoring) of an immunological or haematological malignancy, including a service described in one or both of items 71139 and 71141 (if performed), on a specimen of blood, CSF, serous fluid or disaggregated tissue	260.00
71145	Characterisation of 6 or more leucocyte surface antigens by immunofluorescence or immunoenzyme techniques to assess lymphoid or myeloid cell populations for the diagnosis (but not monitoring) of an immunological or haematological malignancy, including a service described in one or more of items 71139, 71141 and 71143 (if performed) on 2 or more specimens of disaggregated tissues or one specimen of disaggregated tissue and one or more specimens of blood, CSF or serous fluid	424.50
71146	Enumeration of CD34+ cells, only for the purposes of autologous or directed allogeneic haemopoietic stem cell transplantation, including a total white cell count on the pheresis collection	104.05
71147	HLA-B27 typing	40.55
71148	A test described in item 71147 if a receiving APP performs the test	40.55
71149	Complete tissue typing for 4 HLA-A and HLA-B Class I antigens (including any separation of leucocytes), including (if performed) a service described in item 71147	108.25
71151	Tissue typing for HLA-DR, HLA-DP and HLA-DQ Class II antigens (including any separation of leucocytes)—phenotyping or genotyping of 2 or more antigens	118.85
71153	Testing, for assessment or diagnosis of systemic inflammatory disease or vasculitis, for the presence of an antibody: (a) by one of the following tests: (i) antineutrophil cytoplasmic antibody (ANCA) immunofluorescence test; (ii) antineutrophil proteinase 3 antibody (PR3 ANCA) test; (iii) antimyeloperoxidase antibody (MPO ANCA) test; (iv) antiglomerular basement membrane antibody (GBM ANCA)	34.55

Group P4—Immunology		
Column 1 **Item**	**Column 2** **Pathology service**	**Column 3** **Fee ($)**
	test; or (b) by either or both of the tests mentioned in subparagraphs (a)(ii) and (iii), if a test mentioned in subparagraph (a)(i) was requested and: (i) the result is abnormal; or (ii) a test mentioned in subparagraph (a)(i) has previously been carried out and the result was abnormal; or (iii) either or both of the antibodies mentioned in subparagraphs (a)(ii) and (iii) have been previously detected	
71154	This item applies to a test described in item 71153 if: (a) a referring APP has performed a test or tests described in item 71153; and (b) a receiving APP performs the test described in item 71153; one test	34.55
71155	Testing for the presence of 2 antibodies by tests mentioned in item 71153	47.45
71156	This item applies to a test described in item 71153 (other than a test described in item 71154) if: (a) a referring APP has performed the test or tests described in item 71153; and (b) a receiving APP performs the test or tests described in item 71153; one test	12.85
71157	Testing for the presence of 3 antibodies by tests mentioned in item 71153	60.30
71159	Testing for the presence of 4 antibodies by tests mentioned in item 71153	73.15
71163	Detection of one of the following antibodies (of one or more class or isotype) in the assessment or diagnosis of coeliac disease or other gluten hypersensitivity syndromes, including a service described in item 71066 (if performed): (a) antibodies to gliadin; (b) antibodies to endomysium; (c) antibodies to tissue transglutaminase; one test	24.75
71164	Two or more tests mentioned in item 71163, including a service described in item 71066 (if performed)	39.90
71165	Antibodies to tissue antigens (acetylcholine receptor, adrenal cortex, heart, histone, insulin, insulin receptor, intrinsic factor, islet cell, lymphocyte, neuron, ovary, parathyroid, platelet, salivary gland, skeletal muscle, skin basement membrane and intercellular substance, thyroglobulin, thyroid microsome or thyroid stimulating hormone receptor)—detection of one antibody, including quantitation if required	34.55
71166	Detection of 2 antibodies described in item 71165	47.45
71167	Detection of 3 antibodies described in item 71165	60.30
71168	Detection of 4 or more antibodies described in item 71165	73.15

Clause 2.4.2

Group P4—Immunology		
Column 1	**Column 2**	**Column 3**
Item	**Pathology service**	**Fee ($)**
71169	This item applies to a service described in item 71165 if: (a) a referring APP has not performed the service described in item 71165; and (b) a receiving APP performs the service described in item 71165	34.55
71170	This item applies to a service described in item 71165 if: (a) a referring APP has performed the test or tests described in item 71165; and (b) a receiving APP performs the test or tests described in item 71165; one test	12.85
71175	A test, requested by a specialist or consultant physician, to diagnose neuromyelitis optica spectrum disorder (***NMOSD***) or myelin oligodendrocyte glycoprotein antibody-related demyelination (***MARD***), by the detection of one or more antibodies, for a patient: (a) suspected of having NMOSD or MARD; and (b) with any of the following: (i) recurrent, bilateral or severe optic neuritis; (ii) recurrent longitudinal extensive transverse myelitis (***LETM***); (iii) area postrema syndrome (unexplained hiccups, nausea or vomiting); (iv) acute brainstem syndrome; (v) symptomatic narcolepsy or acute diencephalic clinical syndrome with typical NMOSD magnetic resonance imaging lesions; (vi) symptomatic cerebral syndrome with typical NMOSD magnetic resonance imaging lesions; (vii) monophasic neuromyelitis optica (no recurrence, and simultaneous or closely related optic neuritis and LETM within 30 days of each other); (viii) acute disseminated encephalomyelitis; (ix) aseptic meningitis and encephalomyelitis; (x) poor recovery from multiple sclerosis relapses Applicable not more than 4 times in 12 months	50.00
71180	Antibody to cardiolipin or beta-2 glycoprotein I—detection, including quantitation if required; one antibody specificity (IgG or IgM)	34.55
71183	Detection of 2 antibodies described in item 71180	47.45
71186	Detection of 3 or more antibodies described in item 71180	60.30
71189	Detection of specific IgG antibodies to one or more respiratory disease allergens not elsewhere specified	15.50
71192	Two items described in item 71189	28.35
71195	Three or more items described in item 71189	40.05
71198	Estimation of serum tryptase for the evaluation of unexplained acute hypotension or suspected anaphylactic event, assessment of risk in stinging insect anaphylaxis, exclusion of mastocytosis, monitoring of known mastocytosis	40.55

Group P4—Immunology

Column 1 Item	Column 2 Pathology service	Column 3 Fee ($)
71200	Detection and quantitation, if present, of free kappa and lambda light chains in serum for the diagnosis or monitoring of amyloidosis, myeloma or plasma cell dyscrasias	59.60
71203	Determination of HLAB5701 status by flow cytometry or cytotoxity assay prior to the initiation of Abacavir therapy including item 73323 (if performed)	40.55

Division 2.5—Group P5: tissue pathology

2.5.1 Restrictions on items—services performed using material submitted for a Group P6 service

An item in Group P5 (other than items 72858 and 72859) does not apply to a service performed using material submitted for a test in Group P6, including if a cell block is prepared from the material.

2.5.2 Restrictions on items—certain biopsy examinations performed in a single patient episode

If more than one of the services described in items 72813, 72816, 72817, 72818, 72823, 72824, 72825, 72826, 72827, 72828, 72830, 72836 and 72838 are performed in a single patient episode, only the item with the highest specified fee for a service performed in the episode applies.

2.5.3 Restrictions on items—certain histopathological examinations performed on specimens from a single patient episode

If more than one histopathological examination is performed on separate specimens, of different complexity levels, from a single patient episode, only the item with the highest specified fee for any of the examinations performed applies.

2.5.4 Restriction on items—certain services in Groups P5 and P6 performed in a single patient episode

If more than one of the services described in items 72846, 72847, 72848, 72849, 72850, 73059, 73060, 73061, 73064 and 73065 are performed in a single patient episode, only the item with the highest specified fee for a service performed in the episode applies.

Note: Items 73059, 73060, 73061, 73064 and 73065 are in Group P6.

2.5.5 Restrictions on items 72858 and 72859

(1) Items 72858 and 72859 apply:

(a) only to a service that is covered by:

(i) item 65084 or 65087; or

(ii) item 72813, 72816, 72817, 72818, 72823, 72824, 72825, 72826, 72827, 72828, 72830, 72836 or 72838; or

(iii) an item in Group P6 (other than item 73070, 73071, 73072, 73074, 73075 or 73076); and

(b) only if the treating practitioner and the approved pathology practitioner who provided the original opinion on the patient specimen agree that a second opinion is reasonably necessary for diagnostic purposes.

(2) Items 72858 and 72859 do not apply if the accredited pathology laboratory in which the second opinion is provided is the same laboratory in which the original opinion was provided.

2.5.5A Application of item 72860

Item 72860 applies to a service (the ***relevant service***) for a patient if:

(a) the relevant service is subsequent to one or more earlier patient episodes involving:
  (i) the rendering of services to which one or more items in Groups P5, P6 or P7 apply (other than item 72860); and
  (ii) the collection of tissue material (either biopsy material or samples submitted for cytology) from which a tissue block was prepared; and
  (iii) the archiving of the tissue material in formalin fixed paraffin embedded blocks; and

(b) following the earlier patient episode or episodes, the treating practitioner determines that a service to which an item in Group P7 (which deal with genetic testing) applies is clinically necessary for the patient; and

(c) the relevant service is rendered in a patient episode with services to which one or more items in Group P7 apply, but is not rendered in the same accredited pathology laboratory as those services.

2.5.6 Items in Group P5

This clause sets out items in Group P5.

Group P5—Tissue pathology

Column 1 Item	Column 2 Pathology service	Column 3 Fee ($)
72813	Examination of complexity level 2 biopsy material with one or more tissue blocks, including specimen dissection, all tissue processing, staining, light microscopy and professional opinion or opinions—one or more separately identified specimens	71.50
72816	Examination of complexity level 3 biopsy material with one or more tissue blocks, including specimen dissection, all tissue processing, staining, light microscopy and professional opinion or opinions—one separately identified specimen	86.35
72817	Examination of complexity level 3 biopsy material with one or more tissue blocks, including specimen dissection, all tissue processing, staining, light microscopy and professional opinion or opinions—2 to 4 separately identified specimens	96.80
72818	Examination of complexity level 3 biopsy material with one or more tissue blocks, including specimen dissection, all tissue processing, staining, light microscopy and professional opinion or opinions—5 or more separately identified specimens	107.05

Clause 2.5.6

Group P5—Tissue pathology

Column 1 Item	Column 2 Pathology service	Column 3 Fee ($)
72823	Examination of complexity level 4 biopsy material with one or more tissue blocks, including specimen dissection, all tissue processing, staining, light microscopy and professional opinion or opinions—one separately identified specimen	97.15
72824	Examination of complexity level 4 biopsy material with one or more tissue blocks, including specimen dissection, all tissue processing, staining, light microscopy and professional opinion or opinions—2 to 4 separately identified specimens	141.35
72825	Examination of complexity level 4 biopsy material with one or more tissue blocks, including specimen dissection, all tissue processing, staining, light microscopy and professional opinion or opinions—5 to 7 separately identified specimens	180.25
72826	Examination of complexity level 4 biopsy material with one or more tissue blocks, including specimen dissection, all tissue processing, staining, light microscopy and professional opinion or opinions—8 to 11 separately identified specimens	194.60
72827	Examination of complexity level 4 biopsy material with one or more tissue blocks, including specimen dissection, all tissue processing, staining, light microscopy and professional opinion or opinions—12 to 17 separately identified specimens	208.95
72828	Examination of complexity level 4 biopsy material with one or more tissue blocks, including specimen dissection, all tissue processing, staining, light microscopy and professional opinion or opinions—18 or more separately identified specimens	223.30
72830	Examination of complexity level 5 biopsy material with one or more tissue blocks, including specimen dissection, all tissue processing, staining, light microscopy and professional opinion or opinions—one or more separately identified specimens	274.15
72836	Examination of complexity level 6 biopsy material with one or more tissue blocks, including specimen dissection, all tissue processing, staining, light microscopy and professional opinion or opinions—one or more separately identified specimens	417.20
72838	Examination of complexity level 7 biopsy material with multiple tissue blocks, including specimen dissection, all tissue processing, staining, light microscopy, and professional opinion or opinions—one or more separately identified specimens	466.85
72844	Enzyme histochemistry of skeletal muscle for investigation of primary degenerative or metabolic muscle diseases or of muscle abnormalities secondary to disease of the central or peripheral nervous system—one or more tests	30.75
72846	Immunohistochemical examination of biopsy material by immunofluorescence, immunoperoxidase or other labelled antibody techniques with multiple antigenic specificities per specimen—one to 3 antibodies except those mentioned in item 72848	59.60

Group P5—Tissue pathology

Column 1 Item	Column 2 Pathology service	Column 3 Fee ($)
72847	Immunohistochemical examination of biopsy material by immunofluorescence, immunoperoxidase or other labelled antibody techniques with multiple antigenic specificities per specimen—4 to 6 antibodies	89.40
72848	Immunohistochemical examination of biopsy material by immunofluorescence, immunoperoxidase or other labelled antibody techniques with multiple antigenic specificities per specimen—one to 3 of the following antibodies: (a) oestrogen; (b) progesterone; (c) c-erb-B2 (HER2)	74.50
72849	Immunohistochemical examination of biopsy material by immunofluorescence, immunoperoxidase or other labelled antibody techniques with multiple antigenic specificities per specimen—7 to 10 antibodies	104.30
72850	Immunohistochemical examination of biopsy material by immunofluorescence, immunoperoxidase or other labelled antibody techniques with multiple antigenic specificities per specimen—11 or more antibodies	119.20
72851	Electron microscopic examination of biopsy material—one separately identified specimen	565.00
72852	Electron microscopic examination of biopsy material—2 or more separately identified specimens	753.00
72855	Intraoperative consultation and examination of biopsy material by frozen section or tissue imprint or smear—one separately identified specimen	184.35
72856	Intraoperative consultation and examination of biopsy material by frozen section or tissue imprint or smear—2 to 4 separately identified specimens	245.80
72857	Intraoperative consultation and examination of biopsy material by frozen section or tissue imprint or smear—5 or more separately identified specimens	286.75
72858	A second opinion, provided in a written report, if the opinion and report together require no more than 30 minutes to complete, on a patient specimen, requested by a treating practitioner, if further information is needed for accurate diagnosis and appropriate patient management	180.00
72859	A second opinion, provided in a written report, if the opinion and report together require more than 30 minutes to complete, on a patient specimen, requested by a treating practitioner, if further information is needed for accurate diagnosis and appropriate patient management	370.00
72860	Retrieval and review of one or more archived formalin fixed paraffin embedded blocks to determine the appropriate samples for the purpose of conducting genetic testing, other than: (a) a service associated with a service to which item 72858 or 72859 applies; or	85.00

Clause 2.5.6

Group P5—Tissue pathology		
Column 1	**Column 2**	**Column 3**
Item	**Pathology service**	**Fee ($)**
	(b) a service associated with, and rendered in the same patient episode as, a service to which an item in Group P5, P6, P10 or P11 applies	
	Applicable not more than once in a patient episode	

Division 2.6—Group P6: cytology

2.6.1 Restriction on items in Group P6—fee for services performed in a single patient episode

If more than one of the services described in items 73049, 73051, 73062, 73063, 73066 and 73067 are performed in a single patient episode, the fee for the combined services is:

(a) if services described in 2 items are performed—the higher of the 2 fees specified; or

(b) if services described in more than 2 items are performed—the highest of the fees specified.

2.6.2 Items in Group P6

This clause sets out items in Group P6.

Note: See clause 2.5.4 in relation to the restriction that applies if certain services in Groups P5 and P6 are performed in a single patient episode.

Group P6—Cytology

Column 1 Item	Column 2 Pathology service	Column 3 Fee ($)
73043	Cytology (including serial examinations) of nipple discharge or smears from skin, lip, mouth, nose or anus for detection of precancerous or cancerous changes—one or more tests	22.85
73045	Cytology (including serial examinations) for malignancy (other than an examination mentioned in item 73076), including any Group P5 service (if performed), one or more tests on: (a) specimens resulting from washings or brushings from sites not specified in item 73043; or (b) a single specimen of sputum or urine; or (c) one or more specimens of other body fluids	48.60
73047	Cytology of a series of 3 sputum or urine specimens for malignant cells	94.70
73049	Cytology of material obtained directly from a patient by fine needle aspiration of solid tissue, or tissues—one identified site	68.15
73051	Cytology of material obtained directly from a patient at one identified site by fine needle aspiration of solid tissue or tissues if a recognised pathologist: (a) performs the aspiration; or (b) attends the aspiration and performs a cytological examination during the attendance	170.35

Clause 2.6.2

Group P6—Cytology		
Column 1	**Column 2**	**Column 3**
Item	**Pathology service**	**Fee ($)**
73059	Immunocytochemical examination of material obtained by procedures described in items 73045, 73047, 73049, 73051, 73062, 73063, 73066 and 73067 for the characterisation of a malignancy by immunofluorescence, immunoperoxidase or other labelled antibody techniques with multiple antigenic specificities per specimen—one to 3 antibodies except those mentioned in item 73061	43.00
73060	Immunocytochemical examination of material obtained by procedures described in items 73045, 73047, 73049, 73051, 73062, 73063, 73066 and 73067 for the characterisation of a malignancy by immunofluorescence, immunoperoxidase or other labelled antibody techniques with multiple antigenic specificities per specimen—4 to 6 antibodies	57.35
73061	Immunocytochemical examination of material obtained by procedures described in items 73045, 73047, 73049, 73051, 73062, 73063, 73066 and 73067 for the characterisation of a malignancy by immunofluorescence, immunoperoxidase or other labelled antibody techniques with multiple antigenic specificities per specimen—one to 3 of the following antibodies: (a) oestrogen; (b) progesterone; (c) c-erb-B2 (HER2)	51.20
73062	Cytology of material obtained directly from a patient by fine needle aspiration of solid tissue, or tissues—2 or more separately identified sites	89.00
73063	Cytology of material obtained directly from a patient at one identified site by fine needle aspiration of solid tissue, or tissues, if an employee of an approved pathology authority attends the aspiration for confirmation of sample adequacy	99.35
73064	Immunocytochemical examination of material obtained by procedures described in items 73045, 73047, 73049, 73051, 73062, 73063, 73066 and 73067 for the characterisation of a malignancy by immunofluorescence, immunoperoxidase or other labelled antibody techniques with multiple antigenic specificities per specimen—7 to 10 antibodies	71.70
73065	Immunocytochemical examination of material obtained by procedures described in items 73045, 73047, 73049, 73051, 73062, 73063, 73066 and 73067 for the characterisation of a malignancy by immunofluorescence, immunoperoxidase or other labelled antibody techniques with multiple antigenic specificities per specimen—11 or more antibodies	86.00
73066	Cytology of material obtained directly from a patient at 2 or more separately identified sites by fine needle aspiration of solid tissue, or tissues, if a recognised pathologist: (a) performs the aspiration; or (b) attends the aspiration and performs cytological examination during the attendance	221.45

Group P6—Cytology

Column 1 Item	Column 2 Pathology service	Column 3 Fee ($)
73067	Cytology of material obtained directly from a patient at 2 or more separately identified sites by fine needle aspiration of solid tissue, or tissues, if an employee of an approved pathology authority attends the aspiration for confirmation of sample adequacy	129.15
73070	A test, including partial genotyping, for oncogenic human papillomavirus that may be associated with cervical pre-cancer or cancer: (a) performed on a liquid based cervical specimen; and (b) for an asymptomatic patient who is at least 24 years and 9 months of age For any particular patient, once only in 57 months	35.00
73071	A test, including partial genotyping, for oncogenic human papillomavirus that may be associated with cervical pre- cancer or cancer, if performed: (a) on a self- collected vaginal specimen; and (b) for an asymptomatic patient who is at least 24 years and 9 months of age For any particular patient, applicable once in 57 months	35.00
73072	A test, including partial genotyping, for oncogenic human papillomavirus: (a) for the investigation of a patient in a specific population that appears to have a higher risk of cervical pre-cancer or cancer; or (b) for the follow-up management of a patient with a previously detected oncogenic human papillomavirus infection or cervical pre-cancer or cancer; or (c) for the investigation of a patient with symptoms suggestive of cervical cancer; or (d) for the follow-up management of a patient after treatment of high grade squamous intraepithelial lesions or adenocarcinoma in situ of the cervix; or (e) for the follow-up management of a patient with glandular abnormalities; or (f) for the follow-up management of a patient exposed to diethylstilboestrol in utero; or (g) for a patient previously treated for a genital tract malignancy when performed as a co-test for both human papillomavirus (HPV) and liquid-based cytology (LBC)	35.00
73074	A test, including partial genotyping, for oncogenic human papillomavirus, for the investigation of a patient following a total hysterectomy	35.00
73075	A test, including partial genotyping, for oncogenic human papillomavirus, if: (a) the test is a repeat of a test to which item 73070, 73071, 73072, 73074 or this item applies; and (b) the specimen collected for the previous test is unsatisfactory	35.00
73076	Cytology of a liquid-based cervical or vaginal vault specimen, if the stained cells are examined microscopically or by automated image analysis	46.00

Clause 2.6.2

Group P6—Cytology		
Column 1	**Column 2**	**Column 3**
Item	**Pathology service**	**Fee ($)**
	by or on behalf of a pathologist, if: (a) the cytology is associated with the detection of oncogenic human papillomavirus infection by: (i) a test to which item 73070, 73071, 73074 or 73075 applies; or (ii) a test to which item 73072 applies for a patient mentioned in paragraph (a) or (b) of that item; or (b) the cytology is associated with a test to which item 73072 applies for a patient mentioned in paragraph (c), (d), (e) or (f) of that item; or (c) the cytology is associated with a test to which item 73074 applies; or (d) the test is a repeat of a test to which this item applies, if the specimen collected for the previous test is unsatisfactory; or (e) the cytology is for the follow-up management of a patient treated for endometrial adenocarcinoma	

Division 2.7—Group P7: genetics

2.7.1A Restriction on item 73287—conjunction with item 73388

Item 73287 applies to a service described in that item only if the service is not performed in conjunction with a service described in item 73388.

2.7.1B Restriction on item 73290—conjunction with item 73391

Item 73290 applies to a service described in that item only if the service is not performed in conjunction with a service described in item 73391.

2.7.1 Restriction on items 73320 and 73321 (HLA-B27 detection)—services rendered as pathologist-determinable services

If a service described in item 73320 or 73321 is rendered as a pathologist-determinable service, the item does not apply to the service unless the recognised pathologist who renders the service records, in writing:

(a) the reasons for rendering the service; and

(b) the result of the service described in item 71147.

2.7.2 Restriction on items 73339 and 73340 (relating to RET gene mutations)

For any particular patient, items 73339 and 73340 are applicable only once (in total for both items).

2.7.3 Restriction on items 73345 to 73350 (relating to cystic fibrosis)—testing methodology

A service described in any of items 73345 to 73350 applies to a patient only if the laboratory in which the service is rendered uses a cystic fibrosis transmembrane conductance regulator methodology that:

(a) has sufficient diagnostic range and sensitivity to detect at least 95% of pathogenic cystic fibrosis transmembrane conductance regulator variants likely to be present in the patient; and

(b) includes at least 25 of the most frequently encountered cystic fibrosis transmembrane conductance regulator variants in the Australian population.

2.7.3A Items 73384 to 73387 (relating to pre-implantation genetic testing)—patient eligibility

A patient is eligible for a service described in any of items 73384 to 73387 only if:

(a) the patient or the patient's reproductive partner:

(i) has an identified gene variant which places the patient at risk of having a pregnancy affected by a Mendelian or mitochondrial disorder; or

(ii) is at risk of an autosomal dominant disorder which places the patient at risk of having a child who develops the autosomal dominant disorder; or

(iii) has a chromosome re-arrangement or copy number variant which places the patient at risk of having a pregnancy affected by a chromosome disorder; and

(b) there is no curative treatment for the disorder and there is severe limitation of quality of life despite contemporary management of the disorder; and

(c) the patient has previously had a consultation, with a specialist or consultant physician practising as a clinical geneticist, that included a discussion about the disorder.

2.7.4 Items in Group P7

This clause sets out items in Group P7.

Group P7—Genetics

Column 1 Item	Column 2 Pathology service	Column 3 Fee ($)
73287	Study of the whole of every chromosome by cytogenetics or other techniques, performed on one or more of any tissue or fluid except blood (including a service described in item 73293, if performed)—one or more tests	394.55
73289	Study of the whole of every chromosome by cytogenetics or other techniques, performed on blood (including a service described in item 73293, if performed)—one or more tests	358.95
73290	Study of the whole of every chromosome by cytogenetics or other techniques, performed on blood or bone marrow, to diagnose or monitor haematological malignancy (including a service described in item 73287 or 73289, if performed)—one or more tests	394.55
73291	Analysis of one or more chromosome regions, performed on blood or fresh tissue, for specific constitutional genetic abnormalities in: (a) diagnostic studies of a person with developmental delay, intellectual disability, autism, or at least 2 congenital abnormalities, in whom a study by cytogenetics or other techniques mentioned in item 73287 or 73289 is normal or has not been performed—one or more tests; or (b) studies of a relative of the person for an abnormality previously identified in the person—one or more tests	230.95
73292	Analysis of chromosomes by genome-wide microarray, including targeted assessment of specific regions for constitutional genetic abnormalities in diagnostic studies of a person with developmental delay, intellectual disability, autism, or at least 2 congenital abnormalities (including a service described in item 73287, 73289 or 73291, if performed)—one or more tests	589.90

Group P7—Genetics

Column 1 Item	Column 2 Pathology service	Column 3 Fee ($)
73293	Analysis of one or more regions on all chromosomes, performed on fresh tissue, for specific constitutional genetic abnormalities in diagnostic studies of the products of conception, including exclusion of maternal cell contamination—one or more tests	230.95
73294	Analysis of the PMP22 gene for constitutional genetic abnormalities causing peripheral neuropathy, as: (a) diagnostic studies of a person with peripheral neuropathy—one or more tests; or (b) studies of a relative of the person for an abnormality previously identified in the person—one or more tests	230.95
73296	Characterisation of germline gene variants: (a) including copy number variation in: (i) BRCA1 genes; and (ii) BRCA2 genes; and (iii) one or more of the genes STK11, PTEN, CDH1, PALB2 and TP53; and (b) in a patient: (i) with breast, ovarian, fallopian tube or primary peritoneal cancer; and (ii) for whom clinical and family history criteria (as assessed, by the specialist or consultant physician who requests the service, using a quantitative algorithm) place the patient at greater than 10% risk of having a pathogenic or likely pathogenic gene variation identified in one or more of the genes specified in subparagraphs (a)(i), (ii) and (iii); requested by a specialist or consultant physician	1,200.00
73297	Characterisation of germline gene variants, including copy number variation: (a) in one or more of the following genes: (i) BRCA1; (ii) BRCA2; (iii) STK11; (iv) PTEN; (v) CDH1; (vi) PALB2; (vii) TP53; and (b) in a patient who: (i) is a biological relative of a patient who has had a pathogenic or likely pathogenic gene variant identified in one or more of the genes mentioned in paragraph (a); and (ii) has not previously received a service to which item 73295, 73296 or 73302 applies; requested by a specialist or consultant physician	400.00

Clause 2.7.4

Group P7—Genetics		
Column 1 **Item**	**Column 2** **Pathology service**	**Column 3** **Fee ($)**
73298	Characterisation of germline gene variants in the COL4A3, COL4A4 and COL4A5 genes, requested by a specialist or consultant physician, for a patient for whom clinical and relevant family history criteria (that is, having a first-degree biological relative with Alport syndrome, or suspected of carrying one or more of those germline gene variants) have been assessed by the specialist or consultant physician as being strongly suggestive of Alport syndrome	1,200.00
73299	Characterisation of germline gene variants in the COL4A3, COL4A4 and COL4A5 genes, requested by a specialist or consultant physician, for a patient: (a) who is a first-degree biological relative of a patient who has had a pathogenic mutation identified in one or more of those genes; and (b) for whom a service which item 73298 applies has not been rendered	400.00
73300	Detection of mutation of the FMR1 gene if: (a) the patient exhibits intellectual disability, ataxia, neurodegeneration, or premature ovarian failure consistent with an FMR1 mutation; or (b) the patient has a relative with an FMR1 mutation; one or more tests	101.30
73305	Detection of a mutation of the FMR1 gene by Southern Blot analysis, if the results of a service performed in item 73300 are inconclusive	202.65
73308	Characterisation of the genotype of a patient for Factor V Leiden gene mutation, or detection of other relevant mutations in the investigation of proven venous thrombosis or pulmonary embolism—one or more tests	36.45
73309	A test described in item 73308 if the test is performed by a receiving APP—one or more tests	36.45
73311	Characterisation of the genotype of a person who is a first-degree relative of a person who has been proven to have one or more abnormal genotypes under item 73308—one or more tests	36.45
73312	A test described in item 73311 if the test is performed by a receiving APP—one or more tests	36.45
73314	Characterisation of gene rearrangement or the identification of mutations within a known gene rearrangement in the diagnosis and monitoring of patients with laboratory evidence of: (a) acute myeloid leukaemia; or (b) acute promyelocytic leukaemia; or (c) acute lymphoid leukaemia; or (d) chronic myeloid leukaemia	230.95
73315	A service described in item 73314 if the characterisation is performed by a receiving APP—one or more tests	230.95
73317	Detection of the C282Y genetic mutation of the HFE gene and, if performed, detection of other mutations for haemochromatosis, if:	36.45

Group P7—Genetics		
Column 1 **Item**	**Column 2** **Pathology service**	**Column 3** **Fee ($)**
	(a) the patient has: (i) an elevated transferrin saturation; or (ii) a level of ferritin above the normal reference range for the particular method of assay used to determine the level on testing of repeated specimens; or (b) the patient has a first-degree relative with haemochromatosis; or (c) the patient has a first-degree relative with homozygosity for the C282Y genetic mutation, or with compound heterozygosity for recognised genetic mutations for haemochromatosis	
73318	A test described in item 73317 if the detection is performed by a receiving APP—one or more tests	36.45
73320	Detection of HLA-B27 by nucleic acid amplification including a service described in item 71147	40.55
73321	A test described in item 73320 if the detection is performed by a receiving APP—one or more tests	40.55
73323	Determination of HLAB5701 status by molecular techniques prior to the initiation of Abacavir therapy including item 71203 (if performed)	40.55
73324	A test described in item 73323 if rendered by a receiving APP—one or more tests	40.95
73325	Determination of JAK2 V617F variant allele frequency in the diagnostic work-up by, or on behalf of, a specialist or consultant physician, for a patient with clinical and laboratory evidence of a myeloproliferative neoplasm	90.00
73326	Characterisation of the gene rearrangement FIP1L1-PDGFRA in the diagnostic work-up and management of a patient with laboratory evidence of: (a) mast cell disease; or (b) idiopathic hypereosinophilic syndrome; or (c) chronic eosinophilic leukaemia; one or more tests	230.95
73327	Detection of genetic polymorphisms in the Thiopurine S-methyltransferase gene for the prevention of dose-related toxicity during treatment with thiopurine drugs, including (if performed) any service described in item 65075—one or more tests	51.95
73333	Detection of germline mutations of the von Hippel-Lindau (VHL) gene: (a) in a patient who has a clinical diagnosis of VHL syndrome and: (i) a family history of VHL syndrome and one of the following: (A) haemangioblastoma (retinal or central nervous system); (B) phaeochromocytoma; (C) renal cell carcinoma; or (ii) 2 or more haemangioblastomas; or (iii) one haemangioblastoma and a tumour or a cyst of: (A) the adrenal gland; or	600.00

Group P7—Genetics		
Column 1 **Item**	**Column 2** **Pathology service**	**Column 3** **Fee ($)**
	(B) the kidney; or (C) the pancreas; or (D) the epididymis; or (E) a broad ligament (other than epididymal and single renal cysts, which are common in the general population); or (b) in a patient presenting with one or more of the following clinical features suggestive of VHL syndrome: (i) haemangiblastomas of the brain, spinal cord, or retina; (ii) phaeochromocytoma; (iii) functional extra-adrenal paraganglioma	
73334	Detection of germline mutations of the von Hippel-Lindau (VHL) gene in biological relatives of a patient with a known mutation in the VHL gene	340.00
73335	Detection of somatic mutations of the von Hippel-Lindau (VHL) gene in a patient with: (a) 2 or more tumours comprising: (i) 2 or more haemangioblastomas, or (ii) one haemangioblastomas and a tumour of: (A) the adrenal gland; or (B) the kidney; or (C) the pancreas; or (D) the epididymis; and (b) no germline mutations of the VHL gene identified by genetic testing	470.00
73339	Detection of germline mutations in the RET gene in patients with a suspected clinical diagnosis of multiple endocrine neoplasia type 2 (MEN2) requested by a specialist or consultant physician who manages the treatment of the patient—one test	400.00
73340	Detection of a known mutation in the RET gene in an asymptomatic relative of a patient with a documented pathogenic germline RET mutation requested by a specialist or consultant physician who manages the treatment of the patient—one test	200.00
73345	Test for pathogenic cystic fibrosis transmembrane conductance regulator variants, for the purpose of investigating, making or excluding a diagnosis of cystic fibrosis or a cystic fibrosis transmembrane conductance regulator related disorder, if: (a) the patient has clinical or laboratory findings suggesting there is a high probability of cystic fibrosis or a cystic fibrosis transmembrane conductance regulator related disorder; and (b) the test is requested by a specialist or consultant physician who manages the treatment of the patient; and (c) the test is not associated with a service to which item 73347, 73348 or 73349 applies Applicable only once per lifetime	500.00
73346	Test of a pregnant patient, for the purpose of determining whether pathogenic cystic fibrosis transmembrane conductance regulator variants are	500.00

Group P7—Genetics		
Column 1 **Item**	**Column 2** **Pathology service**	**Column 3** **Fee ($)**
	present in the fetus in order to make or exclude a diagnosis of cystic fibrosis or a cystic fibrosis transmembrane conductance regulator related disorder in the fetus, if: (a) the fetus has: (i) ultrasonic findings of echogenic gut; and (ii) unknown familial cystic fibrosis transmembrane conductance regulator variants; and (b) the patient's carrier status for pathogenic cystic fibrosis transmembrane conductance regulator variants is unknown; and (c) the patient's reproductive partner's carrier status for pathogenic cystic fibrosis transmembrane conductance regulator variants is unknown; and (d) the test is requested by a specialist or consultant physician who manages the treatment of the patient; and (e) the test is not associated with a service to which item 73350 applies Applicable only once per pregnancy	
73347	Test of a patient who is a prospective parent for pathogenic cystic fibrosis transmembrane conductance regulator variants, for the purpose of determining the risk of the patient's fetus having pathogenic cystic fibrosis transmembrane conductance regulator variants, if: (a) the fetus has ultrasonic evidence of echogenic gut; and (b) the test is requested by a specialist or consultant physician who manages the treatment of the patient; and (c) the test is not associated with a service to which item 73345, 73348 or 73349 applies Applicable only once per lifetime	500.00
73348	Test for pathogenic cystic fibrosis transmembrane conductance regulator variants, if: (a) the patient has a positive family history, confirmed by laboratory findings, of pathogenic cystic fibrosis transmembrane conductance regulator variants, with a personal risk of being a heterozygous genetic carrier of at least 6% (including family relatedness of parents, children, siblings, half-siblings, grandparents, grandchildren, aunts, uncles, first cousins, and first cousins once removed, but excluding relatedness of second cousins or more distant relationships); and (b) the test is for the purpose of determining whether the patient is an asymptomatic genetic carrier of those pathogenic cystic fibrosis transmembrane conductance regulator variants; and (c) the test is not associated with a service to which item 73345, 73347 or 73349 applies Applicable only once per lifetime	250.00
73349	Test for pathogenic cystic fibrosis transmembrane conductance regulator variants, for the purpose of determining the reproductive risk of the patient with the patient's reproductive partner because the partner is known to have	500.00

Clause 2.7.4

Group P7—Genetics		
Column 1 **Item**	**Column 2** **Pathology service**	**Column 3** **Fee ($)**
	pathogenic cystic fibrosis transmembrane conductance regulator variants, if: (a) the test is requested by a specialist or consultant physician who manages the treatment of the patient; and (b) the test is not associated with a service to which item 73345, 73347 or 73348 applies Applicable only once per lifetime	
73350	Test of a pregnant patient, for the purpose of determining whether pathogenic cystic fibrosis transmembrane conductance regulator variants are present in the fetus in order to make or exclude a diagnosis of cystic fibrosis or a cystic fibrosis transmembrane conductance regulator related disorder in the fetus, if: (a) one or both prospective parents are known to be a genetic carrier of pathogenic cystic fibrosis transmembrane conductance regulator variants; and (b) the fetus is at a risk, of at least 25%, of cystic fibrosis or a cystic fibrosis transmembrane conductance regulator related disorder because of known familial cystic fibrosis transmembrane conductance regulator variants; and (c) the test is requested by a specialist or consultant physician who manages the treatment of the patient; and (d) the test is not associated with a service to which item 73346 applies Applicable only once per pregnancy	250.00
73352	Characterisation of germline variants causing familial hypercholesterolaemia (which must include the LDLR, PCSK9 and APOB genes), requested by a specialist or consultant physician, for a patient: (a) for whom no familial mutation has been identified; and (b) who has any of the following: (i) a Dutch Lipid Clinic Network score of at least 6; (ii) an LDL-cholesterol level of at least 6.5 mmol/L in the absence of secondary causes; (iii) an LDL-cholesterol level of between 5.0 and 6.5 mmol/L with signs of premature or accelerated atherogenesis Applicable only once per lifetime	1,200.00
73353	Detection of a familial mutation for a patient who has a first- or second-degree relative with a documented pathogenic germline gene variant for familial hypercholesterolaemia Applicable only once per lifetime	400.00
73354	Characterisation of germline gene variants, including copy number variation, in the MLH1, MSH2, MSH6, PMS2 and EPCAM genes, requested by a specialist or consultant physician, for: (a) a patient with suspected Lynch syndrome following immunohistochemical examination of neoplastic tissue that has demonstrated loss of expression of one or more mismatch repair	1,200.00

Group P7—Genetics		
Column 1 **Item**	**Column 2** **Pathology service**	**Column 3** **Fee ($)**
	proteins; or (b) a patient: (i) who has endometrial cancer; and (ii) who is assessed by the specialist or consultant physician as being at a risk of more than 10% of having Lynch syndrome, on the basis of clinical and family history criteria	
73355	Characterisation of germline gene variants, including copy number variation, in the APC and MUTYH genes, requested by a specialist or consultant physician, for a patient: (a) who has adenomatous polyposis; and (b) who is assessed by the specialist or consultant physician as being at a risk of more than 10% of having either of the following, on the basis of clinical and family history criteria: (i) familial adenomatous polyposis; (ii) MUTYH-associated polyposis	1,200.00
73356	Characterisation of germline gene variants, including copy number variation, in the SMAD4, BMPR1A, STK11 and GREM1 genes, requested by a specialist or consultant physician, for a patient: (a) who has non-adenomatous polyposis; and (b) who is assessed by the specialist or consultant physician as being at a risk of more than 10% of having any of the following, on the basis of clinical and family history criteria: (i) juvenile polyposis syndrome; (ii) Peutz-Jeghers syndrome; (iii) hereditary mixed polyposis syndrome	1,200.00
73357	Characterisation of germline gene variants, including copy number variation, in the genes mentioned in item 73354, 73355 or 73356, requested by a specialist or consultant physician, for a patient: (a) who has a biological relative with a pathogenic mutation identified in one or more of those genes; and (b) who has not previously received a service to which any of items 73354, 73355 and 73356 apply	400.00
73358	Characterisation, via whole exome or genome sequencing and analysis, of germline variants known to cause monogenic disorders, if: (a) the characterisation is: (i) requested by a consultant physician practising as a clinical geneticist; or (ii) requested by a consultant physician practising as a specialist paediatrician, following consultation with a clinical geneticist; and (b) the patient is aged 10 years or younger and is strongly suspected of having a monogenic condition, based on the presence of: (i) dysmorphic facial appearance and one or more major structural congenital anomalies; or (ii) intellectual disability or global developmental delay of at least	2,100.00

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Group P7—Genetics		
Column 1 **Item**	**Column 2** **Pathology service**	**Column 3** **Fee ($)**
	moderate severity, as determined by a specialist paediatrician; and (c) the characterisation is performed following the performance for the patient of a service to which item 73292 applies for which the results were non-informative; and (d) the characterisation is not performed in conjunction with a service to which item 73359 applies Applicable only once per lifetime	
73359	Characterisation, via whole exome or genome sequencing and analysis, of germline variants known to cause monogenic disorders, if: (a) the characterisation is: (i) requested by a consultant physician practising as a clinical geneticist; or (ii) requested by a consultant physician practising as a specialist paediatrician, following consultation with a clinical geneticist; and (b) the request for the characterisation states that singleton testing is inappropriate; and (c) the patient is aged 10 years or younger and is strongly suspected of having a monogenic condition, based on the presence of: (i) dysmorphic facial appearance and one or more major structural congenital anomalies; or (ii) intellectual disability or global developmental delay of at least moderate severity, as determined by a specialist paediatrician; and (d) the characterisation is performed following the performance for the patient of a service to which item 73292 applies for which the results were non-informative; and (e) the characterisation is performed using a sample from the patient and a sample from each of the patient's biological parents; and (f) the characterisation is not performed in conjunction with a service to which item 73358 applies Applicable only once per lifetime	2,900.00
73360	Re-analysis of whole exome or genome data obtained in performing a service to which item 73358 or 73359 applies, for characterisation of previously unreported germline gene variants related to the clinical phenotype, if: (a) the re-analysis is: (i) requested by a consultant physician practising as a clinical geneticist; or (ii) requested by a consultant physician practising as a specialist paediatrician, following consultation with a clinical geneticist; and (b) the patient is aged 15 years or younger and is strongly suspected of having a monogenic condition; and (c) the re-analysis is performed at least 18 months after: (i) a service to which item 73358 or 73359 applies; or (ii) a service to which this item applies	500.00

Group P7—Genetics		
Column 1 **Item**	**Column 2** **Pathology service**	**Column 3** **Fee ($)**
	Applicable only twice per lifetime	
73361	Testing of a person (the ***person tested***) for the detection of a single gene variant for diagnostic purposes, if: (a) the person tested has a biological sibling (the ***sibling***) with a known monogenic condition; and (b) a service described in item 73358, 73359 or 73360 has identified the causative variant for the sibling's condition; and (c) the results of the testing performed for the sibling are made available for the purpose of providing the detection for the person tested; and (d) the detection is: (i) requested by a consultant physician practising as a clinical geneticist; or (ii) requested by a consultant physician practising as a specialist paediatrician, following consultation with a clinical geneticist; and (e) the detection is not performed in conjunction with a service to which item 73362 or 73363 applies Applicable only once per variant per lifetime	400.00
73362	Testing of a person (the ***person tested***) for the detection of a single gene variant for the purpose of reproductive decision making, if: (a) the person tested has a first-degree relative (the ***relative***) with a known monogenic condition; and (b) a service described in item 73358, 73359 or 73360 has identified the causative variant for the relative's condition; and (c) the results of the testing performed for the relative are made available for the purpose of providing the detection for the person tested; and (d) the detection is requested by a consultant physician or specialist; and (e) the detection is not performed in conjunction with item 73359, 73361 or 73363 Applicable only once per variant per lifetime	400.00
73363	Testing of a person (the ***person tested***) for the detection of a single gene variant for segregation analysis in relation to another person (the ***patient***), if: (a) the patient has a known phenotype of a suspected monogenic condition; and (b) a service described in item 73358 or 73360 has identified a potentially causative variant for the patient; and (c) the person tested is a biological parent or other biological relative of the patient; and (d) a sample from the person tested has not previously been tested in relation to the patient for a service to which item 73359 applies; and (e) the results of the testing of the person tested for this service are made available for the purpose of providing the detection for the patient; and	400.00

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Group P7—Genetics		
Column 1 **Item**	**Column 2** **Pathology service**	**Column 3** **Fee ($)**
	(f) the detection is: (i) requested by a consultant physician practising as a clinical geneticist; or (ii) requested by a consultant physician practising as a specialist paediatrician, following consultation with a clinical geneticist; and (g) the detection is not performed in conjunction with item 73361 or 73362 Applicable only once per variant per lifetime	
73364	Analysis of tumour tissue, requested by a specialist or consultant physician, that: (a) is for: (i) the characterisation of MYC gene rearrangement; and (ii) if the results of the characterisation mentioned in subparagraph (i) are positive—the characterisation of either or both of BCL2 gene rearrangement and BCL6 gene rearrangement; and (b) is for a patient: (i) for whom MYC immunohistochemistry is non-negative; and (ii) with clinical or laboratory evidence, including morphological features, of diffuse large B-cell lymphoma or high grade B-cell lymphoma; and (c) is not performed in conjunction with item 73365 Applicable only once per lifetime	400.00
73365	Analysis of tumour tissue, requested by a specialist or consultant physician, that: (a) is for the characterisation of MYC gene rearrangement; and (b) is for a patient with clinical or laboratory evidence, including morphological features, of Burkitt lymphoma; and (c) is not performed in conjunction with item 73364 Applicable only once per lifetime	340.00
73366	Analysis of tumour tissue, requested by a specialist or consultant physician, that: (a) is for the characterisation of either or both of the following: (i) CCND1 gene rearrangement; (ii) CCND2 gene rearrangement; and (b) is for a patient with clinical or laboratory evidence, including morphological features, of mantle cell lymphoma Applicable only once per lifetime	400.00
73367	Analysis of tumour tissue, requested by a specialist or consultant physician, that: (a) is for the presence of isochromosome 7q; and (b) is for a patient with clinical or laboratory evidence, including morphological features, of hepatosplenic T-cell lymphoma Applicable only once per lifetime	340.00

Group P7—Genetics

Column 1 Item	Column 2 Pathology service	Column 3 Fee ($)
73368	Analysis of tumour tissue, requested by a specialist or consultant physician, that: (a) is for the characterisation of either or both of the following: (i) DUSP22 gene rearrangement; (ii) TP63 gene rearrangement; and (b) is for a patient with clinical or laboratory evidence, including morphological features, of ALK negative anaplastic large cell lymphoma Applicable only once per lifetime	400.00
73369	Analysis of blood or bone marrow, requested by a specialist or consultant physician, that: (a) is for the characterisation of either or both of the following: (i) TCL1A gene rearrangement; (ii) MTCP1 gene rearrangement; and (b) is for a patient with clinical or laboratory evidence, including morphological features, of T-cell prolymphocytic leukaemia Applicable only once per lifetime	400.00
73370	Analysis of blood or bone marrow, requested by a specialist or consultant physician, that: (a) is for the characterisation of the following: (i) chromosome translocations t(4;14), t(14;16), t(14;20); (ii) 1q gain; (iii) 17p deletion; and (b) is for a patient with clinical or laboratory evidence, including morphological features, of plasma cell myeloma Applicable only once per lifetime	500.00
73371	Analysis of tumour tissue, requested by a specialist or consultant physician, that: (a) is for the detection of chromosome 1p/19q co-deletion; and (b) is for a patient with clinical or laboratory evidence, including morphological features, of glial neoplasm with probable oligodendroglial component Applicable only once per lifetime	340.00
73372	Analysis of tumour tissue, requested by a specialist or consultant physician, that: (a) is for the identification of IDH1/2 pathological variant status; and (b) is for a patient with: (i) negative IDH1 (R132H) immunohistochemistry; and (ii) clinical or laboratory evidence, including morphological features, of glial neoplasm Applicable only once per lifetime	340.00
73373	Analysis of tumour tissue, requested by a specialist or consultant physician, that:	400.00

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Column 1 **Item**	**Column 2** **Pathology service**	**Column 3** **Fee ($)**
	(a) is for the characterisation of MGMT promoter methylation status; and (b) is for a patient with clinical or laboratory evidence, including morphological features, of glioblastoma Applicable only once per lifetime	
73374	Analysis of tumour tissue, requested by a specialist or consultant physician, that: (a) is for the characterisation of copy number changes, gene rearrangements, or other molecular changes in one of the following genes: (i) MDM2 CNV; (ii) FUS; (iii) DDIT3; (iv) EWSR1; (v) ETV6; (vi) NTRK1; (vii) NTRK3; (viii) COL1A1; (ix) PDGFB; (x) STAT6; (xi) PAX3; (xii) PAX7; (xiii) SS18; (xiv) BCOR; (xv) CIC; (xvi) HEY1; (xvii) ALK; (xviii) USP6; (xix) NR4A3; (xx) NCOA2; (xxi) FOXO1; and (b) is for a patient with clinical or laboratory evidence, including morphological features, of sarcoma Applicable only once per lifetime	340.00
73375	Analysis of tumour tissue, requested by a specialist or consultant physician, that: (a) is for the characterisation of copy number changes, gene rearrangements, or other molecular changes, in 2 or 3 of the genes mentioned in item 73374; and (b) is for a patient with clinical or laboratory evidence, including morphological features, of sarcoma Applicable only once per lifetime	400.00
73376	Analysis of tumour tissue, requested by a specialist or consultant physician, that: (a) is for the characterisation of copy number changes, gene rearrangements, or other molecular changes, in 4 or more of the genes mentioned in	800.00

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Column 1 **Item**	**Column 2** **Pathology service**	**Column 3** **Fee ($)**
	item 73374; and (b) is for a patient with clinical or laboratory evidence, including morphological features, of sarcoma Applicable only once per lifetime	
73377	Analysis of tumour tissue, requested by a specialist or consultant physician, that: (a) is for the detection of FOXL2.402C>G status; and (b) is for a patient with clinical or laboratory evidence, including morphological features, of granulosa cell ovarian tumour Applicable only once per lifetime	250.00
73378	Analysis of tumour tissue, requested by a specialist or consultant physician, that: (a) is for the characterisation of NUTM1 gene status at 15q14; and (b) is for a patient with clinical or laboratory evidence, including morphological features, of midline NUT carcinoma Applicable only once per lifetime	340.00
73379	Analysis of tumour tissue, requested by a specialist or consultant physician, that: (a) is for the characterisation of ETV6-NTRK3 gene rearrangement; and (b) is for a patient with clinical or laboratory evidence, including morphological features, of secretory carcinoma of the breast Applicable only once per lifetime	340.00
73380	Analysis of tumour tissue, requested by a specialist or consultant physician, that: (a) is for the characterisation of MAML2 gene rearrangement; and (b) is for a patient with clinical or laboratory evidence, including morphological features, of mucoepidermoid carcinoma Applicable only once per lifetime	340.00
73381	Analysis of tumour tissue, requested by a specialist or consultant physician, that: (a) is for the characterisation of ETV6-NTRK3 gene rearrangement; and (b) is for a patient with clinical or laboratory evidence, including morphological features, of mammary analogue secretory carcinoma of the salivary gland Applicable only once per lifetime	340.00
73382	Analysis of tumour tissue, requested by a specialist or consultant physician, that: (a) is for the characterisation of EWSR1 gene rearrangement, with or without PLAG1 gene rearrangement; and (b) is for a patient with clinical or laboratory evidence, including morphological features, of hyalinising clear cell carcinoma of the	340.00

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Group P7—Genetics		
Column 1 **Item**	**Column 2** **Pathology service**	**Column 3** **Fee ($)**
	salivary gland Applicable only once per lifetime	
73383	Analysis of tumour tissue, requested by a specialist or consultant physician, that: (a) is for the characterisation of either or both of the following: (i) TFE3 gene rearrangement; (ii) TFEB gene rearrangement; and (b) is for a patient with clinical or laboratory evidence, including morphological features, of renal cell carcinoma Applicable only once per lifetime	400.00
73384	Genetic analysis, for a patient who is eligible for this service under clause 2.7.3A, of samples from the patient and (if relevant) the patient's reproductive partner, for the purpose of providing an assay for pre-implantation genetic testing, requested by a specialist or consultant physician Applicable not more than once per patient episode per disorder (of a kind described in clause 2.7.3A) per reproductive relationship	1,736.00
73385	Genetic analysis, for a patient who is eligible for this service under clause 2.7.3A, of embryonic tissue from a sample from one embryo, if: (a) the analysis is: (i) requested by a specialist or consultant physician; and (ii) for the purpose of providing a pre-implantation genetic test; and (iii) performed on an embryo that was produced in a single assisted reproductive treatment cycle; and (b) the service is not a service to which item 73386 or 73387 applies for the same assisted reproductive treatment cycle Applicable not more than once per embryo	635.00
73386	Genetic analysis, for a patient who is eligible for this service under clause 2.7.3A, of embryonic tissue from samples from 2 embryos, if: (a) the analysis is: (i) requested by a specialist or consultant physician; and (ii) for the purpose of providing a pre-implantation genetic test; and (iii) performed on embryos that were produced in a single assisted reproductive treatment cycle; and (b) the service is not a service to which item 73385 or 73387 applies for the same assisted reproductive treatment cycle Applicable not more than once per assisted reproductive treatment cycle for the 2 embryos tested	1,270.00
73387	Genetic analysis, for a patient who is eligible for this service under clause 2.7.3A, of embryonic tissue from samples from 3 or more embryos, if: (a) the analysis is: (i) requested by a specialist or consultant physician; and	1,905.00

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Column 1 **Item**	**Column 2** **Pathology service**	**Column 3** **Fee ($)**
	(ii) for the purpose of providing a pre-implantation genetic test; and (iii) performed on embryos that were produced in a single assisted reproductive treatment cycle; and (b) the service is not a service to which item 73385 or 73386 applies for the same assisted reproductive treatment cycle Applicable not more than once per assisted reproductive treatment cycle for the 3 or more embryos tested	
73388	Analysis of chromosomes by genome-wide microarray, of a sample from amniocentesis or chorionic villus sampling, including targeted assessment of specific regions for constitutional genetic abnormalities in diagnostic studies of a fetus, if (a) one or more major fetal structural abnormalities have been detected on ultrasound; or (b) nuchal translucency was greater than 3.5 mm Applicable only once per fetus	589.90
73389	Analysis of products of conception from a patient with suspected hydatidiform mole for the characterisation of ploidy status Applicable once per pregnancy	340.00
73391	Analysis of chromosomes by genome-wide microarray in diagnostic studies of a patient with multiple myeloma Applicable once per lifetime	589.90
73392	Characterisation of pathogenic or likely pathogenic germline gene variants, requested by a specialist or consultant physician: (a) in at least the following genes: (i) MYBPC3; (ii) MYH7; (iii) TNNI3; (iv) TNNT2; (v) TPM1; (vi) ACTC1; (vii) MYL2; (viii) MYL3; (ix) PRKAG2; (x) LAMP2; (xi) GLA; (xii) LMNA; (xiii) SCN5A; (xiv) TTN; (xv) RBM20; (xvi) PLN; (xvii) DSP; (xviii) DSC2; (xix) DSG2; (xx) JUP;	1,200.00

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Column 1 **Item**	**Column 2** **Pathology service**	**Column 3** **Fee ($)**
	(xxi) PKP2; (xxii) TMEM43; and (b) for a patient for whom clinical history, family history or laboratory findings suggest there is a high probability of one or more of the following heritable cardiomyopathies in the patient: (i) hypertrophic cardiomyopathy; (ii) dilated cardiomyopathy; (iii) arrhythmogenic cardiomyopathy Applicable once per lifetime	
73393	Characterisation of one or more pathogenic or likely pathogenic germline gene variants, requested by a specialist or consultant physician, if: (a) a service described in item 73392 has not previously been performed for the patient; and (b) the patient is a first-degree biological relative (or a second-degree biological relative if a first-degree biological relative is unavailable) of a person who has a pathogenic or likely pathogenic germline gene variant that is confirmed by laboratory findings; and (c) the service is performed for the purpose of assessing present or future risk of any of the following heritable cardiomyopathies in the patient: (i) hypertrophic cardiomyopathy; (ii) dilated cardiomyopathy; (iii) arrhythmogenic cardiomyopathy Applicable once per variant per lifetime	400.00
73394	Characterisation of one or more recessive pathogenic or likely pathogenic germline genes, requested by a specialist or consultant physician, for the purpose of determining the reproductive risk of heritable cardiomyopathy in a patient: (a) who is a reproductive partner of a known carrier of a pathogenic or likely pathogenic germline gene that is confirmed by laboratory findings; and (b) for whom carrier status of a pathogenic or likely pathogenic germline gene is unknown; and (c) who has a clinical history, family history or laboratory findings suggesting there is a low probability of heritable cardiomyopathy Applicable once per gene per lifetime	1,200.00
73395	Re-analysis of whole exome or genome data that is obtained in performing a service to which item 73392 applies, for characterisation of previously unreported germline gene variants related to the clinical phenotype, if: (a) the re-analysis is requested by a consultant physician practising as a clinical geneticist or a cardiologist; and (b) the patient is strongly suspected of having a heritable cardiomyopathy; and (c) the re-analysis is performed at least 18 months after a service to which item 73392 or this item applies is performed for the patient	500.00

Group P7—Genetics		
Column 1 **Item**	**Column 2** **Pathology service**	**Column 3** **Fee ($)**
	Applicable twice per lifetime	
73396	Characterisation of variants in the JAK2 exon 12 in the diagnostic work-up of a patient with clinical and laboratory evidence of polycythaemia vera, requested by a specialist or consultant physician	90.00
73397	Characterisation of variants in both the CALR and MPL genes in the diagnostic work-up of a patient with clinical and laboratory evidence of essential thrombocythaemia or primary myelofibrosis, requested by a specialist or consultant physician	200.00
73398	Characterisation of variants in at least 8 genes, which must include all of the following genes: (a) JAK2 (including exons 12 and 14); (b) CALR; (c) MPL; in the diagnostic work-up of a patient with clinical and laboratory evidence of polycythaemia vera or essential thrombocythaemia, requested by a specialist or consultant physician Applicable to one test per diagnostic episode	420.00
73399	Characterisation of variants in at least 20 genes, which must include all of the following genes: (a) JAK2 (including exons 12 and 14); (b) CALR; (c) MPL; in the diagnostic work-up of a patient, with clinical and laboratory evidence of primary myelofibrosis, who is eligible for a stem cell transplant, requested by a specialist or consultant physician Applicable to one test per diagnostic episode	700.00
73401	Characterisation, by whole exome or genome sequencing and analysis, of germline gene variants in one or more of the genes implicated in heritable cystic kidney disease, if: (a) the service is requested by a consultant physician practising as: (i) a clinical geneticist; or (ii) a specialist nephrologist; and (b) the patient has a renal abnormality and is strongly suspected of having a monogenic condition Applicable once per lifetime	2,100.00
73402	Characterisation, by whole exome or genome sequencing and analysis, of germline gene variants in one or more of the genes implicated in heritable kidney disease, if: (a) the service is requested by a consultant physician practising as: (i) a clinical geneticist; or (ii) a specialist nephrologist; and	2,100.00

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Column 1 **Item**	**Column 2** **Pathology service**	**Column 3** **Fee ($)**
	(b) the patient has chronic kidney disease (other than cystic disease or Alport syndrome) and is strongly suspected of having a monogenic condition Applicable once per lifetime	
73403	Re-analysis of genetic data obtained in performing a service to which item 73401 or 73402 applies, for characterisation of previously unreported germline gene variants related to the clinical phenotype, if: (a) the re-analysis is requested by a consultant physician practising as a clinical geneticist or a specialist paediatrician; and (b) the patient has a strong clinical suspicion of a monogenic condition; and (c) a service to which item 73401, 73402 or this item applies has not been performed for the patient in the previous 18 months Applicable twice per lifetime	500.00
73404	Detection of a single gene variant in a patient, if: (a) the service is requested by: (i) a clinical geneticist; or (ii) a specialist or consultant physician providing professional genetic counselling services; and (b) the patient has a first-degree relative with a known monogenic cause of kidney disease; and (c) a service described in item 73401, 73402, or 73403 has identified the causative variant for the disease for the relative Applicable once per variant per lifetime	400.00
73405	Detection of one or more variants of a single gene known to cause heritable kidney disease, for the purpose of reproductive decision making, if: (a) the detection is requested by a consultant physician practising as: (i) a clinical geneticist; or (ii) a specialist nephrologist; and (b) the patient is the reproductive partner of an individual known to be a carrier of a pathogenic variant that causes heritable kidney disease that has a recessive mode of inheritance; and (c) a service described in item 73401, 73402, 73403 or 73404 has identified the causative gene for the patient's partner; and (d) the detection test methodology has sufficient diagnostic range and sensitivity to detect at least 95% of pathogenic variants likely to be present in the patient	1,200.00
73406	Testing of a pregnant patient, for the purpose of determining whether monogenic variants are present in the fetus, if: (a) the service is requested by a consultant physician practising as: (i) a clinical geneticist; or (ii) a specialist nephrologist; and (b) the patient or the patient's reproductive partner (or both) are known to be affected by, or are carriers of, a known pathogenic variant that causes	400.00

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Column 1 **Item**	**Column 2** **Pathology service**	**Column 3** **Fee ($)**
	heritable kidney disease; and (c) the fetus is at risk, of at least 25%, of inheriting a monogenic variant known to cause kidney disease	
73410	Deletion testing of HBA1 and HBA2 for: (a) the diagnosis of alpha thalassaemia in a patient of reproductive age: (i) who has abnormal red cell indices; and (ii) for whom thalassaemia screening was suggestive of thalassaemia; and (iii) who does not have a concurrent iron deficiency (or who, irrespective of iron status, is pregnant); and (iv) who has no historic normal cell indices; or (b) the determination of carrier status in a person: (i) who is a reproductive partner of a person of child-bearing potential with diagnosed alpha thalassaemia; and (ii) who has abnormal red cell indices; and (iii) who does not have a concurrent iron deficiency	100.00
73411	Sequencing of HBA1 or HBA2, if the results of deletion testing described in item 73410 were inconclusive and a less common or rare variant is suspected, either: (a) for the diagnosis of alpha thalassaemia in a patient of reproductive age; or (b) for the determination of carrier status in a reproductive partner of a person of child-bearing potential with diagnosed alpha thalassaemia Applicable once per gene per lifetime	400.00
73412	Deletion testing of HBA1 and HBA2, if the results of deletion testing described in item 73410 were inconclusive and a large deletion variant is suspected, either: (a) for the diagnosis of alpha thalassaemia in a patient of reproductive age; or (b) for the determination of carrier status in a reproductive partner of a person of child-bearing potential with diagnosed alpha thalassaemia	250.00
73413	Non-deletion testing of HBA1 and HBA2 using techniques other than sequencing, if the results of deletion testing described in item 73410 were inconclusive, either: (a) for the diagnosis of alpha thalassaemia in a patient of reproductive age; or (b) for the determination of carrier status in a reproductive partner of a person of child-bearing potential with diagnosed alpha thalassaemia	250.00
73416	Detection of germline gene variants, including copy number variation, requested by a specialist or consultant physician: (a) in at least the following genes: (i) KCNQ1; (ii) KCNH2;	1,200.00

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Column 1 **Item**	**Column 2** **Pathology service**	**Column 3** **Fee ($)**
	(iii) SCN5A; (iv) KCNE1; (v) KCNE2; (vi) KCNJ2; (vii) CACNA1C; (viii) RYR2; (ix) CASQ2; (x) CAV3; (xi) SCN4B; (xii) AKAP9; (xiii) SNTA1; (xiv) KCNJ5; (xv) ALG10; (xvi) CALM1; (xvii) CALM2; (xviii) ANK2; (xix) TECRL; (xx) TRDN; and (b) for a patient for whom clinical or family history criteria is suggestive of inherited cardiac arrhythmias or channelopathies that place the patient at greater than 10% risk of having a pathogenic variant Applicable once per lifetime	
73417	Characterisation of one or more pathogenic or likely pathogenic germline gene variants, requested by a specialist or consultant physician, if: (a) the patient is a first-degree or second-degree biological relative of a person with a pathogenic or likely pathogenic germline gene variant that is confirmed by laboratory findings; and (b) the service is performed for the purpose of assessing present or future risk of a cardiac arrhythmia or channelopathy; and (c) a service to which item 73416 applies has not previously been performed for the patient Applicable once per variant per lifetime	400.00
73418	Characterisation of one or more recessive pathogenic or likely pathogenic germline genes, requested by a specialist or consultant physician, for the purpose of determining the reproductive risk of cardiac arrhythmia or channelopathy in a patient: (a) who is a reproductive partner of a person who is a known carrier of a pathogenic or likely pathogenic germline gene variant of a gene confirmed by laboratory findings; and (b) for whom a service to which item 73416 applies has not previously been performed; and (c) for whom carrier status of a pathogenic or likely pathogenic germline gene variant is unknown; and (d) who has a clinical history, family history or laboratory findings	400.00

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Column 1 **Item**	**Column 2** **Pathology service**	**Column 3** **Fee ($)**
	suggesting there is a low probability of cardiac arrhythmia or channelopathy Applicable once per variant per lifetime	
73419	Re-analysis of whole exome or genome data that was obtained in performing a service to which item 73416 applies, for characterisation of previously unreported germline gene variants related to the clinical phenotype, if: (a) the re-analysis is requested by a consultant physician practising as a clinical geneticist or a cardiologist; and (b) the patient is strongly suspected of having inheritable cardiac arrhythmia or channelopathies; and (c) the service is performed at least 18 months after a service to which item 73416 or this item applies was performed for the patient Applicable twice per lifetime	500.00
73420	Non-invasive prenatal testing of blood from an RhD negative pregnant patient for the detection of the RHD gene from fetal DNA circulating in maternal blood	56.00
73421	Non-invasive prenatal testing of blood from an RhD negative pregnant patient (in a singleton pregnancy) for the detection of the RHD gene from fetal DNA circulating in maternal blood, if the patient is alloimmunised with immune Anti-D	550.00
73422	Characterisation of a gene variant or gene variants using a gene panel, in a patient presenting with clinical signs and symptoms suggestive of a genetic neuromuscular disorder (other than signs and symptoms associated with variants that are not detected by massively parallel sequencing), if the service is requested: (a) by a specialist or consultant physician; and (b) after exclusion of non-genetic causes Applicable once per lifetime	1,200.00
73423	Detection of a single identified gene variant, in a biological relative of a person with a germline gene variant for a neuromuscular disorder identified by a service described in item 73422, 73425 or 73426, if the service is requested by a specialist or consultant physician Applicable once per variant	500.00
73424	Prenatal detection of an actionable pathogenic familial gene variant or gene variants (including maternal cell contamination assessment), requested by a specialist or consultant physician, for a genetic neuromuscular disorder previously identified in an index person in the patient's family as a result of a service described in item 73422 Applicable once per pregnancy	1,600.00
73425	Prenatal detection of unknown gene variants (including maternal cell contamination assessment) using a gene panel, if: (a) the service is requested:	1,800.00

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Group P7—Genetics		
Column 1 **Item**	**Column 2** **Pathology service**	**Column 3** **Fee ($)**
	(i) by a specialist or consultant physician, for a suspected genetic neuromuscular disorder; and (ii) after exclusion of non-genetic causes; and (b) the service is performed using a sample from the fetus; and (c) the service is not performed in conjunction with a service to which item 73426 applies Applicable once per pregnancy	
73426	Prenatal detection of unknown gene variants (including maternal cell contamination assessment) using a gene panel, if: (a) the service is requested: (i) by a specialist or consultant physician; and (ii) for a suspected genetic neuromuscular disorder; and (iii) after exclusion of non-genetic causes; and (b) the request states that singleton testing is inappropriate; and (c) the service is performed using a sample from the fetus and a sample from each of the fetus's biological parents; and (d) the service is not performed in conjunction with a service to which item 73425 applies Applicable once per pregnancy	2,400.00
73427	Single gene testing for the characterisation of a germline gene variant or germline gene variants: (a) if requested by a specialist or consultant physician; and (b) within the same gene in which the patient's reproductive partner has a documented pathogenic germline recessive gene variant for a neuromuscular disorder identified by a service described in: (i) item 73422, 73425 or 73426; or (ii) item 73434, if the patient has been provided a service described in item 73434 and that service has not identified a relevant variant Applicable once per gene	1,200.00
73428	Re-analysis of whole genome or exome data obtained in performing a service described in item 73422, 73425 or 73426, for characterisation of previously unreported gene variants related to the clinical phenotype, if the re-analysis is requested by: (a) a consultant physician practicing as a clinical geneticist; or (b) a consultant physician practising as a specialist paediatrician, following consultation with a clinical geneticist Applicable twice per lifetime	500.00
73429	Genetic testing (including characterisation of single nucleotide variants, structural variants, fusions and copy number alterations) in a single gene panel, requested by a specialist or consultant physician, for a patient with clinical or laboratory evidence of a glioma, glioneuronal tumour or glioblastoma, to aid diagnosis and classification of the relevant tumour, including assessments of at least the following kinds:	887.90

Group P7—Genetics		
Column 1 **Item**	**Column 2** **Pathology service**	**Column 3** **Fee ($)**
	(a) IDH1, IDH2—variant testing; (b) 1p/19q—co-deletion assessment; (c) H3F3A—variant status; (d) TERT—promoter variant status; (e) EGFR—amplification; (f) CDKN2A/B—deletion; (g) BRAF—variants Applicable to one test per diagnostic episode	
73434	Detection of pathogenic or likely pathogenic gene variants, requested by a specialist or consultant physician, for any of the following: (a) a patient with a suspected neuromuscular disorder; (b) a relative of a patient with a pathogenic or likely pathogenic germline gene variant associated with a neuromuscular disorder (confirmed by laboratory findings); (c) the reproductive partner of a patient with a recessive pathogenic or likely pathogenic germline gene variant associated with a neuromuscular disorder (confirmed by laboratory findings) Applicable once per gene per lifetime	392.00
73435	Detection of pathogenic or likely pathogenic DUX4 gene variants, requested by a specialist or consultant physician, for: (a) a patient with a suspected neuromuscular disorder; or (b) a relative of a patient with a pathogenic or likely pathogenic germline gene variant associated with a neuromuscular disorder (confirmed by laboratory findings) Applicable once per gene per lifetime	1,000.00

Division 2.8—Group P8: infertility and pregnancy tests

2.8.1 Items in Group P8

This clause sets out items in Group P8.

Group P8—Infertility and pregnancy tests		
Column 1 **Item**	**Column 2** **Pathology service**	**Column 3** **Fee ($)**
73521	Semen examination for presence of spermatozoa or examination of cervical mucus for spermatozoa (Huhner's test)	9.70
73523	Semen examination (other than post-vasectomy semen examination), including: (a) measurement of volume, sperm count and motility; and (b) examination of stained preparations; and (c) morphology; and (d) (if performed) differential count and one or more chemical tests For any particular patient, applicable not more than 4 times in 12 months	41.75
73525	Sperm antibodies—sperm-penetrating ability—one or more tests	28.35
73527	Human chorionic gonadotrophin (HCG)—detection in serum or urine by one or more methods for diagnosis of pregnancy—one or more tests	10.00
73529	Human chorionic gonadotrophin (HCG), quantitation in serum by one or more methods (except by latex, membrane, strip or other pregnancy test kit) for diagnosis of threatened abortion, or follow up of abortion or diagnosis of ectopic pregnancy, including any services performed in item 73527—one test	28.65

Division 2.9—Group P9: simple basic pathology tests

2.9.1 Items in Group P9

This clause sets out items in Group P9.

Group P9—Simple basic pathology tests		
Column 1	**Column 2**	**Column 3**
Item	**Pathology service**	**Fee ($)**
73801	Semen examination for presence of spermatozoa	6.90
73802	Leucocyte count, erythrocyte sedimentation rate, examination of blood film (including differential leucocyte count), haemoglobin, haematocrit or erythrocyte count—one test	4.55
73803	Two tests described in item 73802	6.35
73804	Three or more tests described in item 73802	8.15
73805	Microscopy of urine, excluding dipstick testing	4.55
73806	Pregnancy test by one or more immunochemical methods	10.15
73807	Microscopy for wet film other than urine, including any relevant stain	6.90
73808	Microscopy of Gram-stained film, including (if performed) a service described in item 73805 or 73807	8.65
73809	Chemical tests for occult blood in faeces by reagent stick, strip, tablet or similar method	2.35
73810	Microscopy for fungi in skin, hair or nails—one or more sites	6.90
73811	Mantoux test	11.20
73812	Quantitation of glycated haemoglobin (HbA1c) performed in the management of established diabetes, if performed: (a) as a point-of-care test; and (b) by or on behalf of a medical practitioner who works in a general practice that is accredited to the Royal Australian College of General Practitioners Standards for point-of care testing under the National General Practice Accreditation Scheme; and (c) using a method certified by the National Glycohemoglobin Standardization Program (NGSP), if the instrumentation used has a total coefficient variation less than 3.0% at 48 mmol/mol (6.5%) Applicable not more than 3 times per 12 months per patient	11.80

Division 2.10—Group P10: patient episode initiation

2.10.1 Restrictions on items in Group P10—circumstances

Services rendered to out-patients or public patients of recognised hospitals

(1) If a service described in an item in Group P10 is rendered by, or on behalf of, an approved pathology practitioner who is a recognised pathologist, the relevant item does not apply to the service if:
  (a) the service is rendered upon a request made in the course of an out-patient service at a recognised hospital; or
  (b) the service is rendered to a public patient at a recognised hospital.

Services to which subsection 16A(7) of the Act applies

(2) An item in Group P10 does not apply to a pathology service to which subsection 16A(7) of the Act applies.

Services to which items in Groups P1 to P8 do not also apply

(3) An item in Group P10 does not apply to a pathology service unless at least one item in Groups P1 to P8 also applies to the service.

Services rendered in a single patient episode

(4) Subject to subclause (5), if one item in Group P10 applies to a patient episode, no other item in Group P10 applies to the patient episode.

(5) If, for the same patient episode:
  (a) services described in one or more items in Group P5 and one or more of Groups P1, P2, P3, P4, P6, P7 and P8 are rendered by an approved pathology practitioner in the laboratory of another approved pathology authority; or
  (b) services described in one or more items in Group P6 and one or more of Groups P1, P2, P3, P4, P5, P7 and P8 are rendered by an approved pathology practitioner in the laboratory of another approved pathology authority;

the applicable item in Group P10 applies to both approved pathology practitioners.

Services for which more than one specimen is collected from a person

(6) If more than one specimen is collected from a person on the same day for the rendering of pathology services:
  (a) in accordance with more than one request; and
  (b) in or by a single approved pathology authority;

the applicable item in Group P10 applies once only to the services unless an exemption mentioned in clause 1.2.3, 1.2.4 or 1.2.5 applies or the Minister has made a direction under subsection 4B(3) of the Act.

2.10.2 Items in Group P10

This clause sets out items in Group P10.

Group P10—Patient episode initiation		
Column 1	**Column 2**	**Column 3**
Item	**Pathology service**	**Fee ($)**
73899	Initiation of a patient episode that consists of a service described in item 72858 or 72859 in circumstances other than those mentioned in item 73900	5.95
73900	Initiation of a patient episode that consists of a service described in item 72858 or 72859 if the service is rendered in a prescribed laboratory	2.40
73920	Initiation of a patient episode by collection of a specimen for one or more services (other than those described in item 73922, 73924 or 73926) if the specimen is collected in an approved collection centre that the approved pathology authority operates in the same premises as it operates a category GX or GY pathology laboratory	2.40
73922	Initiation of a patient episode that consists of a service described in item 73070, 73071, 73072, 73074, 73075 or 73076 (in circumstances other than those described in item 73923)	8.20
73923	Initiation of a patient episode that consists of a service described in item 73070, 73071, 73072, 73074, 73075 or 73076 if: (a) the person is a private patient in a recognised hospital; or (b) the person receives the service from a prescribed laboratory	2.40
73924	Initiation of a patient episode that consists of one or more services described in items 72813, 72816, 72817, 72818, 72823, 72824, 72825, 72826, 72827, 72828, 72830, 72836 and 72838 (in circumstances other than those described in item 73925) from a person who is an inpatient of a hospital	14.65
73925	Initiation of a patient episode that consists of one or more services described in items 72813, 72816, 72817, 72818, 72823, 72824, 72825, 72826, 72827, 72828, 72830, 72836 and 72838 if the person is: (a) a private patient of a recognised hospital; or (b) a private patient of a hospital who receives the service or services from a prescribed laboratory	2.40
73926	Initiation of a patient episode that consists of one or more services described in items 72813, 72816, 72817, 72818, 72823, 72824, 72825, 72826, 72827, 72828, 72830, 72836 and 72838 (in circumstances other than those described in item 73927) from a person who is not a patient of a hospital	8.20

Clause 2.10.2

Group P10—Patient episode initiation		
Column 1 **Item**	**Column 2** **Pathology service**	**Column 3** **Fee ($)**
73927	Initiation of a patient episode by a prescribed laboratory that consists of one or more services described in items 72813, 72816, 72817, 72818, 72823, 72824, 72825, 72826, 72827, 72828, 72830, 72836 and 72838 from a person who is not a patient of a hospital	2.40
73928	Initiation of a patient episode by collection of a specimen for one or more services (in circumstances other than those described in item 73920, 73922, 73923, 73924, 73925, 73926, 73927 or 73929) if the specimen is collected in an approved collection centre	5.95
73929	Initiation of a patient episode by collection of a specimen for one or more services (in circumstances other than those described in item 73922, 73923, 73924, 73925, 73926 or 73927) if the specimen is collected in an approved collection centre by: (a) an approved pathology practitioner of a prescribed laboratory; or (b) an employee of an approved pathology authority of a prescribed laboratory	2.40
73930	Initiation of a patient episode by collection of a specimen for one or more services (in circumstances other than those described in item 73922, 73923, 73924, 73925, 73926, 73927 or 73931) if the specimen is collected from a person who is an inpatient of a hospital other than a recognised hospital by an approved pathology practitioner or an employee of an approved pathology authority	5.95
73931	Initiation of a patient episode by collection of a specimen for one or more services (in circumstances other than those described in item 73922, 73923, 73924, 73925, 73926 or 73927) if the specimen is collected: (a) from a person who is a private patient of a hospital by an approved pathology practitioner of a prescribed laboratory; or (b) from a person who is a private patient of a hospital by an employee of an approved pathology authority that operates a prescribed laboratory; or (c) from a person who is a private patient of a recognised hospital by an approved pathology practitioner of an approved pathology authority; or (d) from a person who is a private patient of a recognised hospital by an employee of an approved pathology authority	2.40
73932	Initiation of a patient episode by collection of a specimen for one or more services (in circumstances other than those described in item 73922, 73923, 73924, 73925, 73926, 73927 or 73933) if the specimen is collected from a person in the place where the person resides, and that place is not a care institution, by: (a) an approved pathology practitioner of an approved pathology authority; or (b) an employee of an approved pathology authority	10.25

Group P10—Patient episode initiation

Column 1 Item	Column 2 Pathology service	Column 3 Fee ($)
73933	Initiation of a patient episode by collection of a specimen for one or more services (in circumstances other than those described in item 73922, 73923, 73924, 73925, 73926 or 73927) if the specimen is collected from a person in the place where the person resides, and that place is not a care institution, by: (a) an approved pathology practitioner of a prescribed laboratory; or (b) an employee of an approved pathology authority that operates a prescribed laboratory	2.40
73934	Initiation of a patient episode by collection of a specimen for one or more services (in circumstances other than those described in item 73922, 73923, 73924, 73925, 73926, 73927 or 73935) if the specimen is collected from a person in a care institution by: (a) an approved pathology practitioner; or (b) an employee of an approved pathology authority	17.60
73935	Initiation of a patient episode by collection of a specimen for one or more services (in circumstances other than those described in item 73922, 73923, 73924, 73925, 73926 or 73927) if the specimen is collected from a person in a care institution by: (a) an approved pathology practitioner of a prescribed laboratory; or (b) an employee of an approved pathology authority that operates a prescribed laboratory	2.40
73936	Initiation of a patient episode by collection of a specimen for one or more services (in circumstances other than those described in item 73922, 73923, 73924, 73925, 73926, 73927 or 73937) if the specimen is collected from the person by the person	5.95
73937	Initiation of a patient episode by collection of a specimen for one or more services (in circumstances other than those described in item 73922, 73923, 73924, 73925, 73926 or 73927) if the specimen is collected from the person by the person, and: (a) the service is performed in a prescribed laboratory; or (b) the person is a private patient in a recognised hospital	2.40
73938	Initiation of a patient episode by collection of a specimen for one or more services (in circumstances other than those described in item 73922, 73923, 73924, 73925, 73926, 73927 or 73939) if the specimen is collected by, or on behalf of, the treating practitioner	7.95
73939	Initiation of a patient episode by collection of a specimen for one or more services (in circumstances other than those described in item 73922, 73923, 73924, 73925, 73926 or 73927) if the specimen is collected by, or on behalf of, the treating practitioner and: (a) the service is performed in a prescribed laboratory; or (b) the person is a private patient in a recognised hospital	2.40

Division 2.11—Group P11: specimen referred

2.11.1 Restriction on items in Group P11—circumstances

Services to which subsection 16A(7) of the Act applies

(1) An item in Group P11 does not apply to a pathology service to which subsection 16A(7) of the Act applies.

Services to which items in Groups P1 to P8 do not also apply

(2) An item in Group P11 does not apply to a pathology service unless at least one item in Groups P1 to P8 also applies to the service.

Approved pathology practitioner or approved pathology authority

(3) An item in Group P11 applies only to the approved pathology practitioner or approved pathology authority to whom the specimen mentioned in the item was referred.

Item 73940—timing

(4) The fee mentioned in item 73940 applies only once for a single patient episode.

2.11.2 Restriction on items in Group P10—patient episodes including a service to which item 73940 applies

If item 73940 applies to a patient episode, none of the items in Group P10 apply to any pathology service rendered by the approved pathology authority or approved pathology practitioner who claimed item 73940 for the patient episode.

2.11.3 Restrictions on items in Group P11—referrals

(1) An item in Group P11 does not apply to a referral if:
  (a) a service for the same patient episode has been carried out by the referring approved pathology authority; and
  (b) the approved pathology authority to which the referral is made is related to the referring approved pathology authority.

(2) An approved pathology authority is related to another approved pathology authority for the purposes of subclause (1) if:
  (a) both approved pathology authorities are employed (including employed under contract) by the same person, whether or not the person is also an approved pathology authority; or
  (b) either of the approved pathology authorities is employed (including employed under contract) by the other; or
  (c) both approved pathology authorities are corporations and are connected entities within the meaning of the *Corporations Act 2001*; or

(d) the approved pathology authorities are partners (whether or not either or both of the approved pathology authorities are individuals and whether or not other persons are in partnership with either or both of the approved pathology authorities); or

(e) both approved pathology authorities are operated by the Commonwealth or an authority of the Commonwealth; or

(f) both approved pathology authorities are operated by the same State or internal Territory or an authority of the same State or internal Territory.

(3) An item in Group P11 does not apply to a referral if the following common tests are referred either singly or in combination (except if the following items are mentioned in combination with other items not similarly specified): 65060, 65070, 65120, 66500, 66503, 66506, 66509, 66512, 66536, 66596, 69300, 69303, 69333 or 73527.

2.11.4 Items in Group P11

This clause sets out items in Group P11.

Group P11—Specimen referred

Column 1 Item	Column 2 Pathology service	Column 3 Fee ($)
73940	Receipt of a specimen by an approved pathology practitioner of an approved pathology authority from another approved pathology practitioner of another approved pathology authority	10.25

Division 2.12—Group P12: management of bulk-billed services

2.12.1 Application of items 74990, 74991, 75861, 75862, 75863 and 75864

Despite clause 1.2.1, if item 74990, 74991, 75861, 75862, 75863 or 75864 applies to a pathology service, the fee specified in that item applies in addition to the fee specified in any other item in this Schedule that applies to the service.

2.12.2 Items in Group P12

This clause sets out items in Group P12.

Note: The fees in Group P12 are indexed in accordance with clause 2.14.1.

Group P12—Management of bulk-billed services

Column 1 Item	Column 2 Pathology service	Column 3 Fee ($)
74990	A pathology service to which an item in this Schedule (other than this item or item 74991, 75861, 75862, 75863 or 75864) applies if: (a) the service is an unreferred service; and (b) the service is rendered to a person who is under 16 years or is a concessional beneficiary; and (c) the person is not an admitted patient of a hospital; and (d) the service is bulk-billed in respect of the fees for: (i) this item; and (ii) the other item in this Schedule applying to the service	7.15
74991	A pathology service to which an item in this Schedule (other than this item or item 74990, 75861, 75862, 75863 or 75864) applies if: (a) the service is an unreferred service; and (b) the service is rendered to a person who is under 16 years or is a concessional beneficiary; and (c) the person is not an admitted patient of a hospital; and (d) the service is bulk-billed in respect of the fees for: (i) this item; and (ii) the other item in this Schedule applying to the service; and (e) the service is provided at, or from, a practice location in a Modified Monash 2 area	10.80
75861	A pathology service to which an item in this Schedule (other than this item or item 74990, 74991, 75862, 75863 or 75864) applies if: (a) the service is an unreferred service; and (b) the service is rendered to a person who is under the age of 16 or is a concessional beneficiary; and (c) the person is not an admitted patient of a hospital; and (d) the service is bulk-billed in relation to the fees for: (i) this item; and (ii) the other item in this Schedule applying to the service; and	11.55

Group P12—Management of bulk-billed services		
Column 1 **Item**	**Column 2** **Pathology service**	**Column 3** **Fee ($)**
	(e) the service is rendered at, or from, a practice location in: (i) a Modified Monash 3 area; or (ii) a Modified Monash 4 area	
75862	A pathology service to which an item in this Schedule (other than this item or item 74990, 74991, 75861, 75863 or 75864) applies if: (a) the service is an unreferred service; and (b) the service is rendered to a person who is under the age of 16 or is a concessional beneficiary; and (c) the person is not an admitted patient of a hospital; and (d) the service is bulk-billed in relation to the fees for: (i) this item; and (ii) the other item in this Schedule applying to the service; and (e) the service is rendered at, or from, a practice location in a Modified Monash 5 area	12.25
75863	A pathology service to which an item in this Schedule (other than this item or item 74990, 74991, 75861, 75862, or 75864) applies if: (a) the service is an unreferred service; and (b) the service is rendered to a person who is under the age of 16 or is a concessional beneficiary; and (c) the person is not an admitted patient of a hospital; and (d) the service is bulk-billed in relation to the fees for: (i) this item; and (ii) the other item in this Schedule applying to the service; and (e) the service is rendered at, or from, a practice location in a Modified Monash 6 area	13.00
75864	A pathology service to which an item in this Schedule (other than this item or item 74990, 74991, 75861, 75862 or 75863) applies if: (a) the service is an unreferred service; and (b) the service is rendered to a person who is under the age of 16 or is a concessional beneficiary; and (c) the person is not an admitted patient of a hospital; and (d) the service is bulk-billed in relation to the fees for: (i) this item; and (ii) the other item in this Schedule applying to the service; and (e) the service is rendered at, or from, a practice location in a Modified Monash 7 area	14.25

Division 2.13—Group P13: bulk-billing incentive

Note: The payments mentioned in column 3 of Group P13 are additional payments for bulk-billing a patient episode consisting of a pathology service to which a Group P10 item described in column 2 applies or a pathology service to which a Group P11 item described in column 2 applies.

2.13.1 Items in Group P13

This clause sets out items in Group P13.

Group P13—Bulk-billing incentive

Column 1 Item	Column 2 Pathology service	Column 3 Fee ($)
74992	A patient episode that: (a) consists of a pathology service to which item 73920 applies; and (b) is bulk-billed	1.60
74993	A patient episode that: (a) consists of a pathology service to which item 73922 or 73926 applies; and (b) is bulk-billed	3.75
74994	A patient episode that: (a) consists of a pathology service to which item 73924 applies; and (b) is bulk-billed	3.25
74995	A patient episode that: (a) consists of a pathology service to which item 73899, 73900, 73928, 73930 or 73936 applies; and (b) is bulk-billed	4.00
74996	A patient episode that: (a) consists of a pathology service to which item 73932 or 73940 applies; and (b) is bulk-billed	3.70
74997	A patient episode that: (a) consists of a pathology service item 73934 applies; and (b) is bulk-billed	3.30
74998	A patient episode that: (a) consists of a pathology service to which item 73938 applies; and (b) is bulk-billed	2.00
74999	A patient episode that: (a) consists of a pathology service to which item 73923, 73925, 73927, 73929, 73931, 73933, 73935, 73937 or 73939 applies; and (b) is bulk-billed	1.60

Division 2.14—Indexation of fees

2.14.1 Indexation—1 July 2023

(1) At the start of 1 July 2023 (the ***indexation time***), the amount of a fee for an item in Group P12 is replaced by the amount worked out using the following formula:

1.036 × the amount of the fee immediately before the indexation time

Note: The indexed fees could in 2023 be viewed on the Department's MBS Online website (http://www.health.gov.au).

(2) An amount worked out under subclause (1) is to be rounded up or down to the nearest 5 cents (rounding down if the amount is an exact multiple of 2.5 cents).

Clause 3.1

Part 3—Complexity levels for tissue pathology items

3.1 Complexity levels

The following table specifies complexity levels for specimen types.

Complexity levels for tissue pathology items

Column 1 Specimen type	Column 2 Complexity level
Adrenal resection, neoplasm	5
Adrenal resection, not neoplasm	4
Anus, all specimens not otherwise specified	3
Anus, neoplasm, biopsy	4
Anus, neoplasm, radical resection	6
Anus, submucosal resection—neoplasm	5
Appendix	3
Artery, all specimens not otherwise specified	3
Artery, biopsy	4
Bartholin's gland—cyst	3
Bile duct, resection—all specimens	6
Bone—all specimens not otherwise specified	4
Bone, biopsy, curettings or fragments—lesion	5
Bone, biopsy or curettings quantitation—metabolic disease	6
Bone, femoral head	4
Bone marrow, biopsy	4
Bone, resection, neoplasm—all sites and types	6
Brain neoplasm, resection—cerebello-pontine angle	4
Brain or meninges, biopsy—all lesions	5
Brain or meninges, not neoplasm—temporal lobe	6
Brain or meninges, resection—neoplasm (intracranial)	5
Brain or meninges, resection—not neoplasm	4
Branchial cleft, cyst	4
Breast, excision biopsy, guidewire localisation—non-palpable lesion	6
Breast, excision biopsy, or radical resection, malignant neoplasm or atypical proliferative disease—all specimen types	6
Breast, incision biopsy or needle biopsy, malignant neoplasm—all specimen types	4
Breast, microdochectomy	6
Breast, orientated wide local excision for carcinoma with margin assessment	7

Clause 3.1

Complexity levels for tissue pathology items

Column 1 **Specimen type**	**Column 2** **Complexity level**
Breast tissue—all specimens not otherwise specified	4
Bronchus, biopsy	4
Carotid body—neoplasm	5
Cholesteatoma	3
Digits, amputation—not traumatic	4
Digits, amputation—traumatic	2
Ear, middle and inner—not cholesteatoma	4
Endocrine neoplasm—not otherwise specified	5
Extremity, amputation—not otherwise specified	4
Extremity, amputation or disarticulation—neoplasm	6
Eye, conjunctiva—biopsy or pterygium	3
Eye, cornea	4
Eye, enucleation or exenteration—all lesions	6
Eye—not otherwise specified	4
Fallopian tube, biopsy	4
Fallopian tube, ectopic pregnancy	4
Fallopian tube, sterilisation	2
Fetus with dissection	6
Foreskin—new born	2
Foreskin—not new born	3
Gallbladder	3
Gallbladder and porta hepatis-radical resection	6
Ganglion cyst, all sites	3
Gum or oral mucosa, biopsy	4
Heart—not otherwise specified	5
Heart valve	4
Hernia sac	2
Hydrocele sac	2
Jaw, upper or lower, including bone—radical resection for neoplasm	6
Joint and periarticular tissue, without bone—all specimens	3
Joint tissue, including bone—all specimens	4
Kidney, biopsy including transplant	5
Kidney, nephrectomy transplant	5
Kidney, partial or total nephrectomy—not neoplasm	4
Kidney, partial or total nephrectomy or nephroureterectomy—neoplasm	6
Large bowel, colostomy—stoma	3

Clause 3.1

Complexity levels for tissue pathology items	
Column 1 **Specimen type**	**Column 2** **Complexity level**
Large bowel (including rectum), biopsy—all sites	4
Large bowel (including rectum), biopsy, for confirmation or exclusion of Hirschsprung's Disease	5
Large bowel (including rectum), polyp	4
Large bowel (including rectum), segmental resection—neoplasm	6
Large bowel (including rectum), submucosal resection—neoplasm	5
Large bowel, segmental resection—colon, not neoplasm	5
Larynx, biopsy	4
Larynx, partial or total resection	5
Larynx, resection with nodes or pharynx or both	6
Lip biopsy—all specimens not mentioned	3
Lip wedge resection or local excision with orientation	4
Liver—all specimens not otherwise specified	5
Liver, hydatid cyst or resection for trauma	4
Liver, total or subtotal hepatectomy—neoplasm	6
Lung, needle or transbronchial biopsy	4
Lung, resection—neoplasm	6
Lung segment, lobar or total resection	6
Lung, wedge biopsy	5
Lymph node, biopsy—all sites	4
Lymph node, biopsy, for lymphoma or lymphoproliferative disorder	5
Lymph nodes, regional resection—all sites	5
Mediastinum mass	5
Muscle, biopsy	6
Nasopharynx or oropharynx, biopsy	4
Nerve, biopsy neuropathy	5
Nerve, neurectomy or removal of neoplasm	4
Nerve—not otherwise specified	3
Nose, mucosal biopsy	4
Nose or sinuses, polyps	3
Odontogenic neoplasm	5
Odontogenic or dental cyst	4
Oesophagus, biopsy	4
Oesophagus, diverticulum	3
Oesophagus, partial or total resection	6
Oesophagus, submucosal resection—neoplasm	5

Clause 3.1

Complexity levels for tissue pathology items	
Column 1 **Specimen type**	**Column 2** **Complexity level**
Omentum, biopsy	4
Ovary with or without tube—neoplasm	5
Ovary with or without tube—not neoplasm	4
Pancreas, biopsy	5
Pancreas, cyst	4
Pancreas, subtotal or total with or without splenectomy	6
Parathyroid gland(s)	4
Penisectomy—simple	4
Penisectomy with node dissection	5
Peritoneum, biopsy	4
Pituitary neoplasm	4
Placenta—not third trimester	4
Placenta—third trimester, abnormal pregnancy or delivery	4
Pleura or pericardium, biopsy or tissue	4
Products of conception, spontaneous or missed abortion	4
Products of conception, termination of pregnancy	3
Prostate—all types of specimen not otherwise specified	4
Prostate, radical prostatectomy or cystoprostatectomy for carcinoma	7
Prostate, radical resection	6
Retroperitoneum, neoplasm	5
Salivary gland—all specimens not otherwise specified	4
Salivary gland, Mucocele	3
Salivary gland, neoplasm—all sites	5
Sinus, paranasal, biopsy	4
Sinus, paranasal, resection—neoplasm	6
Skin—all specimens not otherwise specified including all neoplasms and cysts	3
Skin, biopsy—blistering skin diseases	4
Skin, biopsy—inflammatory dermatosis	4
Skin, biopsy—investigation of alopecia if serial horizontal sections are taken, except for male pattern baldness	5
Skin, biopsy—investigation of lymphoproliferative disorder	5
Skin, eyelid, wedge resection	4
Skin, local resection—orientation	4
Skin, resection of malignant melanoma or melanoma in situ	5
Small bowel—all specimens not otherwise specified	5
Small bowel—biopsy, all sites	4

Clause 3.1

Complexity levels for tissue pathology items

Column 1 Specimen type	Column 2 Complexity level
Small bowel, diverticulum	3
Small bowel, resection—neoplasm	6
Small bowel, submucosal resection—neoplasm	5
Soft tissue, infiltrative lesion—extensive resections at least 5 cm in maximal dimension	6
Soft tissue, lipoma and variants	3
Soft tissue, neoplasm, not lipoma—all specimens	5
Soft tissue—not otherwise specified	4
Spleen	5
Stomach—all specimens not otherwise specified	4
Stomach, endoscopic biopsy or endoscopic polypectomy	4
Stomach, resection, neoplasm—all specimens	6
Stomach, submucosal resection—neoplasm	5
Tendon or tendon sheath, giant cell neoplasm	4
Tendon or tendon sheath—not otherwise specified	3
Testis and adjacent structures, castration	2
Testis and adjacent structures, neoplasm with or without nodes	5
Testis and adjacent structures—not otherwise specified	3
Testis and adjacent structures, vas deferens sterilisation	2
Testis, biopsy	5
Thymus—not otherwise specified	5
Thyroglossal duct—all lesions	4
Thyroid—all specimens	5
Tissue or organ—all specimens not otherwise specified	3
Tissue or organ not otherwise specified, abscess	3
Tissue or organ not otherwise specified, haematoma	3
Tissue or organ not otherwise specified, malignant neoplasm with regional nodes	6
Tissue or organ not otherwise specified, neoplasm local	4
Tissue or organ not otherwise specified, pilonidal cyst or sinus	3
Tissue or organ not otherwise specified, thrombus or embolus	3
Tissue or organ not otherwise specified, veins varicosity	3
Tongue, biopsy	4
Tongue or tonsil, neoplasm local	5
Tongue or tonsil, neoplasm with nodes	6
Tonsil, biopsy—excluding resection of whole organ	4
Tonsil or adenoids or both	2

Clause 3.1

Complexity levels for tissue pathology items	
Column 1 **Specimen type**	**Column 2** **Complexity level**
Trachea, biopsy	4
Ureter, biopsy	4
Ureter, resection	5
Urethra, biopsy	4
Urethra, resection	5
Urinary bladder—all specimens not otherwise specified	4
Urinary bladder, partial or total with or without prostatectomy	6
Urinary bladder, transurethral resection of neoplasm	5
Uterus and/or cervix—all specimens not otherwise specified	4
Uterus, cervix cone, biopsy (including LEEP or LLETZ biopsy)	5
Uterus, cervix, curettings or biopsy	4
Uterus, endocervix, polyp	3
Uterus, endometrium, polyp	3
Uterus, with or without adnexa, malignant neoplasm—all specimen types not otherwise specified	6
Uterus with or without adnexa, neoplasm, Wertheim's or pelvic clearance	6
Vagina, biopsy	4
Vaginal mucosa, incidental	3
Vagina, radical resection	6
Vulva or labia, biopsy	4
Vulval, subtotal or total with or without nodes	6

Part 4—Dictionary

4.1 Dictionary

Note 1: All references in this clause to a provision are references to a provision in this Schedule, unless otherwise indicated.

Note 2: A number of expressions used in this Schedule are defined in the Act, including pathologist-determinable service.

In this Schedule:

Act means the *Health Insurance Act 1973*.

approved collection centre has the meaning given by subsection 23DA(1) of the Act.

biopsy material means all tissue received by an approved pathology practitioner:

(a) from a medical procedure, or set of medical procedures, performed on a patient at the same time; or

(b) after being expelled spontaneously from a patient.

bulk-billed: a pathology service is ***bulk-billed*** if:

(a) a medicare benefit is payable to a person in relation to the service; and

(b) under an agreement entered into under section 20A of the Act:

(i) the person assigns to the practitioner by whom, or on whose behalf, the service is rendered, the person's right to the payment of the medicare benefit; and

(ii) the practitioner accepts the assignment in full payment of the practitioner's fee for the service rendered.

care institution means a place at which residential accommodation, day care or both are made available to:

(a) disadvantaged children; or

(b) juvenile offenders; or

(c) aged persons; or

(d) chronically ill psychiatric patients; or

(e) homeless persons; or

(f) unemployed persons; or

(g) persons suffering from alcoholism; or

(h) persons addicted to drugs; or

(i) physically or mentally handicapped persons;

but does not include:

(j) a hospital; or

(k) a residential aged care facility; or

(l) accommodation for aged persons that is attached to a residential aged care facility or situated within a residential aged care facility complex.

complexity level, for a specimen type mentioned in an item, means the complexity level specified for the specimen type in Part 3.

concessional beneficiary has the same meaning as in Part VII of the *National Health Act 1953*.

designated area has the same meaning as in the general medical services table.

designated test has the meaning given by clause 1.2.6.

Modified Monash 2 area has the same meaning as in the general medical services table.

Modified Monash 3 area has the same meaning as in the general medical services table.

Modified Monash 4 area has the same meaning as in the general medical services table.

Modified Monash 5 area has the same meaning as in the general medical services table.

Modified Monash 6 area has the same meaning as in the general medical services table.

Modified Monash 7 area has the same meaning as in the general medical services table.

patient episode has the meaning given by clause 1.3.1.

practice location, for the rendering of a pathology service, means the place of practice for which the practitioner by whom, or on whose behalf, the service is rendered, has been allocated a provider number by the Chief Executive Medicare.

prescribed laboratory means a laboratory operated by:

(a) the Commonwealth; or
(b) an authority of the Commonwealth; or
(c) a State or internal Territory; or
(d) an authority of a State or internal Territory; or
(e) an Australian tertiary education institution.

receiving APP, for a patient episode, means an approved pathology practitioner in an approved pathology authority who:

(a) receives a request from a referring APP to render a designated test or tests; and
(b) renders each test included in the designated test that the referring APP has not performed.

recognised pathologist means:

(a) a medical practitioner recognised as a specialist in pathology under subsection 3D(1) of the Act; or

(b) a medical practitioner in relation to whom there is in force a determination under paragraph 3DB(4)(a) or subsection 3E(1) of the Act that the practitioner is recognised as a specialist in pathology.

referring APP, for a patient episode, means an approved pathology practitioner in an approved pathology authority who:

(a) has received a request to render one or more designated tests; and

(b) is unable, because of the lack of facilities in, or expertise or experience of the staff of, the laboratory of the authority, to render one or more of the tests included in the designated test; and

(c) requests a receiving APP in another approved pathology authority to render:

(i) the test or tests that the approved pathology practitioner is unable to render; or

(ii) all of the tests that are included in the designated test; and

(d) renders each test included in the designated test, other than the test or tests for which the request mentioned in paragraph (c) is made.

request, received by an approved pathology practitioner, includes a request for a pathologist-determinable service to which subsection 16A(6) of the Act applies.

residential aged care facility has the same meaning as in the general medical services table.

separately identified specimen means an individual specimen collected, identified so that it is clearly distinguished from any other specimen, and sent for testing by or on behalf of the treating practitioner responsible for the procedure in which the specimen was collected.

serial examinations means a series of examinations requested on one occasion whether or not:

(a) the materials are received on different days by the approved pathology practitioner; or

(b) the examinations were requested on one or more request forms by the treating practitioner.

treating practitioner has the same meaning as in subsection 16A(1) of the Act.

treatment cycle has the same meaning as in the general medical services table.

unreferred service means a pathology service that:

(a) is rendered to a person by, or on behalf of, a medical practitioner who is:

(i) not a specialist or consultant physician; or

(ii) both a specialist or consultant physician and a general practitioner; and

(b) has not been referred to the medical practitioner.

Endnotes

Endnote 1—About the endnotes

The endnotes provide information about this compilation and the compiled law.

The following endnotes are included in every compilation:

Endnote 1—About the endnotes
Endnote 2—Abbreviation key
Endnote 3—Legislation history
Endnote 4—Amendment history

Abbreviation key—Endnote 2
The abbreviation key sets out abbreviations that may be used in the endnotes.

Legislation history and amendment history—Endnotes 3 and 4
Amending laws are annotated in the legislation history and amendment history.

The legislation history in endnote 3 provides information about each law that has amended (or will amend) the compiled law. The information includes commencement details for amending laws and details of any application, saving or transitional provisions that are not included in this compilation.

The amendment history in endnote 4 provides information about amendments at the provision (generally section or equivalent) level. It also includes information about any provision of the compiled law that has been repealed in accordance with a provision of the law.

Editorial changes
The *Legislation Act 2003* authorises First Parliamentary Counsel to make editorial and presentational changes to a compiled law in preparing a compilation of the law for registration. The changes must not change the effect of the law. Editorial changes take effect from the compilation registration date.

If the compilation includes editorial changes, the endnotes include a brief outline of the changes in general terms. Full details of any changes can be obtained from the Office of Parliamentary Counsel.

Misdescribed amendments
A misdescribed amendment is an amendment that does not accurately describe how an amendment is to be made. If, despite the misdescription, the amendment can be given effect as intended, then the misdescribed amendment can be incorporated through an editorial change made under section 15V of the *Legislation Act 2003*.

If a misdescribed amendment cannot be given effect as intended, the amendment is not incorporated and "(md not incorp)" is added to the amendment history.

Endnote 2—Abbreviation key

ad = added or inserted

am = amended

amdt = amendment

c = clause(s)

C[x] = Compilation No. x

Ch = Chapter(s)

def = definition(s)

Dict = Dictionary

disallowed = disallowed by Parliament

Div = Division(s)

ed = editorial change

exp = expires/expired or ceases/ceased to have effect

F = Federal Register of Legislation

gaz = gazette

LA = *Legislation Act 2003*

LIA = *Legislative Instruments Act 2003*

(md) = misdescribed amendment can be given effect

(md not incorp) = misdescribed amendment cannot be given effect

mod = modified/modification

No. = Number(s)

o = order(s)

Ord = Ordinance

orig = original

par = paragraph(s)/subparagraph(s) /sub-subparagraph(s)

pres = present

prev = previous

(prev…) = previously

Pt = Part(s)

r = regulation(s)/rule(s)

reloc = relocated

renum = renumbered

rep = repealed

rs = repealed and substituted

s = section(s)/subsection(s)

Sch = Schedule(s)

Sdiv = Subdivision(s)

SLI = Select Legislative Instrument

SR = Statutory Rules

Sub-Ch = Sub-Chapter(s)

SubPt = Subpart(s)

underlining = whole or part not commenced or to be commenced

Endnote 3—Legislation history

Name	Registration	Commencement	Application, saving and transitional provisions
Health Insurance (Pathology Services Table) Regulations 2020	23 Apr 2020 (F2020L00460)	1 May 2020 (s 2(1) item 1)	
Health Insurance Legislation Amendment (Bulk-billing Incentive) Regulations 2020	29 Mar 2020 (F2020L00341)	Sch 1 (items 11, 12): 1 May 2020 (s 2(1) item 3)	—
Health Insurance (Pathology Services Table) Amendment (Indexation) Regulations 2020	16 June 2020 (F2020L00728)	1 July 2020 (s 2(1) item 1)	—
Health Insurance Legislation Amendment (Bulk-billing Incentive (No. 2)) Regulations 2020	23 Sept 2020 (F2020L01203)	Sch 1 (items 5, 6): 1 Oct 2020 (s 2(1) item 1)	—
Health Insurance Legislation Amendment (2020 Measures No. 2) Regulations 2020	20 Oct 2020 (F2020L01330)	Sch 1 (item 159): 1 Nov 2020 (s 2(1) item 1)	—
Health Legislation Amendment (Administration) Regulations 2020	14 Dec 2020 (F2020L01602)	Sch 1 (item 2): 15 Dec 2020 (s 2(1) item 1)	—
Health Insurance Legislation Amendment (2020 Measures No. 3) Regulations 2020	14 Dec 2020 (F2020L01608)	Sch 1 (items 65, 66, 94–96): 1 Mar 2021 (s 2(1) items 2, 4)	—
Health Insurance Legislation Amendment (2021 Measures No. 1) Regulations 2021	2 June 2021 (F2021L00681)	Sch 1 (items 6, 7): 1 July 2021 (s 2(1) item 2)	—
Health Insurance Legislation Amendment (2021 Measures No. 2) Regulations 2021	17 Sept 2021 (F2021L01281)	Sch 3: 1 Nov 2021 (s 2(1) item 1)	—
Health Insurance Legislation Amendment (Rural Bulk-billing Incentive) Regulations 2021	9 Dec 2021 (F2021L01748)	Sch 1 (items 24–29): 1 Jan 2022 (s 2(1) item 1)	—

Endnote 3—Legislation history

Name	Registration	Commencement	Application, saving and transitional provisions
Health Insurance Legislation Amendment (2021 Measures No. 3) Regulations 2021	17 Dec 2021 (F2021L01814)	Sch 1 (items 25–27): 1 Jan 2022 (s 2(1) item 1)	—
Health Insurance Legislation Amendment (2022 Measures No. 1) Regulations 2022	22 Mar 2022 (F2022L00367)	Sch 1 (items 4–10, 122, 123): 1 July 2022 (s 2(1) items 2, 3)	—
Health Insurance Legislation Amendment (2022 Measures No. 3) Regulations 2022	22 Aug 2022 (F2022L01099)	Sch 3: 1 Nov 2022 (s 2(1) item 2)	—
Health Insurance Legislation Amendment (2023 Measures No. 1) Regulations 2023	4 Apr 2023 (F2023L00416)	Sch 2 (items 24, 25) and Sch 3 (items 31–34): 1 July 2023 (s 2(1) items 3, 4)	—

Endnote 4—Amendment history

Provision affected	How affected
s 2	rep LA s 48D
s 4	am F2020L01602
s 5	rep LA s 48C
Schedule 1	
Part 1	
Division 1.2	
c 1.2.2	am F2021L01748
c 1.2.9	am F2022L01099
c 1.2.13	ad F2021L01814
Part 2	
Division 2.2	
Group P2 Table	am F2021L01281; F2021L01814
Division 2.3	
Group P3 Table	am F2020L00728; F2023L00416
Division 2.4	
Group P4 Table	am F2021L01281
Division 2.5	
c 2.5.5	am F2022L01099
c 2.5.5A	ad F2020L01608
Group P5 Table	am F2020L01608
Division 2.6	
Group P6 Table	am F2022L00367; F2022L01099
Division 2.7	
c 2.7.1A	ad F2021L01281
c 2.7.1B	ad F2021L01281
c 2.7.3A	ad F2021L01281
Group P7 Table	am F2020L01330; F2020L01608; F2021L01281; F2022L00367; F2022L01099; F2023L00416
Division 2.9	
Group P9 Table	am F2023L00416
Division 2.10	
Group P10 Table	am F2022L01099
Division 2.12	
c 2.12.1	rs F2021L01748
c 2.12.2	am F2021L00681; F2021L01814
Group P12 Table	am F2020L00341; F2020L00728; F2020L01203; F2021L01748; F2022L01099
Division 2.14	

Endnote 4—Amendment history

Provision affected	How affected
Division 2.14	ad F2021L00681
c 2.14.1	ad F2021L00681
	ed C7
	am F2022L00367; F2023L00416
Part 4	
c 4.1	am F2021L01281
Schedule 2.....	rep LA s 48C