

VITAMIN D BILLING

Due to changes, by the Commonwealth Government, to the Medicare Benefits Schedule from 1st November 2014, the cost of vitamin D testing can only be claimed when there are certain clinical conditions. These conditions must be made known to the pathology department via the request form.

The cost of the testing is **ONLY** claimable through Medicare if your doctor has documented on the request form that you have one or more of the following clinical conditions:

- Has signs or symptoms of osteoporosis or osteomalacia; or
- Has increased alkaline phosphatase and otherwise normal liver function tests; or
- Has hyperparathyroidism, hypo- or hypercalcemia, or hypophosphataemia; or
- Is suffering from malabsorption (for example, because the patient has cystic fibrosis, short bowel syndrome, inflammatory bowel disease or untreated celiac disease, or has a bariatric surgery); or
- Has deeply pigmented skin or chronic or severe lack of sun exposure for cultural, medical, occupational or residential reasons; or
- Is taking medication known to decrease 25OH-D levels (for example, anticonvulsant); or
- Has chronic renal failure or is a renal transplant recipient; or
- Is less than 16 years old of age and has a signs or symptoms of rickets; or
- Is an infant whose mother has established vitamin D deficiency; or
- Is an exclusively breastfed baby and has at least one risk factor mentioned in a paragraph in this item; or
- Has a sibling who is less than 16 years of age and has a Vitamin D deficiency.

If your doctor has **not** documented that you meet one or more of the above listed conditions, the testing is not claimable by Medicare and you will incur a cost of **\$25.55**.

ACT Pathology will issue an account for this testing which cannot be claimed through Medicare.

If you have any concerns with this testing please discuss with your Health Practitioner.

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