



Medicare Benefits Schedule Review

Pathology—Endocrine Tests

This fact sheet outlines the key draft recommendations from the Pathology Clinical Committee report on endocrine tests. For more information on each recommendation, see the [summary for consumers](#) or read the [full report](#).



Number of items reviewed

43



Number of recommendations

16

✓ Key draft recommendations

Aligning thyroid testing with current clinical guidelines

The Committee is proposing changes to ensure patients receive the right thyroid test based on their individual circumstances. Changes to the explanatory note for TSH testing are proposed to prevent clinically unnecessary testing of patients with no symptoms of thyroid problems (unless they are pregnant or at high risk).

Other changes are proposed to allow pathologists to conduct further thyroid function testing (TFT) when a patient's TSH result is abnormal. This means patients won't need to return to the GP before the follow up test is performed



Thyroid-stimulating hormone (TSH) stimulates the thyroid gland to produce other hormones that regulate metabolism. A TSH blood test measures how much TSH is in the blood, which can show if a person has any thyroid problems.

Aligning diabetes testing with current clinical guidelines

There are a number of tests that can be used for diagnosing and monitoring diabetes, including: glycated haemoglobin testing, oral glucose tolerance testing (OGTT) and fructosamine testing. Glycated haemoglobin testing is the most reliable test for managing diabetes. However, others are more useful in certain circumstances, such as in cases where patients are also pregnant or iron deficient.

The Committee is recommending changes to make it clear when each test should be used. This will ensure patients receive the right test at the right time, based on current clinical guidelines.

Reduce unnecessary microalbumin tests

Urine microalbumin testing is used to detect early signs of kidney damage in people who are at risk of developing kidney disease or a cardiovascular disorder. It is believed this test is overused in some patients and underused by others. The Committee is recommending clinicians limit testing to four times a year per person. This will ensure it is not overused by patients who don't need it and encourage more use (at least annual testing) in other high risk patients.

About MBS Review

The MBS Review Taskforce is considering how more than 5,700 services can be aligned with contemporary clinical evidence and practice and improve health outcomes for patients. It is led by a Taskforce of clinicians, health system experts and consumer representatives.