

For your patient **to qualify for a Medicare rebate**, one of the following **clinical indications** must be written on your referral form.

1. Confirmation of a presumptive diagnosis of low BMD on the basis of one or more fractures after minimal trauma – one service only in 24 months
2. Monitoring of low BMD as proven by previous bone densitometry (at least 12 months prior) – one service only in 24 months
3. Monitoring of bone loss caused by prolonged glucocorticoid therapy – one service only in 12 consecutive months
4. Monitoring of bone loss caused by conditions associated with excess glucocorticoid secretion (e.g. Cushing's syndrome) – one service only in 12 consecutive months
5. Monitoring of bone loss caused by male hypogonadism – one service only in 12 consecutive months
6. Monitoring of bone loss caused by female hypogonadism lasting more than 6 months before the age of 45 – one service only in 12 consecutive months
7. Monitoring of bone loss caused by primary hyperparathyroidism – one service only in 24 consecutive months
8. Monitoring of bone loss caused by chronic liver disease – or chronic renal disease one service only in 24 consecutive months
9. Monitoring of bone loss caused by proven malabsorptive disorders – one service only in 24 consecutive months
10. Monitoring of bone loss caused by rheumatoid arthritis – one service only in 24 consecutive months
11. Monitoring of bone loss caused by conditions associated with thyroxine excess – one service only in 24 consecutive months
12. Measurement of bone density 12 months after a significant change in therapy for established low BMD – one service only in 12 consecutive months
13. Measurement of bone density 12 months after a significant change in therapy for the confirmation of a presumptive diagnosis of low BMD on the basis of one or more fractures after minimal trauma – one service only in 12 consecutive months

Regardless of the indication, **all patients are required to pay \$75.35 at the time of their appointment.** This amount is fully refundable by Medicare for patients who are eligible. **No rebate is payable** for a non-indicated screening for osteoporosis, or where the clinical indication is not specified.