OPTOMETRIST FEES FOR CONSULTATIONS Effective 1 March 2025

For all items please refer to the MBS for other rules that may apply to an item

Item	Description	Fee (106.25% of MBS fee)
	CONSULTATIONS	
10905	Referred Comprehensive Initial Consultation of more than 15 minutes duration.	\$80.75
10907	Comprehensive Initial Consultation by another practitioner within 24 months of a previous comprehensive consultation <u>of</u> <u>more than 15 minutes duration.</u>	\$40.50
10910	 Comprehensive Initial Consultation – Patient is less than 65 years of age Professional attendance of more than 15 minutes in duration, being the first in a course of attention, if: a) the patient is less than 65 years of age; and b) the patient has not, within the previous 36 months, received a service to which: (i) this item or item 10905, 10907, 10913, 10914 or 10915 applies; or (ii) old items 10900, 10912 applied. 	\$80.75
10911	 Comprehensive Initial Consultation – Patient is at least 65 years of age Professional attendance of more than 15 minutes in duration, being the first in a course of attention, if: a) the patient is at least 65 years of age; and b) the patient has not, within the previous 12 months, received a service to which: (i) this item or item 10905, 10907, 10910, 10913, 10914 or 10915 applies; or (ii) old items 10900, 10912 applied. 	\$80.75
10913	Professional Attendance of more than 15 minutes duration, for a comprehensive reassessment of visual function.	\$80.75
10914	Professional Attendance of more than 15 minutes duration, if the patient has a progressive disorder requiring comprehensive reassessment.	\$80.75
10915	Professional Attendance of more than 15 minutes duration, being the first in a course of attention involving the examination of the eyes – diabetes mellitus.	\$80.75
10916	Professional Attendance, being the first in a course of attention, of not more than 15 minutes in duration. Other conditions apply – refer to MBS.	\$40.50
10918	Professional Attendance, <u>being the second or subsequent in a</u> <u>course of attention not related to the prescription and fitting of</u> <u>contact lenses.</u> Other conditions apply – refer to MBS.	\$40.50

CONTACT LENSES FOR SPECIFIED CLASSES OF PATIENTS – BULK ITEMS FOR ALL SUBSEQUENT CONSULTATIONS

All professional attendances, after the first, being those attendances regarded as a single service, in a
single course of attention involving the prescription and fitting of contact lenses (other conditions
apply – refer to MBS).

10921	- prescription and fitting of contact lenses for <u>optical correction</u> .	\$200.75
10924	- prescription and fitting of contact lenses, for patients with <u>irregular astigmatism</u> .	\$253.25
10926	- prescription and fitting of contact lenses, for patients with corrected visual acuity of 0.7 logMAR or worse.	\$200.75
10927	- prescription and fitting of contact lenses, for patients for whom an <u>opaque contact lens</u> is prescribed.	\$253.25
10928	- prescription and fitting of contact lenses, for patients who are <u>unable to wear spectacles</u> .	\$200.75
10929	- prescription and fitting of contact lenses, for patients who have a <u>medical or optical condition</u> .	\$253.25
10930	- prescription and fitting of contact lenses, where patients meet the requirements of an item in the range 10921-10929 and requires a change in contact lens material or basic lens parameters , other than a simple power change, because of a structural or functional change in the eye or an allergic response within 36 months of the fitting of a contact lens covered by item 10921 to 10929.	\$200.75

DOMICILIARY VISITS

A flag fall service to which an item in Subgroup 1 of Group A10 applies (other than this item), if the service:

- (a) is provided:
 - (i) during a home visit to a person; or
 - (ii) in a residential aged care facility; or

(iii) in an institution; and

(b) is provided to one or more patients at a single location on a single occasion; and

(c) both this item and another item applying to this service are billed to DVA

(other conditions apply - refer to MBS).

10931	Applies once per visit to a domiciliary location, and is <u>billable only for the first</u> <u>patient seen on a visit</u> , irrespective of the number of patients seen during the visit.	\$46.50
	COMPUTERISED PERIMETRY	
10938	Full quantitative computerised perimetry - <u>bilateral assessment & report</u> – indicated by the presence of glaucoma.	\$77.10
10939	Full quantitative computerised perimetry - <u>unilateral assessment and report</u> – indicated by the presence of glaucoma.	\$46.55
10940	Full quantitative computerised perimetry – bilateral assessment and report, indicated by the presence of relevant ocular disease or suspected pathology of the visual pathways or brain.	\$77.10

10941	Full quantitative computerised perimetry - unilateral assessment and report, indicated by the presence of relevant ocular disease or suspected pathology of the visual pathways or brain.	\$46.55
10942	Low vision assessmentTesting of residual vision to provide optimumvisual performance for a patient.	\$40.50
10943	<u>Children's Vision Assessment – 3-14 years</u> Additional testing to confirm diagnosis of, or establish a treatment regime for, a significant binocular or accommodative dysfunction.	\$40.50
10944	Removal of Embedded Cornel Foreign BodyComplete removal of embedded foreign bodyfrom – not more than once on the same day bythe same practitioner (excluding aftercare).	\$87.35
	TELEHEALTH	
10945	A professional attendance of less than 15 minutes (whether or not continuous) by a participating optometrist that requires the provision of clinical support to a patient who: (a) is <u>participating in a video conferencing</u> <u>consultation</u> with a specialist practising in his or her speciality of ophthalmology; and (b) is not an admitted patient.	\$40.50
10946	A professional attendance of at least 15 minutes (whether or not continuous) by a participating optometrist that requires the provision of clinical support to a patient who: (a) is <u>participating in a video conferencing</u> <u>consultation</u> with a specialist practising in his or her speciality of ophthalmology; and (b) is not an admitted patient.	\$80.75

DVA CONTACTS

Further information on allied health services may be obtained from DVA. The contact numbers for health care providers requiring further information or prior financial authorisation for all States & Territories are listed below:

PHONE NUMBER:

1800 550 457 (Select Option 3, then Option 1)

POSTAL ADDRESS FOR ALL STATES AND TERRITORIES:

Health Approvals & Home Care Section Department of Veterans' Affairs GPO Box 9998 BRISBANE QLD 4001

DVA WEBSITE:

http://www.dva.gov.au/providers/allied-health-professionals

DVA email for prior financial authorisation: <u>health.approval@dva.gov.au</u>.

The appropriate prior approval request form can be found at: <u>https://www.dva.gov.au/providers/services-requiring-prior-approval</u>.

CLAIMS FOR PAYMENT

For more information about claims for payment visit: www.dva.gov.au/providers/how-claim

Claim Enquiries: 1300 550 017 (Option 2 Allied Health)

Claiming Online and DVA Webclaim

DVA offers online claiming utilising Medicare Online Claiming. DVA Webclaim is available on the Department of Human Services (DHS) <u>Provider Digital Access (PRODA) Service.</u> For more information about the online solutions available:

DVA Webclaim\Technical Support enquiries: Phone: 1800 700 199 or email:

eBusiness@humanservices.gov.au

Billing, banking and claim enquiries: Phone: 1300 550 017

Visit the Department of Human Services' website at:

https://www.humanservices.gov.au/organisation s/health-professionals/subjects/doing-businessonline-health-professionals

Manual Claiming Please send all claims for payment to:

Veterans' Affairs Processing (VAP) Department of Human Services GPO Box 964 ADELAIDE SA 5001

DVA provider fillable and printable health care claim forms & service vouchers are also available on the DVA website at: <u>http://www.dva.gov.au/providers/forms-serviceproviders</u>