

OPTOMETRIST FEES FOR CONSULTATIONS
Effective 1 July 2020

Item	Description	Fee (106.25% of MBS fee)
CONSULTATIONS		
10905	Referred Comprehensive Initial Consultation of more than <u>15 minutes duration</u> (other conditions apply - refer MBS book).	\$73.15
10907	Comprehensive Initial Consultation by another practitioner within 24 months of a previous comprehensive consultation of more than 15 minutes duration (other conditions apply - refer MBS book).	\$36.65
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, 10912, 10913, 10914 or 10915 applies; or (ii) old item 10900 applied.	\$73.15
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, 10912, 10913, 10914 or 10915 applies; or (ii) old item 10900 applied.	\$73.15
10912	Other Comprehensive Consultations of more than 15 minutes duration (other conditions apply - refer MBS book).	\$73.15
10913	Professional Attendance of more than 15 minutes duration, being the first in a course of attention, where the patient has new signs or symptoms (other conditions apply - refer MBS book).	\$73.15
10914	Professional Attendance of more than 15 minutes duration, being the first in a course of attention, where the patient has a progressive disorder (excluding presbyopia) (other conditions apply - refer MBS book).	\$73.15
10915	Professional Attendance of more than 15 minutes duration, being the first in a course of attention involving the examination of the eyes, (other conditions apply - refer MBS book).	\$73.15
10916	Brief Initial Consultation , being the first in a course of attention, of not more than 15 minutes duration.	\$36.65
10918	Subsequent Consultation , being the second or subsequent in a course of attention not related to the prescription and fitting of contact lenses.	\$36.65
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 services, in a single course of attention involving the prescription and fitting of contact lenses, being a course of attention in respect of which a first attendance is a service to which item 10900, 10905, 10907, 10912, 10913, 10914, 10915 or 10916 applies – payable only once in a period of 36 months		

10921	- patients with <u>myopia of 5.0 dioptres or greater</u> (spherical equivalent) in 1 eye	\$181.70
10922	- patients with <u>manifest hyperopia of 5.0 dioptres or greater</u> (spherical equivalent) in 1 eye	\$181.70
10923	- patients with <u>astigmatism of 3.0 dioptres or greater</u> in 1 eye	\$181.70
10924	- patients <u>with irregular astigmatism</u> in either eye, (other conditions apply - refer MBS book).	\$229.25
10925	- patients with <u>anisometropia of 3.0 dioptres or greater</u> (difference between spherical equivalents)	\$181.70
10926	- patients with corrected <u>visual acuity of 0.7 logMAR (6/30) or worse</u> in both eyes, being patients for whom a contact lens is prescribed as part of a <u>telescopic system</u>	\$181.70
10927	- patients for whom a wholly or segmentally opaque contact lens is prescribed for the alleviation of dazzle, distortion or diplopia caused by: i. pathological mydriasis; or ii. aniridia; or iii. coloboma of the iris; or iv. pupillary malformation or distortion; or v. significant ocular deformity or corneal opacity whether congenital, traumatic or surgical in origin.	\$229.25
10928	- patients who, by reason of <u>physical deformity</u> , are unable to wear spectacles (other conditions apply - refer MBS book).	\$181.70
10929	- patients who have a <u>medical or optical condition</u> (other than myopia, hyperopia, astigmatism, anisometropia or a condition to which item 10926, 10927 or 10928 applies) requiring the use of a contact lens for correction, where the <u>condition is specified</u> on the patient's account	\$229.25
10930	All professional attendances regarded as a single service in a single course of attention involving the prescription and fitting of contact lenses where the patient meets the requirements of an item in the range 10921-10929 and requires a <u>change in contact lens material or basic lens parameters</u> , other than a simple power change, because of a <u>structural or functional change in the eye or an allergic response</u> within 36 months of the fitting of a contact lens covered by item 10921 to 10929.	\$181.70
DOMICILIARY VISITS		
An optometric service to which an item in Group A10 of this table (other than this item, or item 10916, 10932, 10933, 10940 or 10941) applies (the applicable item) if the service is: a) rendered at a place other than consulting rooms, being at: i) a patient's home; or ii) residential aged care facility; or iii) an institution; and b) both the applicable item and the domiciliary visit are billed to DVA; and (other conditions apply - refer MBS book).		
10931	- performed on <u>one patient</u> at a single location on one occasion	\$25.50
10932	- performed on <u>two patients</u> at a single location on one occasion	\$12.75
10933	- performed on <u>three patients</u> at a single location on one occasion	\$8.40
10940	Full quantitative <u>computerised perimetry – bilateral</u> (other conditions apply - refer MBS book).	\$69.80

10941	Full quantitative <u>computerised perimetry – unilateral</u> (other conditions apply - refer MBS book).	\$42.15
10942	<u>Low Vision Assessment</u> (other conditions apply - refer MBS book).	\$36.65
10943	<u>Children’s Vision Assessment</u> (other conditions apply - refer MBS book).	\$36.65
10944	<u>Removal of Embedded Corneal Foreign Body</u> Complete removal of embedded foreign body from – not more than once on the same day by the same practitioner (excluding aftercare) (other conditions apply - refer MBS book).	\$79.05
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 participating in a video conferencing consultation with a specialist practising in his or her speciality of ophthalmology; and (b) is not an admitted patient; and (c) either: (i) is located within a telehealth eligible area and, at the time of the attendance, is at least 15 kilometres by road from the specialist mentioned in paragraph (a); or (ii) is a patient of an Aboriginal Medical Service, or an Aboriginal Community Controlled Health Service, for which a direction under subsection 19(2) of the Act applies (other conditions apply - refer MBS book).	\$36.65
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 participating in a video conferencing consultation with a specialist practising in his or her speciality of ophthalmology; and (b) is not an admitted patient; and (c) either: (i) is located within a telehealth eligible area and, at the time of the attendance, is at least 15 kilometres by road from the specialist mentioned in paragraph (a); or (ii) is a patient of an Aboriginal Medical Service, or an Aboriginal Community Controlled Health Service, for which a direction under subsection 19(2) of the Act applies (other conditions apply - refer MBS book).	\$73.15

10947	<p>A professional attendance (not being a service to which any other item applies) of less than 15 minutes (whether or not continuous) by a participating optometrist that requires the provision of clinical support to a patient who:</p> <ul style="list-style-type: none"> a) is participating in a video conferencing consultation with a specialist practising in his or her speciality of ophthalmology; and b) at the time of the attendance, is located at a residential aged care facility (whether or not at consulting rooms situated within the facility); and c) is a care recipient in the facility; and d) is not a resident of a self-contained unit; <p>for an attendance on one occasion—each patient (other conditions apply - refer MBS book).</p>	\$36.65
10948	<p>A professional attendance (not being a service to which any other item applies) of at least 15 minutes (whether or not continuous) by a participating optometrist that requires the provision of clinical support to a patient who:</p> <ul style="list-style-type: none"> a) is participating in a video conferencing consultation with a specialist practising in his or her speciality of ophthalmology; and b) at the time of the attendance, is located at a residential aged care facility (whether or not at consulting rooms situated within the facility); and c) is a care recipient in the facility; and d) is not a resident of a self-contained unit; <p>for an attendance on one occasion—each patient (other conditions apply - refer MBS book).</p>	\$73.15

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:
health.approval@dva.gov.au.

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

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) [Provider Digital Access \(PRODA\) Service](#). 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/health-professionals/subjects/doing-business-online-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:
<http://www.dva.gov.au/providers/forms-service-providers>