



# Private health insurance rules & rebate conditions 2021

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This guide answers common questions optometrists have around rebates and rules from different private health insurers. All the insurers included in this guide have been asked the same set of questions, and for your ease of reference, the responses have been grouped by question, rather than by insurer.

### Here are the questions we asked, and where you'll find the answers in this guide:

- Page 3: Can a rebate be used as partial payment at time of ordering if the product is paid in full?
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### Insurers included in this guide:



## Can a rebate be used as partial payment at time of ordering if the product is paid in full?



### Australian Unity

We cannot prevent optical providers from completing a claim through HICAPS on the date of order.



### Bupa

Providers may use the patient rebate as a deposit upon ordering for optical frames, lenses or contact lenses. This can be processed on the day of order. Providers must refund the rebate to Bupa within 10 business days should the patient choose to cancel the order.



### Doctors Health Fund

If payment for an optical appliance is made in full on the date of order, the rebate may be claimed on the date of order.



### GMHBA

If payment for an optical appliance is made in full on the date of order, the rebate may be manually claimed on the date of order directly through the health fund.

*NOTE: HICAPS cannot be processed on date of order.*



### HBF

HBF does process optical claims using the date of order as the service date.

Electronic claims are eligible to be made on the date of order.



### HCF

HCF's fund rules exclude benefits for goods and services that have not been received at the time of claiming.



### Medibank/AHM

If you are a recognised provider, and payment for an optical appliance is made in full on the date of order and processed, the rebate may be claimed electronically by the provider on the date of order. The practice must have a documented refund policy which includes a full refund of the benefit Medibank has paid.

For non-collection the refund must be processed within six weeks of the order date and in the case of order cancellation the refund must be processed immediately.



### NIB

If payment for an optical appliance is made in full on the date of order, the rebate may be claimed on the date of order.

## Can a product be purchased over 2 years (frames & lenses) to maximise rebate?



### Australian Unity

A product can be purchased over two claiming periods so long as the item is paid for and collected in the year it is being claimed on.



### Bupa

No. Splitting of optical appliance claims over two claiming periods is not permissible unless the patient is purchasing the frame and lenses from different providers.



### Doctors Health Fund

Patients may not use their rebate over two claiming periods for the same product.



### GMHBA

Patients are not eligible to claim over 2 years for the same service at the same provider.

If the patient purchases frames and lenses from different providers they may be eligible to claim a benefit over 2 years.



### HBF

Patients are not eligible to claim over 2 years for the same service at the same provider.

If the patient purchases frames and lenses from different providers they may be eligible to claim a benefit over 2 years.



### HCF

Splitting of optical appliance claims is not permissible.



### Medibank/AHM

Patients may not use their rebate over two claiming periods for the same product. For example, they cannot use their December frame rebate towards an optical frame and their January rebate on the same frame. Splitting of optical appliance claims over two claiming periods is not permissible unless the patient is purchasing the frame and lenses from different providers.



### NIB

Splitting of optical appliance claims over two claiming periods is permissible where the date of frame purchase can be input on HICAPS/Health Point using a particular year's benefits (e.g. December) and the lenses in the following year (e.g. January).

## Can a rebate be provided on a frame ONLY if they choose to get lenses elsewhere?



### Australian Unity

Patients are able to purchase an optical frame and receive a benefit under item 110 only and subsequently order their lenses from another provider.



### Bupa

Patients are able to purchase their frame and receive a benefit under item 110 only and subsequently order their lenses from another provider. Plano lenses must be retained by the optometrist where a customer is purchasing frames only.



### Doctors Health Fund

Patients are able to purchase an optical frame and receive a benefit under item 110 only and subsequently order their lenses from another provider. They must however have a valid prescription and a copy of the valid prescription must be on file at the practice.



### GMHBA

A frame only is not considered a complete optical or medical appliance and the patient must pay in full with no rebate claimed in store / no code 110 listed on receipt. Once the patient has lenses glazed in the frame and has a receipt indicating that, the patient may receive a rebate in full from the GMHBA office.



### HBF

Patients are able to purchase an optical frame and receive a benefit under item 110 only and subsequently order their lenses from another provider.



### HCF

A frame only is not considered a complete optical or medical appliance and the patient must pay in full with no rebate claimed in store / no code 110 listed on receipt. Once the patient has lenses glazed in the frame and has a receipt indicating that, the patient may receive a rebate in full from the HCF office.



### Medibank/AHM

Patients are able to purchase an optical frame and receive a benefit under item 110 only and subsequently order their lenses from another provider. They must however have a valid prescription and a copy of the valid prescription must be on file at the practice. However, if the frame is ordered on the same date as lenses from the same provider, they must be claimed together on the same date.



### NIB

Patients are able to purchase their frame and receive a benefit under item 110 only and subsequently order their lenses from another provider.

## Do plano lenses need to be retained if a patient purchases a complete pair of prescription sunglasses?



### Australian Unity

Plano Lenses do not need to be retained by the provider if the patient orders a complete pair of prescription sunglasses.



### Bupa

Bupa requires that the practice retains plano sunglass lenses.

Benefits are only payable for prescription spectacles or contact lenses (optical appliance) that are designed and manufactured with the sole purpose of correcting a refractive error or ameliorate a refractive abnormality or defect of sight.



### Doctors Health Fund

Plano Lenses do not need to be retained by the provider if the patient orders a complete pair of prescription sunglasses.



### GMHBA

Plano Lenses do not need to be retained by the provider if the patient orders a complete pair of prescription sunglasses.



### HBF

Plano Lenses do not need to be retained by the provider if the patient orders a complete pair of prescription sunglasses.



### HCF

Plano sunglass lenses do not need to be retained by the provider if a patient orders a complete pair of prescription sunglasses.



### Medibank/AHM

If a patient orders prescription sunglasses, plano lenses removed from the frame must be retained for a minimum of six months, labelled with the customer name and available for auditing purposes.



### NIB

Plano sunglass lenses DO NOT need to be retained by the provider if a patient orders a complete pair of prescription sunglasses.

**Should an optical appliance (e.g. frames, lenses, contact lenses) be discounted prior to or after the electronic claiming? That is, can the full RRP of an item be used when claiming a rebate on behalf of a patient?**



### **Australian Unity**

The optical appliance should be discounted prior to electronic claiming.



### **Bupa**

The claim must reflect the offer which has been provided to the customer. Where an item is being provided to the customer at a discount, the discounts are to be applied to the items prior to the submission of a claim.



### **Doctors Health Fund**

Discounts should be applied prior to electronic claiming.



### **GMHBA**

All discounts should be applied prior to any Health Insurance rebates are claimed.



### **HBF**

Discounts should be applied prior to submitting an electronic claim.



### **HCF**

The claim must reflect the true cost of the appliances ie: after all discounts have been applied.



### **Medibank/AHM**

The true and correct final charge (i.e. The discounted amount) is required for the purposes of claiming. The value charged to an uninsured patient should also be no different for an insured patient or their health fund.



### **NIB**

The optical appliance should be discounted prior to electronic claiming.

## If a locum/part-time optometrist has undertaken the clinical examination, but is not physically present on the day the health fund rebate claim is made electronically, which provider number is most appropriate to use?



### Australian Unity

The provider number should be for the provider who has provided the service at the time a claim is being made electronically.



### Bupa

The optometrist's provider number (including any locum or part time optometrist) should only be used for claiming Bupa health fund rebates for glasses or contact lenses where they are dispensing directly to the customer. Dispensing may be handled by a Bupa recognised Optical Dispenser, in which case the Optical Dispensing provider number would be used. Information regarding Bupa's Optical Dispensing recognition criteria for face to face services is [available here](#), or for Optical providers with online services, [here](#).



### Doctors Health Fund

The dispensing provider number can be used.



### GMHBA

Rebates are paid based on the supplying provider who supplied the goods on the date of collection.



### HBF

The provider number used should reflect the dispensing optometrist or optical provider, or a store number if available.



### HCF

Use the provider number of the person that supplied and fitted the glasses.



### Medibank/AHM

The Provider responsible for dispensing an appliance is the Provider number which must be utilised for the purposes of claiming.



### NIB

On most occasions, the provider number that should be used is the store's provider number. If an optometrist is not present, their number should not be used. The optometrist that is present on the day can use their number for claiming.



## Optical HICAPS items 225, 228 and 515 are for complete pairs. Can any and all registered providers use these items with your health fund? Or are these only for preferred providers?



### Australian Unity

All registered providers can use optical HICAPS items 225, 228 and 515 with Australian Unity.



### Bupa

All registered providers can use industry agreed item numbers that are relevant to their profession and are required to use the correct item number(s) to describe the good or service that is being provided. Benefits for optical are paid in accordance with Bupa's fund and product rules. Selected item numbers will only pay a benefit if provided by a Bupa Members First Optical provider or a Bupa Optical partner. We recommend that customers either receive a quote through the CPOS terminal or customers may prefer to receive a quote through MyBupa or by contacting us directly.



### Doctors Health Fund

Any registered provider can use these item numbers



### GMHBA

These item numbers are not claimable through HICAPS.



### HBF

HBF does not recognise these item numbers for any providers.



### HCF

Different health funds use item numbers differently. The way HCF uses 228, 315 and 515 are for our More for Eyes participating providers.



### Medibank/AHM

Medibank/AHM does not recognise or pay on these three item codes for any provider, regardless of preferred provider status.



### NIB

These items are only to be used by our First Choice Providers where these are provided as No Gap.

## Is it permitted, where contact lenses are purchased in different claiming years, to provide the right lens in one year and left lens in the following year to maximise the patient rebate?



### Australian Unity

A contact lens for the right eye and a contact lens for the left eye can be purchased over two claiming years if each is paid for in the year it is being claimed.



### Bupa

Providers must ensure that they are meeting the clinical needs of their patients at all times and are required to use the correct item number to describe the good or service being provided. Health fund benefits are paid in accordance with our fund and policy rules and rebate amounts vary by item number. We cannot guarantee or advise whether a customer's rebate will be maximised by dispensing in this manner.



### Doctors Health Fund

Yes, providing the purchase date is different we do not restrict right and left lenses



### GMHBA

Lenses can be claimed over two years, provided the item is paid for and collected in the year it is being claimed.



### HBF

Providers should not alter billing behaviour to manipulate benefits. Items should be billed in accordance with clinical requirements.



### HCF

The claims should be made on the date the goods or services were received by customer or patient.



### Medibank/AHM

Permissible if the following criteria are met:

- The dispensing of contact lenses have to be supported by a valid prescription issued to the member by an AHPRA recognised provider.
- The contact lenses need to have been paid for in full and claimed on the date it was paid.
- The contact lenses were prescribed and/or dispensed to correct, remedy or relieve a refractive abnormality or defect of sight.



### NIB

All products are to be claimed upon the date full payment is made.

## Is it permitted to claim optical appliances for myself (provider) or on behalf of my spouse, dependents and practice partners?



### Australian Unity

The Fund permits the claim of optical appliances for yourself (provider) or your spouse, dependants or practice partners where you have incurred a material cost.



### Bupa

This is not permitted according to our fund rules. Section E.4 **Where Benefits are Not Payable** states:

- g) Treatment provided by a Recognised Practitioner to:
- i. that Recognised Practitioner or the Recognised Practitioner's Partner or Dependent;
  - ii. a person Covered by the same Policy as the Recognised Practitioner; or
  - iii. that Recognised Practitioner's Business Associate, the Business Associate's Partner or the Business Associate's Dependent or anyone else Covered by the same Policy as the Business Associate



### Doctors Health Fund

No, we have a fund rule that prevents claiming services from you or anyone related to you.



### GMHBA

Any services provided can only receive a rebate for wholesale cost of materials. Supplier invoices will need to be presented. The rebate may be manually claimed directly through the Health Fund.



### HBF

No benefits are payable towards services provided to family or relatives unless a third party expense is incurred by the provider.

Third party expenses are services provided for and invoiced to the provider by an individual or company that are independent of the provider and/or their practice, and for which the provider is legally liable. Third party expenses do not include the cost incurred by the provider for services performed by employees or contractors of the provider.



### HCF

HCF's recognised providers agree to abide by professional standards which include industry codes of conduct. Providers are audited in this regard. See section 2.14 in [Code of Conduct](#).



### Medibank/AHM

It is not permitted, however, Medibank/AHM may at its discretion pay Benefits in these cases:

- a) where it is satisfied that the charge is raised as a legally enforceable debt, or
- b) in respect of the invoiced cost of materials required in connection with any Treatment.



### NIB

Benefits are not payable under General Products for services other than wholesale material costs involved in the provision of the service rendered by a Provider to:

- i. the Provider's spouse, de facto Partner, dependants or business partner; or
- ii. the spouse, de facto Partner, dependants or family members of the Provider's business partner.