



Changes to Medicare rebate for Blepharoplasty procedures

Medicare has announced changes to the lid surgery MBS item number, effective from the **1st of November 2018**.

How this impacts Optometry

In order for a patient to access a Medicare rebate ([MBS item 45617](#)) from their surgeon for blepharoplasty, an optometrist or ophthalmologist must demonstrate that excess eyelid skin is obstructing the patient's visual field (or satisfy other clinical need criteria as outlined by item 45617). We understand this is to ensure that the procedure is being undertaken for a functional, and not only cosmetic, purpose.

How do I do this?

We have been advised that for each eye requiring the procedure, two visual field tests are required: one with the eye lid in its natural resting state (i.e. drooping), and another with the eye lid taped up. This is to ensure that the drooping lid is in fact obstructing the patient's vision.

Which visual field test do I choose and how many results are needed?

As the purpose of these visual field tests are only to determine whether a patient's vision is obstructed (hence looking for absolute scotoma) in most cases a screening test would be appropriate. However, if a patient has presented and a full threshold perimetry test is indicated for other clinical reasons, then it would be appropriate to conduct threshold testing and bill appropriately.

Do I conduct a comprehensive eye examination if a patient is referred to me for a visual field test?

If a patient presents to you for a visual field test on referral from a plastic surgeon, and has not had an eye examination in the last 12 months, it is recommended that a comprehensive eye examination is performed and billed appropriately. If the results of the eye examination indicate the need for a full threshold visual field assessment, this too should be conducted and billed as appropriate.

What Medicare item number can I bill for this? Can I privately charge?

Billing is best determined with respect to the nature of the examination required and provided for each individual patient. If a visual field test is requested by a plastic surgeon and a screening is conducted during a short consultation with both the eye lid in resting state and taped up, then Medicare item 10916 is appropriate. If a comprehensive eye examination is also indicated, it may be appropriate to bill a 10910, 10911 or 10907. The optometrist may elect to bulk bill or charge above the scheduled fee. Alternatively, a private fee can be levied against the patient as deemed appropriate by your practice. *Reminder: 10940/941 can only be billed for 'threshold' visual field tests, not 'screening' modes.*

What are my responsibilities in interpreting visual field results?

The visual field test is being requested by the plastic surgeon and the ultimate decision regarding whether any obstruction of vision necessitates a blepharoplasty procedure will be determined by the surgeon. The optometrist's role is simply to perform the visual field and provide the specialist with findings. As with all patients, the optometrist retains a duty of care with regards to identification of other vision problems, concerning pathology or risk factors for eye disease.

Why is this happening? Why do plastic surgeons now need proven field defects?

This change has been made to help ensure relevant MBS item numbers are used for procedures that Medicare perceive to have a medical necessity. The purpose behind requesting these visual field tests is to ensure that obstruction of vision is present in patients who are undergoing blepharoplasty.