

Consultations

Medicare Eligibility Check

Correct item numbers are partly dependent upon the patient's previous consultations with other optometrists. An automated local-call service is provided by Medicare for practices to confirm these details.

 **1300-652-752**

OPTOMETRISTS PROFESSIONAL FEES

Scheduled fees applicable from 1/11/07. Refer to full notes supplied by Health Department ①.

BRIEF DESCRIPTION OF SERVICE	ITEM	SCHED FEE	DIRECT FEE
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◆ NOTE: The Direct-Bill rate for Veterans Affairs is the "Sched Fee"

Initial Consultation (>15mins) (first in course of attention) (Limit once in 24mths since last full Initial Consult'n)	10900	64.15	54.55
Initial Consultation - Referred (Referral by optometrist in other unrelated practice)	10905	64.15	54.55
Initial Consultation within 24 mths of previous Initial: • Patient has attended another optometrist: - Progressive disorder	10914	64.15	54.55
- All other cases ②	10907	32.10	27.30
... plus optional additional fee (billed separately)	Up to	32.05 ③	0.00 ⑤
• Patient has attended the same practice: - Significant visual function change	10912	64.15	54.55
- New signs/symptoms	10913	64.15	54.55
- Progressive disorder	10914	64.15	54.55
Diabetic DFE Consultation	10915	64.15	54.55
Brief Initial Consultation (<15 mins)(new course)	10916	32.10	27.30
Subsequent Consult'n	10918	32.10	27.30

BRIEF DESCRIPTION OF SERVICE	ITEM	SCHED FEE	DIRECT FEE
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Domiciliary Visits ④			
• 1 patient at location ⑤	10931	22.35	19.00
• 2 patients at location	10932	11.15	9.50
• 3 patients at location	10933	7.45	6.35
• Veterans (DVA schedule) ⑥			21.40
Computerised Perimetry: (Limit twice in 12mths)			
• Bilateral	10940	61.20	52.05
• Unilateral	10941	36.90	31.40
Low Vision Assessment	10942	32.10	27.30
Child's Vision Assessment	10943	32.10	27.30
Contact Lens Course of Attention for Rx & Fitting: (Following an Initial Cons) (Limit once in 36mths)			
• Myopia >5D	10921	159.05	135.20
• Hyperopia >5D	10922	159.05	135.20
• Astigmatism >3D	10923	159.05	135.20
• Irreg Astigmatism <6/12	10924	200.75	170.65
• Anisometropia >3D	10925	159.05	135.20
• Telescopic System <6/30	10926	159.05	135.20
• Therapeutic Opaque	10927	200.75	170.65
• Deformity prevents spectacles	10928	159.05	135.20
• Exceptional condition (other than those above)	10929	200.75	170.65
Contact Lens Course within 36 mths of previous course: (Change of lens mat'l or parameters - not power)	10930	159.05	135.20

NON-SCHEDULED SERVICES: ③

BRIEF DESCRIPTION OF SERVICE	SUGGESTED FEE
Digital Photography ⑦	
• Bilateral	42.75
• Unilateral	28.85

BRIEF DESCRIPTION OF SERVICE	ITEM	SCHED FEE	DIRECT FEE
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Contact Lens Rx & Fitting (not covered by Medicare) - min'm of 3 consults in 6 mths			168.40
Contact Lens Trial			67.35
Contact Lens Delivery			67.35
Contact Lens Aftercare			33.70
Contact Lens Fitting - Plano Lenses			185.25
Contact Lens Trial - Plano Lenses			74.10
Contact Lens Delivery - Plano Lenses			74.10
Contact Lens A/care - Plano Lenses			37.05

VISION SCREENINGS: ⑧

VDU operators (6 tests - incl ophthalmoscopy & biomicroscopy)			31.40
Employees performing visually-demanding tasks (4 tests)			20.40

INDUSTRY CONSULTING:

Work undertaken to provide advice, or to conduct studies for ophthalmic companies. Hourly rate (total time made unavailable in the practice) [Ref 900 x 3 x 1.1]

NOTES:

- ① See Health Department booklet "Medicare Benefits for Consultations by Optometrists".
- ② Patient must be informed that lower benefit will apply.
- ③ Non-scheduled and non-rebateable from Medicare.
- ④ Maximum domiciliary surcharge is set by Government at the amount of a 10900. Only the scheduled amount (10931 - 10933) is covered by the rebate.
- ⑤ No surcharge possible when patient is direct-billed to Medicare.
- ⑥ DVA domiciliary surcharge is equal to 1/3 of full 10900.
- ⑦ Suggestions for digital photos 45% & 66% of full 10900.
- ⑧ Vision screenings are not covered by Medicare. They are paid by the employer and the agreed fee must be negotiated by each individual practice.