



Medicare Benefits Schedule Review Taskforce

Taskforce Endorsed Report from the Optometry Services Clinical Committee

March 2020



IMPORTANT NOTES

1. This report does not constitute the final position on these items, which is subject to:
 - consideration by the Minister for Health, and
 - the Government.
2. The views and recommendations in this report originated from the clinical committee. Following consultation with stakeholders, the clinical committee made amendments and presented this report to the MBS Review Taskforce for its consideration.
3. Any eliminations, amendments or commentary from the MBS Review Taskforce are noted in boxed comments in the body of the report:

[Group] Recommendation [#] – Taskforce’s Advice

[The Taskforce’s rationale behind their decision.]



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1. Executive summary

The Medicare Benefits Schedule (MBS) Review Taskforce (the Taskforce) is undertaking a program of work that considers how more than 5,700 items on the MBS can be aligned with contemporary clinical evidence and practice and improve health outcomes for patients. The Taskforce will also seek to identify any services that may be unnecessary, outdated or potentially unsafe.

The Taskforce is committed to providing recommendations to the Minister for Health (the Minister) that will allow the MBS to deliver on each of these four key goals:

- Affordable and universal access
- Best practice health services
- Value for the individual patient
- Value for the health system.

The Taskforce has endorsed a methodology whereby the necessary clinical review of MBS items is undertaken by clinical committees and working groups.

The Optometry Services Clinical Committee (the Committee) was established in 2018 to make recommendations to the Taskforce on MBS items in its area of responsibility, based on rapid evidence review and clinical expertise.

The Committee reviewed 32 MBS items comprising of: consultation items 10905-10918, 10940-10943; contact lens items 10921 - 10930; domiciliary items 10931 – 10933, removal of embedded foreign body item 10944; and telehealth items 10945 – 10948. In the financial year 2017-18 these items accounted for approximately 9.4 million services and \$438.5 million in benefits.

In the period 2012/13 to 2017/18, compounded annual growth for service volumes and total cost of benefits remained 4.6% and 3.6% respectively. The Optometry Clinical Committee Report and its draft recommendations were endorsed by the Taskforce in December 2018 for public consultation. Consultation was undertaken from 5 February 2019 to 12 April 2019.

The Committee made 14 recommendations to Taskforce of these 11 were endorsed for Government, two (2) were rescinded and one (1) referred to the Taskforce's Telehealth Working Group for consideration and inclusion in their report.



1.1 Recommendations

These recommendations align with those made by the Committee with notes to reflect revision, (where appropriate) for endorsement by the Medicare Benefits Schedule (MBS) Review Taskforce following consultation with stakeholders.

The Optometry Services report makes 14 recommendations:

1. Introduce a single flag fall for domiciliary visits and replace items 10931 to 10933 with a single item covering all domiciliary visits.
2. Remove the co-claiming restrictions on domiciliary visits by making the following changes:
 - (a) Allow the billing of a short consultation (10916 and 10918) at domiciliary visits.
 - (b) Remove the co-claiming restriction on MBS items for domiciliary visits to allow for billing of computerised perimetry (10940 and 10941) with an attendance.
3. Convene a Departmental working group to explore the barriers and opportunities offered by telehealth across all areas of Health. In the case of Optometry, to develop an appropriate MBS item to meet the requirements of Optometry and Ophthalmology.

NOTE: This recommendation has been referred to the Taskforce's Telehealth Working Group for consideration and inclusion in their report.

4. Change the frequency for comprehensive eye exams from 3 years to 2 years for people aged between 50 and 64 years of age. This may require a new item which would require MSAC assessment.

NOTE: This recommendation was rescinded, as there was no clear justification for frequency less than three yearly checks.

5. Combine the similar ametropic and schedule fee items (10921, 10922, 10923 and 10925) into one item number.
6. Reword the explanatory notes for all 10 contact lens prescription and fitting items to remove the requirement to deliver the lens (10921 to 10930).
7. Amend the item descriptor for MBS items 10940 and 10941 to allow the service to be performed by a suitably trained or qualified person 'on behalf of' an optometrist.

NOTE: The Taskforce notes in addition to the training guidelines a credentialing process should be introduced which defines who is 'suitably trained' or 'qualified'.



8. Create a new item to allow a brief consultation (not more than 15 minutes) to be co-claimed with undertaking a computerised perimetry procedure (items 10940 and 10941). This new item could only be claimed in the case of monitoring of glaucoma suspects or patients with diagnosed glaucoma. This new item may require an MSAC assessment.

NOTE: This recommendation was rescinded, as there was concern for misuse of computerised perimetry as a screening tool without a clear rationale.

9. Reword the item descriptors for MBS items 10940 and 10941 to emphasise the need for providers to document clearly the rationale underlying the need for the practitioner to perform a computerised perimetry test. The amended item descriptor wording should mirror the ophthalmology computerised perimetry item 11221.

NOTE: The Taskforce notes in addition rewording should consider requirements to record and report indications and reference to the item not being used as a screening consistent with the MBS.

10. Convene a cross professional Departmental working group (including Ophthalmologists) to develop a rationale and cost effective implementation model for an additional (third) visual field test in a 12-month period with eligibility restricted to patients with glaucoma at high risk of progression that also addresses education and compliance.
11. Amalgamate items 10912 and 10913 and remove the same practice restriction.
12. Amend MBS Item 10942 descriptor to reflect current best practice for testing of residual vision.
13. Amend the item descriptor for item 10944 to clarify the requirement for complete removal of the rust ring with a ferrous embedded foreign body. In the event only part of the embedded foreign body can be removed after two attendances and the optometrist refers the patient to an ophthalmologist for further assessment and management, item 10944 can be claimed, otherwise benefits are payable under the relevant attendance item.
14. Remove any reference to item 10900 from MBS Optometry items given 10900 is obsolete.

Following the public consultation period, the Committee considered feedback on the draft Report. As a result, modifications were made to Recommendations 2, 4, 7, 10 and 13. The details of the changes appear in **Section 4 Recommendations**.



1.2 Consumer impact

The Committee has developed recommendations that are consistent with the Taskforce's objectives, with a primary focus on ensuring that patients have access to high-quality optometry care.

The recommendations will benefit consumers in the following ways.

- **Reduced red tape for optometric health professionals:**
 - There are a number of recommendations to reduce red tape for optometrists. These include combining the similar ametropic (contact lens) items; combining the change of visual function and new symptoms items; the removal of references to obsolete item 10900; and rewording the explanatory notes for all 10 contact lens prescription and fitting items to remove the requirement to deliver the lens. These recommendations support simplifying the MBS and ensuring patients can receive benefits for the services that reflect best practice care.
- **High-value, best-practice health care.**
 - The Committee has recommended the creation a new item to consult patients on the monitoring of suspected glaucoma or with diagnosed glaucoma at the time of undertaking a computerised perimetry test as well as considering an additional (third) visual field test in a 12-month period with eligibility restricted to patients with glaucoma at high risk of progression. These will help Australians with a high risk of progressive glaucoma to receive ongoing services for treatment.

Patients would benefit from improved access to necessary optometry services and high quality cost effective prevention and treatment.

Recommendations have been summarised for consumers in *Appendix B - Summary for consumers*. The summary describes the medical service, the recommendation of the clinical experts and the rationale behind the recommendations.

1.3 Next Steps

Following consideration of feedback, the Committee has provided further advice to the Taskforce.

The Taskforce considers advice from clinical committees and stakeholder feedback before making their final recommendations to the Minister for consideration by Government.



2. About the Medicare Benefits Schedule (MBS) Review

2.1 Medicare and the MBS

What is Medicare?

Medicare is Australia's universal health scheme that enables all Australian residents (and some overseas visitors) to have access to a wide range of health services and medicines at little or no cost.

Introduced in 1984, Medicare has three components:

- Free public hospital services for public patients,
- Subsidised drugs covered by the Pharmaceutical Benefits Scheme (PBS), and
- Subsidised health professional services listed on the MBS.

2.2 What is the MBS?

The MBS is a listing of the health professional services subsidised by the Australian Government. There are more than 5,700 MBS items that provide benefits to patients for a comprehensive range of services, including consultations, diagnostic tests and operations.

2.3 What is the MBS Review Taskforce?

The Government established the MBS Review Taskforce (the Taskforce) as an advisory body to review all of the 5,700 MBS items to ensure they are aligned with contemporary clinical evidence and practice and improve health outcomes for patients. The Taskforce will also modernise the MBS by identifying any services that may be unnecessary, outdated or potentially unsafe. The MBS Review (the Review) is clinician-led, and there are no targets for savings attached to the Review.

What are the goals of the Taskforce?

The Taskforce is committed to providing recommendations to the Minister that will allow the MBS to deliver on each of four key goals:

- **Affordable and universal access**—the evidence demonstrates that the MBS supports very good access to primary care services for most Australians, particularly in urban Australia. However, despite increases in the specialist workforce over the last decade, access to many specialist services remains problematic, with some rural patients being under-served.



- **Best practice health services**—one of the core objectives of the Review is to modernise the MBS, ensuring that individual items and their descriptors are consistent with contemporary best practice and the evidence base when possible. Although the Medical Services Advisory Committee (MSAC) plays a crucial role in thoroughly evaluating new services, the vast majority of existing MBS items pre-date this process and have never been reviewed.
- **Value for the individual patient**—another core objective of the Review is to have an MBS that supports the delivery of services that are appropriate to the patient’s needs, provide real clinical value and do not expose the patient to unnecessary risk or expense.
- **Value for the health system**—achieving the above elements will go a long way to achieving improved value for the health system overall. Reducing the volume of services that provide little or no clinical benefit will enable resources to be redirected to new and existing services that have proven benefit and are underused, particularly for patients who cannot readily access those services currently.

2.4 The Taskforce’s approach

The Taskforce is reviewing existing MBS items, with a primary focus on ensuring that individual items and usage meet the definition of best practice. Within the Taskforce’s brief, there is considerable scope to review and provide advice on all aspects that would contribute to a modern, transparent and responsive system. This includes not only making recommendations about adding new items or services to the MBS, but also about an MBS structure that could better accommodate changing health service models.

The Taskforce has made a conscious decision to be ambitious in its approach, and to seize this unique opportunity to recommend changes to modernise the MBS at all levels, from the clinical detail of individual items, to administrative rules and mechanisms, to structural, whole-of-MBS issues. The Taskforce will also develop a mechanism for an ongoing review of the MBS once the current review has concluded.

As the Review is clinician-led, the Taskforce decided that clinical committees should conduct the detailed review of MBS items. The committees are broad-based in their membership, and members have been appointed in an individual capacity, rather than as representatives of any organisation.

The Taskforce asked the committees to review MBS items using a framework based on Professor Adam Elshaug’s appropriate use criteria¹. The framework consists of seven steps:

¹ *Over 150 potentially low-value health care practices: an Australian study*. Elshaug, Adam, et al. 2012, The Medical Journal of Australia, pp. 556-560.



1. Develop an initial fact base for all items under consideration, drawing on the relevant data and literature.
2. Identify items that are obsolete, are of questionable clinical value², are misused³ and/or pose a risk to patient safety. This step includes prioritising items as “priority 1”, “priority 2”, or “priority 3”, using a prioritisation methodology (described in more detail below).
3. Identify any issues, develop hypotheses for recommendations and create a work plan (including establishing working groups, when required) to arrive at recommendations for each item.
4. Gather further data, clinical guidelines and relevant literature in order to make provisional recommendations and draft accompanying rationales, as per the work plan. This process begins with priority 1 items, continues with priority 2 items and concludes with priority 3 items. This step also involves consultation with relevant stakeholders within the committee, working groups, and relevant colleagues or colleges. For complex cases, full appropriate use criteria were developed for the item’s explanatory notes.
5. Review the provisional recommendations and the accompanying rationales, and gather further evidence as required.
6. Finalise the recommendations in preparation for broader stakeholder consultation.
7. Incorporate feedback gathered during stakeholder consultation and finalise a Clinical Review Report, which provides recommendations for the Taskforce.

All MBS items will be reviewed during the course of the Review. However, given the breadth of and timeframe for the Review, each clinical committee develops a work plan and assigns priorities, keeping in mind the objectives of the Review. Committees use a robust prioritisation methodology to focus their attention and resources on the most important items requiring review. This was determined based on a combination of two standard metrics, derived from the appropriate use criteria:

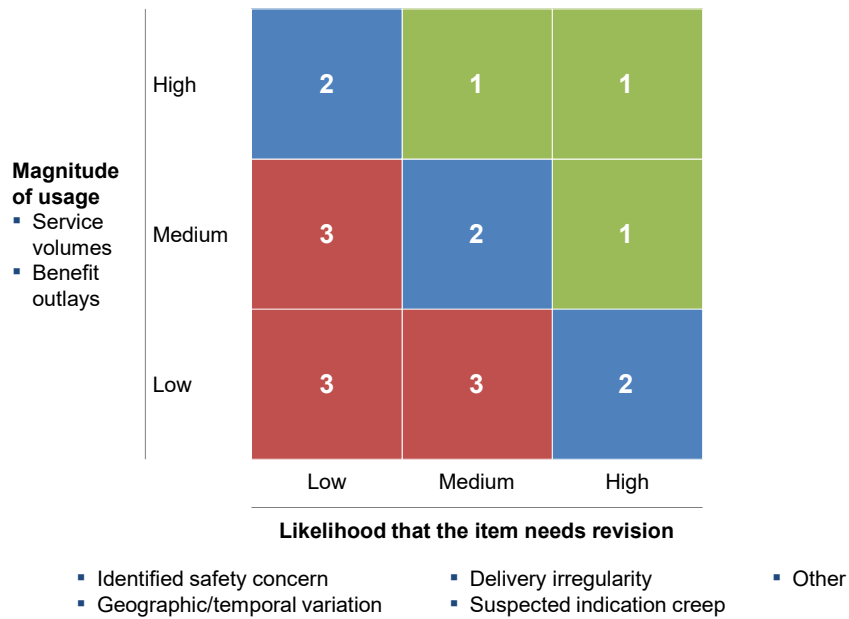
- Service volume.
- The likelihood that the item needed to be revised, determined by indicators such as identified safety concerns, geographic or temporal variation, delivery irregularity, the potential misuse of indications or other concerns raised by the clinical committee (such as inappropriate co-claiming).

² The use of an intervention that evidence suggests confers no or very little benefit on patients; or where the risk of harm exceeds the likely benefit; or, more broadly, where the added costs of the intervention do not provide proportional added benefits.

³ The use of MBS services for purposes other than those intended. This includes a range of behaviours, from failing to adhere to particular item descriptors or rules through to deliberate fraud.



Figure 1: Prioritisation matrix



For each item, these two metrics were ranked high, medium or low. These rankings were then combined to generate a priority ranking ranging from one to three (where priority 1 items are the highest priority and priority 3 items are the lowest priority for review), using a prioritisation matrix (Figure 1). Clinical committees use this priority ranking to organise their review of item numbers and apportion the amount of time spent on each item.



3. About the Optometry Services Clinical Committee

The Optometry Services Clinical Committee (the Committee) was established in September 2018 to make recommendations to the MBS Taskforce, and to other clinical committees (from an optometry perspective), based on clinical expertise and rapid evidence review.

The Committee was asked to provide a Report to the December 2018 Taskforce meeting and acknowledged that it was a tight timeframe to undertake the work of reviewing the items.

3.1 Optometry Services Clinical Committee members

The Committee consists of 12 members, whose names, positions/organisations and declared conflicts of interest are listed in Table 1. The optometrists on the committee have been, or are, members of Optometry Australia, the sector's key peak body.

Table 1: Optometry Services Clinical Committee members

Name	Selected Relevant Background	Conflicts Declared
Adjunct Associate Professor Phil Anderton (Chair)	Semi-retired optometrist and academic at University of New South Wales School of Optometry and Vision Science. Conducts semi-annual visits to rural and remote areas to provide eye checks as part of the Visiting Optometrist Scheme. Convenor of the Rural Optometry Group of the Optometrists Association Australia and sits on the council of the National Rural Health Alliance.	Member of Optometry NSW/ACT
Mr Andrew Harris	Private practising optometrist with over 25 years' experience. Also practises at Royal Melbourne Hospital. Board member of 2020 Vision.	Vision 2020 Board member
Adjunct Associate Professor Mark Feltham	Privately practising optometrist servicing Canberra and the wider Hinterland.	Nil
Adjunct Associate Professor Garry Fitzpatrick	Optometrist (non-clinical) consultant and advisor in the eye health industry - clients include Specsavers ANZ. Also consults in New Zealand. Former member of the Optometry Board of Australia, Chair of Optometry Advisory Board for Deakin University School of Medicine.	Optometry Australia Medicare Review Committee
Ms Paula Katalinic	Centre for Eye Health, University of New South Wales (Principal Staff Optometrist,	Optometry NSW /ACT member and



Name	Selected Relevant Background	Conflicts Declared
	Lead Clinician - Diabetes). Professional Services and Advocacy Manager at Optometry NSW/ACT.	on the OA Medicare Review Committee.
Professor Allison McKendrick	Head of Optometry and Vision Sciences at University of Melbourne – specialises in Ageing vision, clinical psychophysics, perimetry, glaucoma.	Director at Optometry Victoria
Associate Professor Paul Healey	Clinical Associate Professor, University of Sydney; Ophthalmic surgeon, glaucoma and cataract, diseases of the eye; Treasurer of the Ophthalmic Research Institute of Australia, Board member and Treasurer of the Asia-Pacific Glaucoma Society; Pacific Coordinator of the Asia-Pacific Academy of Ophthalmology; Board member and Treasurer of the World Glaucoma Association.	Nil
Professor Stephanie Watson	Cataract, cornea and laser surgeon; Professor, Save Sight Institute, University of Sydney; Chair of the Ophthalmic Research Institute of Australia; State representative, Australian and New Zealand Corneal Society.	Nil
Dr Linda Mann	General Practitioner in Sydney with an interest in Aboriginal health care who also practices in Northern Territory. Member of the Ophthalmology Clinical Committee of the Taskforce.	Nil
Ms Rebecca James (Ex Officio)	MBS Review Consumer Representative panel member and MBS Taskforce member.	Nil
Ms Helen Maxwell-Wright	MBS Review Consumer Representative panel member.	Nil
Professor Adam Elshaug (Ex Officio)	Professor of Health Policy, HCF Research Foundation Professorial Research Fellow, co-Director of the Menzies Centre for Health Policy (MCHP) University of Sydney. Head Value in Health Care Division with MCHP, Senior Fellow at the Lown Institute, member of Choosing Wisely Australia advisory and International Planning Committee, the Australian Commission on Safety and Quality in Health Care's Atlas of Healthcare Variation Advisory Group, and elected Member of the Executive Committee. of the Health Services Research Association of Australia and New Zealand.	Nil



3.2 Contact Lens Working Group members

The Contact Lens Working Group is one of three clinical working groups established to support the work of the Committee. It was established to review the ten contact lens MBS items, and make recommendations to the Committee based on rapid evidence review and clinical expertise.

The Contact Lens Working Group consisted of four members:

Table 2: Contact Lens Working Group members

Name
Associate Professor Mark Feltham (Lead)
Professor Stephanie Watson
Mr Andrew Harris
Ms Rebecca James

3.3 Computerised Perimetry Items Working Group members

The Computerised Perimetry Working Group is one of three clinical working groups established to support the work of the Committee. It was established to review the two computerised perimetry MBS items, and make recommendations to the Committee based on rapid evidence review and clinical expertise.

The Computerised Perimetry Items Working Group consisted of five members:

Table 3: Computerised Perimetry Items Working Group members

Name
Ms Paula Katalinic (Lead)
Professor Allison McKendrick
Adjunct Associate Professor Garry Fitzpatrick
Associate Professor Paul Healey
Ms Helen-Maxwell-Wright

3.4 Consultation Items Working Group members

The Consultation Items Working Group is one of three clinical working groups established to support the work of the Committee. It was established to review the 18 consultation MBS items, and make recommendations to the Committee based on rapid evidence review and clinical expertise.



The Consultation Items Working Group consisted of four members:

Table 4: Consultation item Working Group members

Name
Associate Professor Mark Feltham (Lead)
Dr Linda Mann
Associate Professor Paul Healey
Ms Helen Maxwell-Wright

3.5 Conflicts of interest

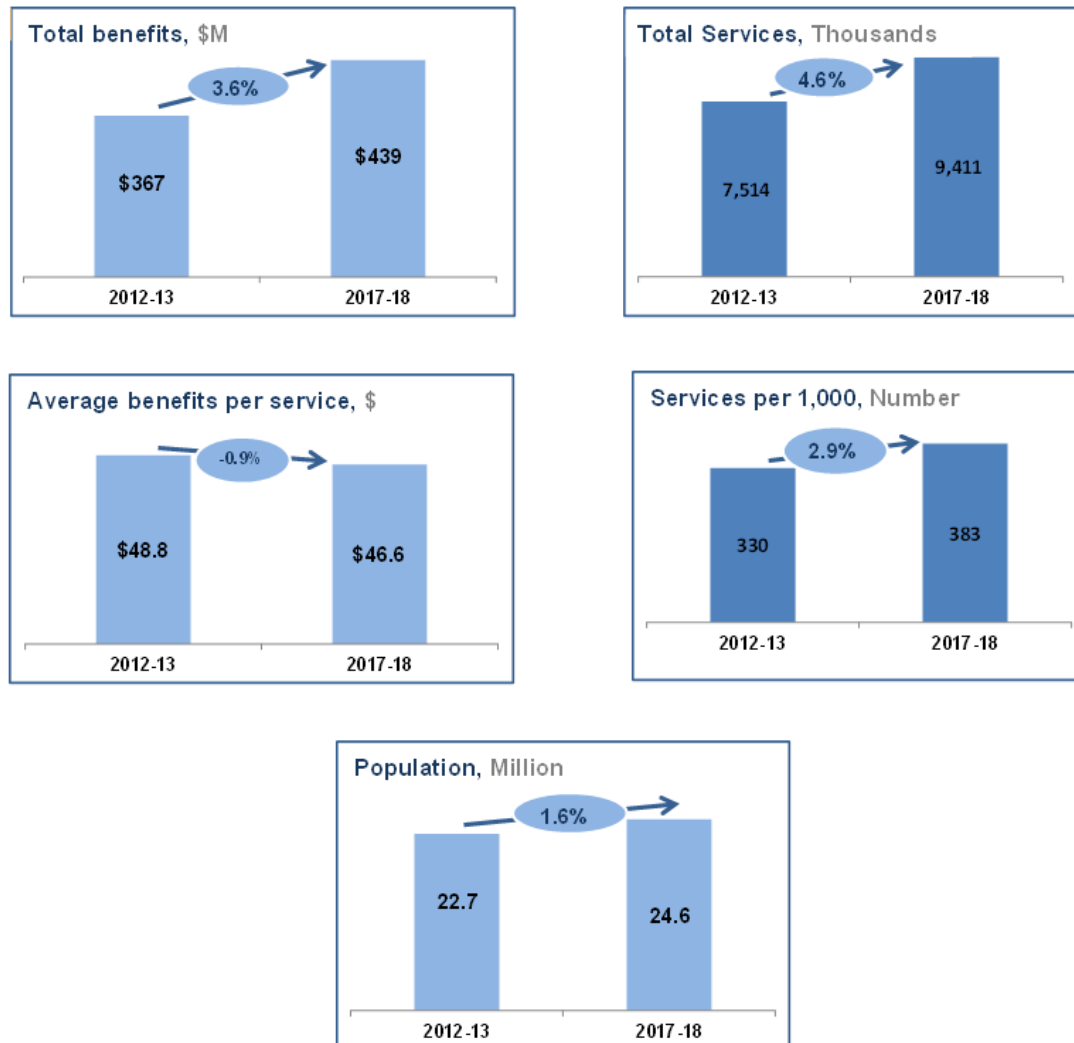
All members of the Taskforce, clinical committees and working groups are asked to declare any conflicts of interest at the start of their involvement and reminded to update their declarations periodically. A complete list of declared conflicts of interest can be viewed in Table 1 above.

It is noted that the majority of Committee members share a common conflict of interest in reviewing items that are a source of revenue for them (i.e. Committee members claim the items under review). This conflict is inherent in a clinician-led process, and having been acknowledged by the Committee and the Taskforce, it was agreed that this should not prevent a clinician from participating in the review.

3.6 Areas of responsibility of the Optometry Services Clinical Committee

The Committee reviewed 32 MBS items comprised of Sub Group 1 General (consultation items 10905-10918, 10942-10943), (computerised perimetry 10941-10942), (contact lens items 10921 to 10930), (domiciliary Items 10931 – 10933), (removal of embedded foreign body 10944) and Sub Group 2 Telehealth (10945 – 10948). In the financial year 2017-18 these items accounted for approximately 9.4 million services and \$438.5 million in benefits.

In the period 2012/13 to 2017/18, compounded annual growth for service volumes and total cost of benefits remained 4.6% and 3.6% respectively. The population increased by 1.6% annually during the period (refer Figure 2), however the ageing population is a likely contributor to the growth in costs above general population growth.

**Figure 2: Key Data – 2012-13 to 2017-18⁴**

⁴ Note historical data includes MBS item 10900



3.7 Summary of the Committee's review approach

The Committee completed a review of its items across three full committee meetings (two face to face meetings and one teleconference) during which it discussed the items, developed the recommendations and rationales contained in this report.

The review drew on the information provided by the Taskforce and various types of MBS data, including:

- data on utilisation of items (services, benefits, patients, providers and growth rates);
- service provision (type of provider, geography of service provision);
- patients (demographics and services per patient); co-claiming or episodes of services (same-day claiming and claiming with specific items over time); and
- additional provider and patient-level data, when required.

The review also drew on information presented in the relevant literature and clinical guidelines, all of which are referenced in the report. Guidelines and literature were identified through medical journals and other sources, such as professional societies. The Committee consulted with key stakeholder groups in developing recommendations and rationales.

The Committee recognised that other groups across the Review of the MBS would share areas of interest and would need to maintain open communications on any areas of shared interest.

3.8 No change

The Committee's examination indicated some items did not require any changes (see Appendix A).

3.9 Questions from the Taskforce

The Taskforce had asked the Optometry Committee as part of its discussions to provide clarification on the usage of its computerised perimetry items. Service growth for item 10940 was double the rate of comparable ophthalmology items (8 per cent and 4 per cent per year, respectively).



Response from the Optometry Committee

The Optometry Committee recognised there were a number of factors that had contributed to the increase in usage of computerised perimetry items including:

1. Increased patient awareness that eye conditions such as glaucoma, macular degeneration and diabetic retinopathy can be asymptomatic and that early diagnosis is important.
2. Optometrists are primary eye care practitioners who use visual fields as part of a diagnostic test regime on indication as per the schedule. Optometrists conduct more than 75% of all eye examinations in Australia and need to differentiate the normal and healthy against conditions and diseases of the eye and visual pathway.
3. There is an increasing number of therapeutic optometrists who are highly skilled at detecting, monitoring and treating a wide range of eye diseases. There are currently six optometry schools graduating therapeutically qualified optometrists as well as the post-graduate certificate in Ocular Therapeutics being offered at a number of institutions. More than 62% of all optometrists are therapeutically qualified⁵. Each year 350 optometrists qualify while 150 older non therapeutic optometrists retire. (Optometry Board of Australia data). This trend will see the optometry population become younger and more highly qualified over the next decade. The current trend indicates 85% of optometrists will be therapeutic qualified and managing more complex cases by 2029.
4. There has also been a dramatic increase in the availability of optical coherence tomography (OCT). OCT has revolutionised ophthalmic care, enabling far earlier diagnosis of conditions such as glaucoma, exudative macular degeneration and diabetic macular oedema.

⁵<https://www.optometryboard.gov.au/documents/default.aspx?record=WD19%2f29168&dbid=AP&chksum=G6Y2GSUVQqW3SCOd5sEUtA%3d%3d>



4. Recommendations

Recommendation 1

- Introduce a flag fall for domiciliary visits and replace items 10931 to 10933 with a single item covering all domiciliary visits.

Rationale for Recommendation 1

- The recommendation proposes changing the schedule fee to reflect an initial flag fall rebate for a domiciliary visit, irrespective of the number of consultations. This flag fall should be of an appropriate level to incentivise access to this vulnerable group.
- In 2017-18, fewer than 21,000 services were provided under MBS items 10931 and 10933 with a MBS spend of only \$176,000.
- With an ageing population, the number of older people experiencing vision problems due to eye conditions and diseases is expected to increase significantly over future decades increasing the demand for, and the costs of, eye health and vision care services.
- This recommendation aligns with the recommendation from the General Practice and Primary Care Clinical Committee - change the schedule fee to reflect an initial flag fall rebate for attendance at a residential aged care facility (RACF), with a stable fee for each consultation completed at the RACF (irrespective of the number of consultations).

Recommendation 2

- Remove the co-claiming restrictions on domiciliary visits by making the following changes:
 - (a) Allow the billing of a short consultation (10916 and 10918) at domiciliary visits.
 - (b) Remove the co-claiming restriction on MBS items for domiciliary visits to allow for billing of computerised perimetry (10940 and 10941) with an attendance.

Rationale for Recommendation 2(a)

- There are many clinical instances where a short consultation at a domiciliary setting is appropriate including for addressing issues such as the removal of ingrown eyelashes, dry eye management, dilated fundus examinations etc.



Rationale for Recommendation 2(b)

- The Committee considered that current restrictions relating to attendance at domiciliary or nursing home visits disadvantage this at-risk population, given there are now modern portable visual field analysers commercially available.
- The change would support improved access for those at home or in residential aged care facilities, promoting the principle of appropriate and timely assessment, and improving outcomes for people where timely assessment can be crucial in early intervention.
- The requirements for claiming visual field items 10940 and 10941 are contained within those item numbers and remain intact for domiciliary visits.

Recommendation 3

- Convene a Departmental working group to explore the barriers and opportunities offered by telehealth across all areas of Health. In the case of Optometry, to develop an appropriate MBS item to meet the requirements of Optometry and Ophthalmology.

Taskforce Note

The Taskforce referred the Optometry Services Clinical Committee's telehealth recommendations to its Telehealth Working Group, which considered the remaining telehealth recommendations from across the MBS Review and developed a set of guiding principles and recommendations to underpin future use and reform of telehealth. These are set out in the Taskforce's Telehealth Report.

Rationale for Recommendation 3

- This recommendation focusses on the Committee discussion that acknowledged the value and importance of telehealth in providing access to patients across Australia.
- The Committee acknowledged the potential for telehealth to be applied in consultations, improving patient access and offering potential asynchronous consultations between patient, referrer and practitioner.
- The Committee noted the broad application and potential of telehealth across all of the providers operating within the MBS as its benefits are not just limited to optometry. To ensure consistency and avoid duplication of effort and to invest sufficient time and effort to develop a comprehensive understanding of the rapidly changing technology, it was suggested that a cross discipline working group be established.

Recommendation 4



- Change the frequency for comprehensive eye exams from three years to two years for people aged 50 to 64 years old. The service can only be undertaken after an optometrist has identified relevant risk factors during patient engagement. This may require a Medical Services Advisory Committee (MSAC) assessment.

Taskforce Note

This recommendation was rescinded, as there was no clear justification for frequency less than three yearly checks.

Rationale for Recommendation 4

- Currently people under 65 years of age can access a comprehensive eye examination every three years (10910).
- This change would support the health benefits associated with timely access to eye care for this age group.
- Relevant risk factors that an optometrist should identify from patient engagement before undertaking the service include: uncorrected refractive error, undetected cataract, glaucoma, diabetic retinopathy and age-related macular degeneration.
- The prevalence of these eye conditions increases significantly in each decade after age 40. Vision impairment, low vision or blindness occurs in 2.3% of people aged 50-59 years and 4.7% of people aged 60-69 years.^{6, 7}
- Increasing the allowed frequency of comprehensive eye examinations for the age group 50-64 will enable these patients to access examinations at a more appropriate frequency.
- The Committee supported their findings with evidence from a comprehensive Canadian study in 2012⁸ that recommended the following guidelines for comprehensive eye examinations:
 - Adults aged 20 to 39 years should have an eye examination every 3 years;

⁶ Foreman J, Xie J, Keel S, Taylor HR, Dirani M (2017) Treatment coverage rates for refractive error in the National Eye Health survey. PLoS ONE 12(4): e0175353.

<https://doi.org/10.1371/journal.pone.0175353>

⁷ Australian Government. Australian Institute of Health and Welfare. Vision Problems Among Older Australians. Bulletin, Issue 27, July 2005. <https://www.aihw.gov.au/getmedia/fc608984-1c92-48d0-b9fc-1ced9acec3ee/bulletin27.pdf.aspx?inline=true>

⁸ *An Evidence-Based Guideline for the Frequency of Optometric Eye Examinations*. Barbara E Robinson, Katie Mairs, Christine Glenny and Paul Stolee. s.l. : Primary Health Care: Open Access, 2012.



- Adults aged 40 to 64 years should have an eye examination every 2 years;
- Adults aged over 65 years should have an annual examination.
- Uncorrected refractive error is the leading cause of visual impairment in adults over the age of 40 years, with the prevalence of refractive visual impairment increasing significantly with age⁹.
- Evidence suggests¹⁰ that correction of presbyopia is essential to improve contrast sensitivity and reduce eye fatigue, which is important to maintain quality of life and productivity.
- Evidence was also provided through a 2005 paper to Health Ministers on age-related macular degeneration (AMD). The findings of the paper highlighted that AMD is a progressive condition affecting the central part of the retina. If the disease progresses to AMD, irreversible loss of central vision occurs, usually in both eyes.¹¹
- Given this evidence, the Committee recognised eye examination every two years for those aged over 40 years would deliver health benefits.
- However, the Committee also recognised there would be costs involved in implementing this recommendation, as the need for this exam increases significantly in people aged over 50 years.
- The majority of committee members were supportive of this recommendation.

Recommendation 5

- Combine the similar ametropic and schedule fee items (10921, 10922, 10923 and 10925) into one item number.

Rationale for Recommendation 5

- This recommendation focused on discussions held by the Committee on ways to combine low volume usage items, without negative impacts to the consumer or the optometrist.
- The Committee considered that combining these suggested items numbers would continue to cover all present contact lens fittings situations, simplify current

⁹ Liou HL, McCarty CA, Jin CL, Taylor HR. Prevalence and predictors of under corrected refractive errors in the Victorian population. *AM J Ophthalmol*. 1999;127:590-596

¹⁰ Towards better estimates of uncorrected presbyopia – Bulletin of the World Health Organization 2015 <http://www.who.int/bulletin/volumes/93/10/15-156844/en/>

¹¹ Page 10 - Eye Health in Australia “background paper to the National Framework for action to promote Eye Health and prevent avoidable blindness and vision loss – Endorsed at the Health Ministers Conference - 2005



claiming processes and future proof how contact lens MBS items should be assessed for claiming by reducing the number of items.

- The merged item should still maintain the same definitions for the eligible level of myopia, hyperopia, astigmatism and anisometropia (greater than + 5.00D of manifest hyperopia, greater than 3.00D of astigmatism, greater than 3.00D of anisometropia).

Recommendation 6

- Reword the explanatory notes for all 10 contact lens prescription and fitting items to remove the requirement to deliver the lens (10921 to 10930).

Rationale for Recommendation 6

- This recommendation focuses on amending the wording in current explanatory notes to make consistent with current practice.
- When this item was first created, contact lenses were normally delivered by the prescribing optometrist.
- The majority of the clinical activities undertaken by the optometrist involves the prescription and fitting of trial lenses leading to a satisfactory lens design which gives satisfactory lens performance.
- The Committee felt that wording changes were necessary to reflect actual current practice, particularly the requirements in the explanatory note for the delivery of the contact lenses (as many consumers now purchase contact lenses online) to be made personally by the provider. The intention of this change is to allow for situations where a patient chooses to purchase their contact lenses from a different point of sale. However, the clinical service of contact lens fitting, patient education and trialling of the lenses prior to the finalisation of the prescription remains unchanged.
- The bulk item includes those visits necessary to ensure the satisfactory performance of the lenses as part of the initial fitting and prescribing process until such time that the prescription is finalised.

Recommendation 7

- Amend the item descriptor for MBS computerised perimetry items 10940 and 10941 to allow the service to be performed by a suitably trained or qualified person 'on behalf of' an optometrist with involvement of the optometrist in delivery of care for the patient. The Committee recommended a cross professional working group be convened to develop appropriate training guidelines to meet patient quality and safety requirements for healthcare providers accessing MBS items.

**Taskforce Note**

In addition to the training guidelines a credentialing process should be introduced which defines who is 'suitably trained' or 'qualified'

Rationale for Recommendation 7

- This recommendation focuses on and clarifies that certain practical elements of optometry practice can be delegated to a suitably trained or qualified person.
- The Department of Human Services released a clarification in June 2009 that stated that during a patient's consultation, certain eye examination procedures can be delegated to a suitably trained assistant in the practice. It further clarified that the tests should be performed under the supervision of an optometrist.
- Computerised Perimetry items 10940 and 10941 may only be payable where full quantitative computerised perimetry (automated absolute static threshold but not including multifocal multichannel objective perimetry) has been performed "on behalf" of an optometrist by a suitably trained or qualified person on both eyes (item 10940), or one eye (item 10941) where indicated by the presence of relevant ocular disease or suspected pathology of the visual pathways or brain. Item 10940 for bilateral procedures cannot be claimed for patients who are totally blind in one eye. In this instance, item 10941 for unilateral procedures should be claimed, where appropriate.

Recommendation 8

- Create a new item to allow a brief consultation (not more than 15 minutes) to be co claimed with undertaking a computerised perimetry procedure (items 10940 and 10941). This new item could only be claimed in the case of monitoring of glaucoma suspects or patients with diagnosed glaucoma. This new item may require an MSAC assessment.

Taskforce Note

This recommendation was rescinded, *as there was concern for misuse of computerised perimetry as a screening tool without a clear rationale.*

Rationale for Recommendation 8

- Elements of a short consultation (eg. intraocular pressure measurement (IOP) or slit lamp examination) are often clinically necessary at the same visits as a visual field examination. In particular, the National Health and Medical Research Council Guidelines for Screening, Prognosis, Diagnosis, Management and Prevention of



Glaucoma 2010 which promotes the measurement of IOP at every visit for both glaucoma suspects and patients with diagnosed glaucoma. This could be undertaken as part of a brief consultation accompanying the visual field item.

Recommendation 9

- Reword the explanatory notes for MBS items 10940 and 10941 to emphasise the need for providers to document clearly the rationale underlying the need for the practitioner to perform a computerised perimetry test.
Changes to the optometry computerised perimetry explanatory notes should mirror the wording in the explanatory notes in place for the ophthalmology computerised perimetry item 11221.

Taskforce Note

In addition rewording should consider requirements to record and report indications and reference to the item not being used as a screening consistent with the MBS.

Rationale for Recommendation 9

- This recommendation focuses on expanding the explanatory notes for items 10940 and 10941 to better reflect the need to perform computerised perimetry.
- The Committee considered it necessary to clearly document the relevant ocular disease or suspected pathology, which substantiates the decision to perform computerised perimetry or the signs or symptoms which raise suspicion of pathology of the visual pathways or brain. They felt this documentation would reinforce that computerised perimetry should only be billed upon clinical indication and focusses on reducing potential unnecessary screening.
- The Committee was of the view that simply stating that a family history of glaucoma existed was an insufficient justification for billing these items in the absence of other clinical signs of potential glaucoma.¹¹

Recommendation 10

- Convene a cross professional Departmental working group (including Ophthalmologists) to develop a rationale and cost effective implementation model for visual field assessment in the context of glaucoma management and additional (third) visual field test in a 12-month period with eligibility restricted to patients with glaucoma at high risk of progression that also addresses education and compliance.

Rationale for Recommendation 10

- This recommendation focusses on visual field assessments of patients with glaucoma who are at a high risk of progressive visual field loss. An additional, third visual field



test in a 12-month period may be required in some circumstances to establish a reliable baseline estimate for future progression detection or enable a determination of progression to be established over a shorter time period.

- Recent evidence suggests that three visual field tests per year over a two-year period enables earlier detection of glaucoma progression.¹² A variety of shared care models for glaucoma exist currently, which deviate from the traditional model of computerised assessments being performed in ophthalmology practices. This item would be particularly useful where “at risk” glaucoma patients are being monitored by a local optometrist in a rural and remote location, in collaboration with an ophthalmologist in a regional centre or city location.
- The Committee considered that a Departmental cross professional working group could explore collaborative care arrangements to minimise duplication and to ensure clarity regarding cost-effective implementation for visual field assessment in the context of glaucoma management.

Recommendation 11

- Amalgamate items 10912 and 10913 and remove the same practice restriction.

Rationale for Recommendation 11

- The amalgamation of these items with the same schedule fee and for patients who have a change to their visual function or new symptoms, unrelated to an earlier course of treatment will simplify the MBS.
- The same practice restriction was viewed by the Committee as too restrictive and limited patient choice as well as being impractical and potentially leading to delays in treatment in urgent cases. The provider is still required to document the new signs and symptoms or change in visual function.

Recommendation 12

- Amend MBS Item 10942 descriptor to reflect current best practice for testing of residual vision.

Rationale for Recommendation 12

- The Committee considered the wording needed to be changed as the current N.10 requirement by itself is not a valid measurement and should instead be corrected to ‘include N12 or worse at 40cm’. This particular near visual acuity notation does not have a period in the descriptor, so it should be “N12” not N.12. The general clinical information is that these targets are usually designed to be viewed at 40cm (the

¹² [Br J Ophthalmol](#). 2008 Apr;92(4):569-73. doi: 10.1136/bjo.2007.135012. Epub 2008 Jan 22.



average comfortable reading distance) but since the audience for this document may not be vision clinicians the viewing distance must be stated.

- The Committee considered the horizontal visual field should also be amended to less than 110° to be in line with Austroads' Guidelines criteria.¹³

Recommendation 13

- Amend the item descriptor for item 10944 to clarify the requirement for complete removal of the rust ring with a ferrous embedded foreign body. In the event only part of the embedded foreign body can be removed after two attendances and the optometrist refers the patient to an ophthalmologist for further assessment and management, item 10944 can be claimed, otherwise benefits are payable under the relevant attendance item.

Rationale for Recommendation 13

- This recommendation focuses on amending the explanatory note for item 10944, which currently requires "the complete removal of an embedded foreign body including a "rust ring", if present.
- While the Committee supported the principle that removing the rust ring is an important element of removing a foreign body, clinically there are many instances where not all of the rust ring can be removed on the day of the attendance. The RACGP¹⁴ guidelines for managing corneal foreign bodies in office-based general practice note that the aim of the procedure is the safe and complete removal of the foreign body and any surrounding rust ring. It is best to accomplish this in one to two sittings in total.
- If an optometrist removes the foreign body and rust ring on the first attempt, they can claim 10944 per standard arrangements.
- If an optometrist attempts the removal of the foreign body, however is unable to completely remove the rust ring on the first occasion they cannot, at that time, claim item 10944.

¹³ https://austroads.com.au/publications/assessing-fitness-to-drive/ap-g56/vision-and-eye-disorders/general-assessment-and-managemenz_pc12zg/visual-fields516

¹⁴ <https://www.racgp.org.au/afp/2017/march/managing-corneal-foreign-bodies-in-office-based-general-practice/>



- If an optometrist attempts to remove the rust ring on a subsequent occasion, however this is unsuccessful, they may claim item 10944.
- If an optometrist does not attempt to remove the rust ring beyond the first attempt, then a standard consultation can be claimed.

Recommendation 14

- Remove any reference to item 10900 from MBS Optometry items given 10900 is obsolete.

Rationale for Recommendation 14

- The intention of this change is to reflect that on 1 January 2015, item 10900 ceased as an MBS item on the schedule.
- This recommendation addresses reference to an obsolete item on the MBS, in the interests of contemporising the Schedule. Current descriptors refer to this removed item 10900 “applied once in a 36-month period for patients”.



5. Stakeholder impact statement

The Committee expects both patients and providers to benefit from these recommendations, as they address concerns regarding quality of care and take steps to simplify the MBS, making it easier to use and understand. Patient access to services was considered for each recommendation. Some recommendations were intended to reduce inappropriate access without significantly affecting appropriate access.

When discussing the suggested recommendations, the Committee considered what the impact would be for patients.

The items that have been acknowledged as obsolete, have been recommended for deletion without replacement.

The Committee also considered each recommendation's impact on provider groups to ensure that the changes are reasonable and unbiased. Where the Committee identified evidence of potential item misuse or safety concerns, recommendations were made to encourage best practice, in line with the overarching purpose of the MBS Review.

Reductions in inappropriate use and low-value care are expected to deliver savings for the health system, with the expectation that reinvestment will occur. A number of cost-neutral changes have also been recommended. The Committee considered potential implications for provider groups and took steps to ensure that recommendations are as fair and reasonable as possible. Some business models may need to change or adapt to the proposed changes moving forward.



6. Glossary

△ Term	△ Description
CAGR	Compound annual growth rate or the average annual growth rate over a specified time period.
Change	When referring to an item, "change" describes when the item and/or its services will be affected by the recommendations. This could result from a range of recommendations, such as: (i) specific recommendations that affect the services provided by changing item descriptors or explanatory notes; (ii) the consolidation of item numbers; and (iii) splitting item numbers (for example, splitting the current services provided across two or more items).
Delete	Describes when an item is recommended for removal from the MBS and its services will no longer be provided under the MBS.
DHS	Australian Government Department of Human Services
Department, The	Australian Government Department of Health
FY	Financial year
High-value care	Services of proven efficacy reflecting current best medical practice, or for which the potential benefit to consumers exceeds the risk and costs.
Inappropriate use / misuse	The use of MBS services for purposes other than those intended. This includes a range of behaviours, from failing to adhere to particular item descriptors or rules through to deliberate fraud.
Low-value care	Services that evidence suggests confer no or very little benefit to consumers; or for which the risk of harm exceeds the likely benefit; or, more broadly, where the added costs of services do not provide proportional added benefits.
MBS	Medicare Benefits Schedule
MBS item	An administrative object listed in the MBS and used for the purposes of claiming and paying Medicare benefits, consisting of an item number, service descriptor and supporting information, schedule fee and Medicare benefits.
MBS service	The actual medical consultation, procedure or test to which the relevant MBS item refers.



△ Term	△ Description
Misuse (of MBS item)	The use of MBS services for purposes other than those intended. This includes a range of behaviours, from failing to adhere to particular item descriptors or rules through to deliberate fraud.
MMM	Modified Monash Model
MSAC	Medical Services Advisory Committee
New service	Describes when a new service has been recommended, with a new item number. In most circumstances, new services will need to go through the MSAC. It is worth noting that implementation of the recommendation may result in more or fewer item numbers than specifically stated.
No change or leave unchanged	Describes when the services provided under these items will not be changed or affected by the recommendations. This does not rule out small changes in item descriptors (for example, references to other items, which may have changed as a result of the MBS Review or prior reviews).
Obsolete services / items	Services that should no longer be performed as they do not represent current clinical best practice and have been superseded by superior tests or procedures.
The Committee	The Optometry Services Clinical Committee of the MBS Review
The Minister	The Minister for Health
The Taskforce	The MBS Review Taskforce
Total benefits	Total benefits paid



Appendix A Index of Optometry Items

Optometry MBS Items

Item	Descriptor	Schedule Fee	Services FY 2016-17	Benefits FY 2016-17	Services 5-year annual avg. growth	Recommendation Number	Recommendation Change
10905	Professional attendance of more than 15 minutes duration, being the first in a course of attention, where the patient has been referred by another optometrist who is not associated with the optometrist to whom the patient is referred	\$66.80	10,838	\$618,479	15.00%		No change
10907	Comprehensive initial consultation by another practitioner professional attendance of more than 15 minutes in duration, being the first in a course of attention if the patient has attended another optometrist for an attendance to which this item or item 10905, 10910, 10911, 10912, 10913, 10914 or 10915 applies, or to which old item 10900 applied: (a) for a patient who is less than 65 years of age—within the previous 36 months; or (b) for a patient who is at least 65 years or age—within the previous 12 months	\$33.45	293,933	\$8,400,241	1.91%	Recommendation 4	Change the frequency for eye checks from 3 to 2 years for people aged 50 to 64. The service can be only be undertaken after an optometrist has identified relevant risk factors during patient engagement.
						Recommendation 14	Remove reference to Item 10900
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	\$66.80	2,234,228	\$126,974,970	11.4%	Recommendation 4	Change the frequency for eye checks from 3 to 2 years for people aged 50 to 64. The service can only be undertaken



Item	Descriptor	Schedule Fee	Services FY 2016-17	Benefits FY 2016-17	Services 5-year annual avg. growth	Recommendation Number	Recommendation Change
	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						after an optometrist has identified relevant factors during patient engagement.
						Recommendation 14	Remove reference to Item 10900
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	\$66.80	1,238,630	\$70,439,562	6.4%	Recommendation 9	Change the frequency for eye checks from 3 to 2 years for people aged 50 to 64. This may require a new item
						Recommendation 14	Remove reference to Item 10900
10912	Other comprehensive consultations professional attendance of more than 15 minutes in duration, being the first in a course of attention, if the patient has suffered a significant change of visual function requiring comprehensive reassessment:(a) for a patient who is less than 65 years of age—within 36 months of an initial consultation to which: (i) this item, or item 10905, 10907, 10910, 10913, 10914 or 10915 at the same practice applies; or (ii) old item 10900 at the same practice applied; or (b) for a patient who is at least 65 years of age—within 12 months of an initial consultation to which: (i) this item, or item 10905, 10907, 10910, 10911, 10913, 10914 or 10915 at the	\$66.80	228,033	\$12,964,497	23.75%	Recommendation 11	Amalgamate 10912 and 10913 and remove same practice restriction
						Recommendation 14	Remove reference to Item 10900



Item	Descriptor	Schedule Fee	Services FY 2016-17	Benefits FY 2016-17	Services 5-year annual avg. growth	Recommendation Number	Recommendation Change
	same practice applies; or (ii) old item 10900 at the same practice applied						
10913	Professional attendance of more than 15 minutes in duration, being the first in a course of attention, if the patient has new signs or symptoms, unrelated to the earlier course of attention, requiring comprehensive reassessment: (a) for a patient who is less than 65 years of age—within 36 months of an initial consultation to which: (i) this item, or item 10905, 10907, 10910, 10912, 10914 or 10915 at the same practice applies; or (ii) old item 10900 at the same practice applied; or (b) for a patient who is at least 65 years of age—within 12 months of an initial consultation to which: (i) this item, or item 10905, 10907, 10910, 10911, 10912, 10914 or 10915 at the same practice applies; or (ii) old item 10900 at the same practice applied	\$66.80	547,026	\$31,112,729	18.88%	Recommendation 11	Amalgamate 10912 and 10913 and remove same practice restriction
						Recommendation 14	Remove reference to Item 10900
10914	Professional attendance of more than 15 minutes in duration, being the first in a course of attention, if the patient has a progressive disorder (excluding presbyopia) requiring comprehensive reassessment:(a) for a patient who is less than 65 years of age—within 36 months of an initial consultation to which:(i) this item, or item 10905, 10907, 10910, 10912, 10913 or 10915 applies; or(ii) old item 10900 applied; or (b) for a patient who is at least 65 years of	\$66.80	847,184	\$48,183,641	14.22%	Recommendation 14	Remove reference to Item 10900



Item	Descriptor	Schedule Fee	Services FY 2016-17	Benefits FY 2016-17	Services 5-year annual avg. growth	Recommendation Number	Recommendation Change
	age—within 12 months of an initial consultation to which:(i) this item, or item 10905, 10907, 10910, 10911, 10912, 10913 or 10915 applies; or (ii) old item 10900 applied						
10915	Professional attendance of more than 15 minutes duration, being the first in a course of attention involving the examination of the eyes, with the instillation of a mydriatic, of a patient with diabetes mellitus, requiring comprehensive reassessment	\$66.80	244,724	\$13,909,288	7.61%		No change
10916	Professional attendance, being the first in a course of attention, of not more than 15 minutes duration (not being a service associated with a service to which item 10931, 10932, 10933, 10940, 10941, 10942 or 10943 applies)	\$33.45	907,143	\$25,830,708	6.07%	Recommendation 2A	Remove restriction with items 10931, 10932 and 10933
10918	Professional attendance, being the second or subsequent in a course of attention and being unrelated to the prescription and fitting of contact lenses (not being a service associated with a service to which item 10940 or 10941 applies)	\$33.45	2,154,738	\$61,549,654	2.88%	Recommendation 2A	Remove restriction with items 10931, 10932 and 10933
10921	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, being a course of attention for which the first attendance is a	\$165.80	33,843	\$4,770,633	3.45%	Recommendation 5	Remove the requirement to deliver the lens
						Recommendation 6	Combine 10921/10922/10923 and 10925 into one number



Item	Descriptor	Schedule Fee	Services FY 2016-17	Benefits FY 2016-17	Services 5-year annual avg. growth	Recommendation Number	Recommendation Change
	service to which: (a) item 10905, 10907, 10910, 10911, 10912, 10913, 10914, 10915 or 10916 applies; or (b) old item 10900 applied payable once in a period of 36 months for - patients with myopia of 5.0 dioptries or greater (spherical equivalent) in one eye					Recommendation 14	Remove reference to Item 10900
10922	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, being a course of attention for which the first attendance is a service to which: (a) item 10905, 10907, 10910, 10911, 10912, 10913, 10914, 10915 or 10916 applies; or (b) old item 10900 applied payable once in a period of 36 months for - patients with manifest hyperopia of 5.0 dioptries or greater (spherical equivalent) in one eye	\$165.80	5,586	\$787,727	2.11%	Recommendation 5	Remove the requirement to deliver the lens
						Recommendation 6	Combine 10921/10922/10923 and 10925 into one number
						Recommendation 14	Remove reference to Item 10900
10923	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, being a course of attention for which the first attendance is a service to which: (a) item 10905, 10907, 10910, 10911, 10912, 10913, 10914, 10915 or 10916 applies; or (b) old item 10900 applied payable once in a period of 36 months for - patients with astigmatism of 3.0 dioptries or greater in one eye	\$165.80	4,170	\$587,810	2.47%	Recommendation 5	Remove the requirement to deliver the lens
						Recommendation 6	Combine 10921/10922/10923 and 10925 into one number
						Recommendation 14	Remove reference to Item 10900
10924	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, being a course of	\$209.20	2,564	\$461,410	0.64%	Recommendation 5	Remove the requirement to deliver the lens



Item	Descriptor	Schedule Fee	Services FY 2016-17	Benefits FY 2016-17	Services 5-year annual avg. growth	Recommendation Number	Recommendation Change
	attention for which the first attendance is a service to which: (a) item 10905, 10907, 10910, 10911, 10912, 10913, 10914, 10915 or 10916 applies; or (b) old item 10900 applied payable once in a period of 36 months for - patients with irregular astigmatism in either eye, being a condition the existence of which has been confirmed by keratometric observation, if the maximum visual acuity obtainable with spectacle correction is worse than 0.3 log MAR (6/12) and if that correction acuity would be improved by an additional 0.1 log MAR by the use of a contact lens					Recommendation 14	Remove reference to Item 10900
10925	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, being a course of attention for which the first attendance is a service to which: (a) item 10905, 10907, 10910, 10911, 10912, 10913, 10914, 10915 or 10916 applies; or (b) old item 10900 applied payable once in a period of 36 months for - patients with anisometropia of 3.0 dioptres or greater (difference between spherical equivalents)	\$165.80	1,084	\$152,806	4.89%	Recommendation 5	Remove the requirement to deliver the lens
						Recommendation 6	Combine 10921/10922/10923 and 10925 into one number
						Recommendation 14	Remove reference to Item 10900
10926	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, being a course of	\$165.80	10	\$1,410	-3.58%	Recommendation 5	Remove the requirement to deliver the lens



Item	Descriptor	Schedule Fee	Services FY 2016-17	Benefits FY 2016-17	Services 5-year annual avg. growth	Recommendation Number	Recommendation Change
	attention for which the first attendance is a service to which: (a) item 10905, 10907, 10910, 10911, 10912, 10913, 10914, 10915 or 10916 applies; or (b) old item 10900 applied payable once in a period of 36 months for - patients with corrected visual acuity of 0.7 log MAR (6/30) or worse in both eyes, being patients for whom a contact lens is prescribed as part of a telescopic system					Recommendation 14	Remove reference to Item 10900
10927	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, being a course of attention for which the first attendance is a service to which: (a) item 10905, 10907, 10910, 10911, 10912, 10913, 10914, 10915 or 10916 applies; or (b) old item 10900 applied payable once in a period of 36 months for - 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	\$209.20	131	\$23,298	0.94%	Recommendation 5	Remove the requirement to deliver the lens
						Recommendation 14	Remove reference to Item 10900
10928	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, being a course of attention for which the first attendance is a service to which: (a) item 10905, 10907, 10910, 10911, 10912, 10913, 10914, 10915 or 10916 applies; or (b) old item 10900 applied payable once in a period of 36	\$165.80	60	\$8,457	2.90%	Recommendation 5	Remove the requirement to deliver the lens
						Recommendation 14	Remove reference to Item 10900



Item	Descriptor	Schedule Fee	Services FY 2016-17	Benefits FY 2016-17	Services 5-year annual avg. growth	Recommendation Number	Recommendation Change
	months for - patients who, because of physical deformity, are unable to wear spectacles						
10929	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, being a course of attention for which the first attendance is a service to which: (a) item 10905, 10907, 10910, 10911, 10912, 10913, 10914, 10915 or 10916 applies; or (b) old item 10900 applied payable once in a period of 36 months for - patients who have a medical or optical condition (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, if the condition is specified on the patient's account Note: benefits may not be claimed under item 10929 where the patient wants the contact lenses for appearance, sporting, work or psychological reasons - see paragraph O6 of explanatory notes to this category.	\$209.20	518	\$92,309	12.30%	Recommendation 5	Remove the requirement to deliver the lens
						Recommendation 14	Remove reference to Item 10900
10930	All professional attendances regarded as a single service in a single course of attention involving the prescription and fitting of contact lenses if the patient meets the requirements of an item in the series 10921 to 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 items 10921 to 10929	\$165.80	4,917	\$693,826	0.92%	Recommendation 5	Remove the requirement to deliver the lens



Item	Descriptor	Schedule Fee	Services FY 2016-17	Benefits FY 2016-17	Services 5-year annual avg. growth	Recommendation Number	Recommendation Change
10931	A service to which an item in group A10 applies (other than this item or item 10916, 10932, 10933, 10940 or 10941), 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 a single patient at a single location on a single occasion; and (c) is: (i) bulk-billed for the fees for this item and another item in this table applying to the service; or (ii) not bulk-billed for the fees for this item and another item in this table applying to the service (Item is subject to rule 75)	\$23.30	2,866	\$56,890	7.59%	Recommendation 2A	Remove restriction of items 10916 and 10918
						Recommendation 2B	Remove restriction of billing alongside items 10940 and 10941
						Recommendation 1	Amalgamate 10931, 10932, 10933 into one number with a single flag fall.
10932	A service to which an item in group A10 applies (other than this item or item 10916, 10931, 10933, 10940 or 10941), 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 each of 2 patients at a single location on a single occasion; and (c) is: (i) bulk-billed for the fees for this item and another item in this table applying to the service; or (ii) not bulk-billed for the fees for this item and another item in this table applying to the service (item is subject to rule 75)	\$11.60	647	\$6,405	-1.42%	Recommendation 2A	Remove restriction of items 10916 and 10918
						Recommendation 2B	Remove restriction of billing alongside items 10940 and 10941
						Recommendation 1	Amalgamate 10931, 10932, 10933 into one number with a single flag fall.
10933	A service to which an item in group A10 applies (other than this item or item 10916, 10931, 10932, 10940 or 10941), if the service: (a) is provided: (i) during a home visit to a person; or (ii) in a residential	\$7.70	17,243	\$112,944	6.98%	Recommendation 2A	Remove restriction of items 10916 and 10918



Item	Descriptor	Schedule Fee	Services FY 2016-17	Benefits FY 2016-17	Services 5-year annual avg. growth	Recommendation Number	Recommendation Change
	aged care facility; or (iii) in an institution; and (b) is provided to each of 3 patients at a single location on a single occasion; and (c) is: (i) bulk-billed for the fees for this item and another item in this table applying to the service; or (ii) not bulk-billed for the fees for this item and another item in this table applying to the service (Item is subject to rule 75)					Recommendation 2B	Remove restriction of billing alongside items 10940 and 10941
						Recommendation 1	Amalgamate 10931, 10932, 10933 into one number with a single flag fall.
10940	Full quantitative computerised perimetry (automated absolute static threshold), with bilateral assessment and report, where indicated by the presence of relevant ocular disease or suspected pathology of the visual pathways or brain that: (a) is not a service involving multifocal multi-channel objective perimetry; and (b) is performed by an optometrist; not being a service associated with a service to which item 10916, 10918, 10931, 10932 or 10933 applies (Item is subject to rule 120)	\$63.75	474,710	\$25,743,244	9.69%	Recommendation 2B	Remove restriction of billing alongside items 10931, 10932 or 10933
						Recommendation 7	Amend to include words 'to allow the service to be performed by a suitably trained or qualified person 'on behalf of' an optometrist with involvement of the optometrist in delivery of care for the patient
						Recommendation 8	Allow co claim of new item to monitor patients with glaucoma suspects or diagnosed glaucoma



Item	Descriptor	Schedule Fee	Services FY 2016-17	Benefits FY 2016-17	Services 5-year annual avg. growth	Recommendation Number	Recommendation Change
						Recommendation 9	Expand explanatory note to document clearly the rationale underlying performing the test
10941	Full quantitative computerised perimetry (automated absolute static threshold) with unilateral assessment and report, where indicated by the presence of relevant ocular disease or suspected pathology of the visual pathways or brain that: (a) is not a service involving multifocal multichannel objective perimetry; and (b) is performed by an optometrist; not being a service associated with a service to which item 10916, 10918 10931, 10932 or 10933 applies (Item is subject to rule 74)	\$38.45	17,815	\$583,026	9.40%	Recommendation 2B	Remove restriction of billing alongside items 10931,10932 or 10933
						Recommendation 7	Amend to include words 'to allow the service to be performed by a suitably trained or qualified person 'on behalf of' an optometrist with involvement of the optometrist in delivery of care for the patient.
						Recommendation 8	Allow co claim of new item to monitor patients with glaucoma suspects or diagnosed glaucoma
						Recommendation 9	Expand explanatory note to document clearly the rationale underlying performing the test



Item	Descriptor	Schedule Fee	Services FY 2016-17	Benefits FY 2016-17	Services 5-year annual avg. growth	Recommendation Number	Recommendation Change
10942	Testing of residual vision to provide optimum visual performance for a patient who has best correction visual acuity of 6/15 or N.12 or worse in the better eye or a horizontal visual field of less than 120 degrees and within 10 degrees above and below the horizontal midline, involving 1 or more of the following: (a) spectacle correction; (b) determination of contrast sensitivity; (c) determination of glare sensitivity; (d) prescription of magnification aids; not being a service associated with a service to which item 10916, 10921, 10922, 10923, 10924, 10925, 10926, 10927, 10928, 10929 or 10930 applies (item is subject to rule 73)	\$33.45	7,083	\$201,665	8.65%	Recommendation 12	Amend descriptor to reflect current best practice for testing of residual vision
10943	Additional testing to confirm diagnosis of, or establish a treatment regime for, a significant binocular or accommodative dysfunction, in a patient aged 3 to 14 years, including assessment of 1 or more of the following: (a) accommodation; (b) ocular motility; (c) vergences; (d) fusional reserves; (e) cycloplegic refraction; not being a service to which item 10916, 10921, 10922, 10923, 10924, 10925, 10926, 10927, 10928, 10929 or 10930 applies (Item is subject to rules 73 and 76)	\$33.45	115,956	\$3,309,997	14.82%		No Change



Item	Descriptor	Schedule Fee	Services FY 2016-17	Benefits FY 2016-17	Services 5-year annual avg. growth	Recommendation Number	Recommendation Change
10944	CORNEA, complete removal of embedded foreign body from - not more than once on the same day by the same practitioner (excluding aftercare) The item is not to be billed on the same occasion as MBS items 10905, 10907, 10910, 10911, 10912, 10913, 10914, 10915, 10916 or 10918. If the embedded foreign body is not completely removed, this item does not apply but item 10916 may apply.	\$72.15	14,497	\$890,574	-	Recommendation 13	Amend explanatory notes to read that when only part of the embedded foreign body can't be removed after two attendances and the optometrist refers the patient to an ophthalmologist for further assessment and management, item 10944 can be claimed, otherwise benefits are payable under the relevant attendance item.
10945	A professional attendance of less than 15 minutes (whether or not continuous) by an attending 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	\$33.45	260	\$7,597	-		No Change



Item	Descriptor	Schedule Fee	Services FY 2016-17	Benefits FY 2016-17	Services 5-year annual avg. growth	Recommendation Number	Recommendation Change
10946	A professional attendance of at least 15 minutes (whether or not continuous) by an attending 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	\$66.80	414	\$23,515	-		No Change
10947	A professional attendance (not being a service to which any other item applies) of less than 15 minutes (whether or not continuous) by an attending 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) 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 direction in the facility; and d) is not a resident of a self-contained unit; for an attendance on one occasion each patient	\$33.45	15	\$427	-		No Change
10948	A professional attendance (not being a service to which any other item applies) of at least 15 minutes (whether or not continuous) by an attending optometrist that requires the provision of clinical	\$66.80	14	\$795	-		No Change



Item	Descriptor	Schedule Fee	Services FY 2016-17	Benefits FY 2016-17	Services 5-year annual avg. growth	Recommendation Number	Recommendation Change
	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) 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; for an attendance on one occasion each patient						

* CAGR for MBS items 10910 and 10911 is based on data since FY 2016-17 (being first full year, after introduction of item in Jan 2015)



Appendix B Summary for consumers

This table describes the medical service, the recommendation(s) of the clinical experts and why the recommendation(s) have been made.

Recommendation 1: Introduce a single flag fall for domiciliary visits and replace items 10931 to 10933 with a single item covering all domiciliary visits.

Item	What it does	Committee recommendation	What would be different	Why
New item	An optometric service at a patient's home, residential aged care facility or an institution.	Introduce a single item covering all domiciliary visits (services at a patient's home, residential aged care facility or an institution).	This would incentivise optometrists to provide services to a patient in their home, residential aged care facility or in an institution by recognising the optometrist has to leave their practice and will have costs associated with attending the patients domicile.	This recommendation provides a flag fall payment, aimed to improving access to optometric services for patients who find it difficult to access their optometrist including those in urban areas. Currently optometrists make relatively few visits to residential care centres.

Recommendation 2: Remove the co-claiming restrictions on domiciliary visits by making the following changes

(a) Allow the billing of a short consultation (10916 and 10918) at domiciliary visits.

Item	What it does	Committee recommendation	What would be different	Why
10916	An initial professional attendance, being the first in a course of attention.	Remove the co-claiming restriction on this item for domiciliary visits.	This would allow patients to receive a benefit for a short attendance in their home, residential aged care facility or in an institution.	This recommendation focuses on improving access to optometry services for patients who find it difficult to access their optometrist including those in urban areas.



Item	What it does	Committee recommendation	What would be different	Why
10918	A second or subsequent brief consultation in a course of attention not related to the prescription and fitting of contact lenses.	Remove the co-claiming restriction on this item for domiciliary visits.	This would allow patients to receive a benefit for a short attendance in their home, residential aged care facility or in an institution.	This recommendation focuses on improving access to optometry services for patients who find it difficult to access their optometrist including those in urban areas.

(b) Remove the co-claiming restriction on MBS items for domiciliary visits to allow for billing of computerised perimetry (10940 and 10941) with an attendance.

Item	What it does	Committee recommendation	What would be different	Why
10940, 10941	An automated process to map your field of vision conducted by an optometrist.	Remove the co-claiming restriction on MBS items for domiciliary visits to allow for billing of computerised perimetry.	Patients receive a benefit for a computerised perimetry in their home, residential aged care facility or in an institution.	This recommendation focuses on improving access to optometry services for patients who find it difficult to access their optometrist including those in urban areas. It recognises the introduction of portable equipment to undertake this test to identify a range of eye health conditions. The requirements for claiming visual field items 10940 and 10941 are contained within those item numbers and remain intact for domiciliary visits.



Recommendation 3: Convene a departmental working group to further explore the barriers and opportunities offered by telehealth across all areas of Health. In the case of Optometry, to develop an appropriate MBS item to meet the requirements of Optometry and Ophthalmology.

Item	What it does	Committee recommendation	What would be different	Why
Nil	N/A	Establish a group that can further explore the barriers and opportunities offered by telehealth and develop suitable item to meet optometry requirements.	A new telehealth optometry item may make it easier to support patients in rural and remote settings.	Improves access to patients living in rural and remote settings. Telehealth, optometrists can work as part of an eye health team that includes ophthalmologists and general practitioners.

Recommendation 4: Change the frequency for a comprehensive eye exam from 3 years to 2 years for people aged 50 to 64. Ideally this recommendation would be available to all people in the 50 to 64 age bracket, however, if this is not feasible then the exam should at least be available to those at highest risk of eye disease.

Item	What it does	Committee recommendation	What would be different	Why
10910	Provides an initial consultation to undertake a comprehensive eye check	Change the frequency for a comprehensive eye check for people aged 50 to 64 years old, from three years to two years.	Patients aged 50 to 64 years old would be able access an MBS rebate once every two years instead of every three years. The service would be undertaken after an optometrist identifies relevant key risk factors during patient engagement.	Timely access (every two years) better identifies vision loss and other conditions such as glaucoma, diabetes and macular degeneration. Identifying risk factors of patients will determine whether testing is required.



Recommendation 5: Combine the similar ametropic and schedule fee items (10921, 10922, 10923 and 10925) into one item number.

Item	What it does	Committee recommendation	What would be different	Why
10921, 10922, 10923, 10925	A consultation to prescribe and fit contact lenses.	Combine the similar ametropic services (contact lens)	Patients would continue to receive the best practice care available and receive benefits for these services.	<p>This recommendation focuses on reducing the regulatory burden for optometrists by simplifying the number of items that can be claimed to prescribe and fit contact lenses.</p> <p>Ametropic is an abnormal refractive condition (such as myopia or astigmatism) causing blurred retinal images and poorer detailed vision</p>

Recommendation 6: Reword the explanatory notes for all 10 contact lens prescription and fitting items to remove the requirement to deliver the lens..

Item	What it does	Committee recommendation	What would be different	Why
10921, 10922, 10923, 10924, 10925, 10926, 10927, 10928, 10929, 10930,	A consultation to prescribe and fit contact lenses.	Reword the explanatory notes for all 10 contact lens prescription and fitting items to remove the requirement to deliver the lens.	Patients would continue to receive a benefit for the prescription and fitting of trial lens.	This introduces some flexibility into the clinical pathway. Optometrists would be responsible for prescribing lenses to suit patient's needs and ensure satisfactory performance. Patients could purchase their lenses online or from other providers, and continue to receive their care from their optometrist.



Recommendation 7: Amend the item descriptor for MBS items 10940 and 10941 to allow the service to be performed 'on behalf of' an optometrist.

Item	What it does	Committee recommendation	What would be different	Why
10940 10941	An automated process to map your field of vision conducted by an optometrist	Amend the item to allow the service to be performed by a suitably trained or qualified person 'on behalf of' an optometrist with involvement of the optometrist in delivery of care for the patient. A cross professional working group to be convened to develop appropriate sector wide training guidelines to meet patient quality and safety requirements for healthcare providers accessing MBS items.	Suitably trained or qualified person to undertake the automated process under the supervision of an optometrist using approved training guidelines.	This recommendation focuses on improving the availability of optometry services with the optometrist working with trained or qualified staff to perform eye tests. Baseline training guidelines for operation of machinery will assist practice assessments ensuring quality testing and safety of patients.

Recommendation 8: Create a new item to allow a brief consultation (not more than 15 minutes) to be co claimed with undertaking a computerised perimetry procedure (items 10940 and 10941). This new item could only be claimed in the case of monitoring of glaucoma suspects or patients with diagnosed glaucoma.

Item	What it does	Committee recommendation	What would be different	Why
New item	N/A	Create a new item to be co claimed for a brief consultation to monitor suspected or diagnosed glaucoma when undertaking computerised perimetry.	Allow a benefit to be paid to patients when an optometrist monitors a suspected or diagnosed glaucoma in conjunction with a computerised perimetry item.	This recommendation focuses on improving access to timely care for patients with suspected or diagnosed glaucoma. It would not require a separate visit to monitor suspected or diagnosed glaucoma.



Recommendation 9: Expand the explanatory notes for MBS items 10940 and 10941 to emphasise the need for providers to document clearly the rationale underlying the need for the practitioner to perform a computerised perimetry test.

Item	What it does	Committee recommendation	What would be different	Why
10940 10941	An automated process to map your field of vision conducted by an optometrist	Improve patient record documentation of the computerised perimetry and reduce unnecessary screening for a family history of glaucoma	This would limit unnecessary computerised perimetry screening by requiring optometrists to clearly document the relevant ocular disease or the signs/symptoms raising suspicion of a pathology of the visual pathway that requires this item to be undertaken.	This recommendation focuses on targeting the test to reduce unnecessary screening and out of pocket costs for patients. For example, family history of glaucoma is insufficient to justify billing these items in the absence of other clinical signs of potential glaucoma.

Recommendation 10: Convene a cross professional Departmental working group (including Ophthalmologists) to develop a rationale and cost effective implementation model for an additional (third) visual field test in a 12-month period with eligibility restricted to patients with glaucoma at high risk of progression that also addresses education and compliance.

Item	What it does	Committee recommendation	What would be different	Why
Nil	N/A	Establish a cross professional working group of optometrists and ophthalmologists that can further develop a rationale and cost effective implementation model for visual field assessment in the context of glaucoma management for an additional (third) visual field in a 12-month period with eligibility restricted to patients with glaucoma at high risk of progression. The group should also address education and compliance.	A third visual field in a 12-month period to be undertaken for patients with glaucoma at high risk of progression.	This recommendation reduces the risk of progression of glaucoma in patients and establishes an appropriate testing regime and collaborative care pathway between optometrists and ophthalmologists. A reliable baseline estimate for detection enables a determination of progression to be established over a shorter time period.


Recommendation 11: Amalgamate items 10912 and 10913 and remove the same practice restriction.

Item	What it does	Committee recommendation	What would be different	Why
10912 10913	A comprehensive assessment for a patient who has a change to their visual function or new symptoms unrelated to an earlier course of treatment	Amalgamate the items 10912 and 10913 and remove the same practice restriction.	No changes to service as items will remain with a single item number.	This recommendation focuses on reducing the regulatory burden for optometrists by making the MBS easier to understand.

Recommendation 12: Amend MBS Item 10942 descriptor to reflect current best practice for testing of residual vision.

Item	What it does	Committee recommendation	What would be different	Why
10942	Testing of residual vision to provide optimum visual performance involving one or more spectacle corrections.	Ensure this testing follows best practice for testing of residual vision.	Changes would be made to ensure optimum vision in line with requirement to obtain a driver's license	This recommendation focuses on ensuring all road users have the best vision to be able to obtain their driver licence(s).



Recommendation 13: Amend item descriptor for item 10944 to clarify the requirement for complete removal of the rust ring with a ferrous foreign body. In the event only part of the 118 foreign body can be removed after two attendances and the optometrist refers the patient to an ophthalmologist for further assessment and management, item 10944 can be claimed, otherwise benefits are payable under the relevant attendance item.

Item	What it does	Committee recommendation	What would be different	Why
10944	Removes the complete rust ring from a cornea including a rust ring if the body is steel or iron.	Amend the item descriptor for item 10944 to clarify the requirement for complete removal of the rust ring with a ferrous embedded foreign body. In the event only part of the embedded foreign body is removed after two attendances and the optometrist refers the patient to an ophthalmologist for further assessment and management, item 10944 can be claimed, otherwise benefits are payable under the relevant attendance item.	Patients would be able to receive a benefit if it is not possible to completely remove the rust ring from a cornea in one day.	This recommendation highlights circumstances where an optometrist cannot remove a foreign body after two patient attendances and referral to an ophthalmologist for further management is necessary. In such a case the optometrist is denying themselves the opportunity to complete the service in the interests of the patient.

Recommendation 14: Remove any reference to item 10900 from MBS Optometry items given 10900 is obsolete.

Item	What it does	Committee recommendation	What would be different	Why
All items where 10900 is referenced	N/A	Remove references to item 10900 as 36 months have passed since its removal from the MBS.	No changes to service as item reference is obsolete.	This recommendation focuses on reducing the regulatory burden for optometrists by making the MBS easier to understand.



Appendix C Comment for Consideration

All MBS Committee Post Consultation Reports are reviewed by the Department of Health, including the Provider Benefit Integrity Division (PBID), before they are presented to the MBS Taskforce.

After reviewing the Optometry Clinical Post Consultation Report, PBID highlighted concerns with some recommendations and noted a number of the recommendations, if accepted by Taskforce and Government, potentially require further work from the Department. For example, recommendations 4 and 5 may attract non-compliant activity and recommendation 11 may have audit process implications for the Department of Human Services.

These issues may be addressed by an Optometry Implementation Liaison Group (ILG). An ILG maintains the integrity and principles of MBS Review committee recommendations by providing advice on the wording of item descriptors/explanatory notes and any unintended consequences of the changes, along with addressing logistical aspects of implementation.