
Medicare Benefits Schedule Review Taskforce

Taskforce Findings

Ophthalmology Clinical Committee

Report

This document outlines the Medicare Benefits Schedule (MBS) Taskforce's recommendations in response to the Ophthalmology Clinical Committee Report.

In June 2020, the Taskforce endorsed all recommendations from the *Report from the Ophthalmology Clinical Committee*, with the addition of two recommendations, noting that these

Number of items reviewed	189
Number of recommendations made	19

additional recommendations originated from the Taskforce. These recommendations are being submitted to the Minister for Health for Government consideration.

The changes recommended to the ophthalmology items predominantly seek to attain these goals by:

- Improving safe practices: for instance, by ensuring that retinal electrophysiology procedures are performed by appropriate providers in the correct setting;
- deleting five obsolete items;
- recommending the creation of new items for the treatment of glaucoma given recent advances in technology and practice;
- encouraging appropriate use: for instance, by monitoring the frequency of eye injections for outlier providers and limiting in-hospital treatment to appropriate cases, and introducing co-claiming restrictions for three items; and
- improving access to care: for instance, by incentivising provision of services in rural and remote areas.

List of Taskforce recommendations

Retinal electrophysiology recommendations

Recommendation 1: Electroretinography, electro-oculography and dark adaptometry Items 11204, 11205 and 11211

- Amend the item descriptors to restrict use to ophthalmologists, or a technician on behalf of an ophthalmologist, by incorporating the following wording: “performed by or on behalf of a specialist practising in his or her speciality of Ophthalmology”.
- Investigate clinicians who are not based at specialised retinal electrophysiology centres in Australia.

Recommendation 2: Pattern electroretinography (Item 11210).

- Amend the item descriptor to restrict GP and non-specialist use by incorporating the following wording: “performed by or on behalf of a specialist or consultant physician in the practice of his or her speciality”.

Computerised perimetry recommendations

Recommendation 3: Computerised perimetry (Items 11221, 11222, 11224 and 11225).

Items 11221, 11222, 11224 and 11225: No change.

The Committee recommended that the Optometry Clinical Committee investigate the optometric computerised perimetry items for possible inappropriate use.

Eye Injection Recommendations

Recommendation 4: Item 42738: Create two new items to replace this item.

These new items would specify whether the injection is administered into the left or right eye.

The items would retain the current descriptor for item 42738, with the additional specification of either left or right eye.

Recommendation 5: Monitor treatment frequency for eye injections once per-eye data is available.

Specifically, the Committee recommends that:

- MBS Compliance audits clinicians who administer a very high frequency of injections (greater than 12 per eye) or have a large proportion of patients with a very low frequency of injections (three or fewer per year) and requests that these clinicians justify treatment with clinical indications.
- RANZCO assists in determining clinically appropriate justifications for high or low frequencies of injections.

Recommendation 6: Facilitate RANZCO education of clinicians on appropriate treatment regimes by disease type, ideally in the form of guidelines.

- A panel of experts from the Australian and New Zealand Society of Retinal Specialists could formulate clinical practice guidelines for the use of intravitreal anti-VEGF therapy.

Recommendation 7: Item 42738: Recommend this item for reclassification as a Type C procedure by the National Procedures Banding Committee, to inform its banding in the system used for private hospitals, with an exclusion for MMM regions 5, 6 and 7.

- A Type C procedure does not normally need hospital treatment and requires clinicians to fill out a form to justify in-hospital use. The Committee agreed that clinically justifiable reasons for in-hospital intravitreal injections include the following:
 - Nystagmus or eye movement disorder.
 - Cognitive impairment precluding safe intravitreal injection without sedation.
 - Patient under the age of 18.
 - Patient unable to tolerate intravitreal injection under local anaesthetic without sedation.
 - Endophthalmitis or other inflammation requiring more extensive anaesthesia (for example, peribulbar).
- The Committee recognises that this procedure is being carried out in day surgeries because it is defined as a Type B procedure, which allows regular in-hospital use. It was also acknowledged that philosophically, for some surgeons the setting is the preferred clinically appropriate environment for the patient whether they are covered by private health funding or not.
- Item 42739: No change.

Cataract Surgery recommendations

Recommendation 8: Item 42702: No change.

- Item 42702: No change.

Obsolete Item recommendations

Recommendation 9: Items 42471, 42524, 42593, 42806, 42807 and 43023: Delete items.

- Item 42808: Amend the item descriptor to incorporate laser photomydriasis by changing wording to “laser iridoplasty”.
- The Committee noted that items 42783, 42792, 42786 and 42789 are already listed for deletion, due to the disbanding of the Medicare Claims Review Panel (MCRP), effective November 2018.

Oculoplastic and orbital recommendations

Recommendation 10: Change the proposed item descriptors (42506, 42509, 42510, 42530, 42533, 42536, 42539, 42542, 42623, 42626, 42629, 42863, 42590, 42866 and 42872) to the following:

- Item 42506: Eye, enucleation of, without insertion of implant (anaes.) (assist.).
- Item 42509: Eye, enucleation of, with insertion of non-integrated implant, without muscle attachment.
- Item 42510: Eye, enucleation of, with insertion of coralline or integrated implant, with attachment of at least the four rectus muscles (with or without oblique muscles) to the implant or its wrap or where myoconjunctival insertion of extraocular muscles are fashioned when another type of integrated implant is used.
- Item 42530: Orbit, exploration requiring removal of bone (orbitotomy) for access, with subsequent drainage or biopsy, including repair of any bone and/or soft tissue surgical defect, not being a service to which items 45590 or 45593 apply.
- Item 42533: Orbit, exploration of, without requiring removal of bone (orbitotomy) for access, with drainage or biopsy, including repair of any bone and/or soft tissue surgical defect.
- Item 42536: Orbit, exenteration of, including repair of any bone and/or soft tissue surgical defect, with or without skin graft and with or without temporalis muscle transplant.
- Item 42539: Orbit, exploration of, requiring removal of bone (orbitotomy) for access, for removal of tumour or foreign body (not incisional biopsy), including repair of any bone and/or soft tissue surgical defect.
- Item 42542: Orbit, exploration of, anterior aspect with removal of tumour or foreign body (not incisional biopsy), including repair of any bone and/or soft tissue surgical defect.
- Item 42590: Canthoplasty, medial or lateral, not to be used where cosmetic blepharoplasty is concurrently performed.
- Item 42623: Dacryocystorhinostomy, external or endonasal approach, including any sinus or turbinate or uncinata operation performed by same surgeon for access, with or without silicone intubation stenting.
- Item 42626: Dacryocystorhinostomy, where a previous dacryocystorhinostomy has been performed, external or endonasal approach, including any sinus or turbinate or uncinata operation performed by same surgeon for access, with or without silicone intubation/stenting.
- Item 42629: Dacryocystorhinostomy with placement of a permanent bypass tube from the conjunctival sac to the nasal cavity.

- Item 42863: Eyelid, upper or lower, recession of, by open operating on and direct release of the lid retractors, one eye.
- Item 42866: Entropion or tarsal ectropion, repair of, by tightening, shortening or repair of inferior retractors by open operation across the entire width of the eyelid – not to be used for closure of the retractors in using conjunctival approaches for performing fat pad reduction or orbital surgery.
- Item 42872: Eyebrow, direct eyebrow lift in parietic states, or in involuntional states where vision is obscured as evidenced by the resting of upper lid skin on the eyelashes in straight ahead gaze, documented photographically (anaes.).

Co-claiming recommendations

Recommendation 11: Items 42632, 42647 and 42773: Change the item descriptors to restrict co-claiming.

- Item 42632: Exclude co-claiming with item 42686. The proposed item descriptor is as follows:
 - Conjunctival peritomy or repair of corneal laceration by conjunctival flap, not being a service associated with a service to which item 42686 applies (Anaes.)
- Item 42647: Exclude co-claiming with item 42650. The proposed item descriptor is as follows:
 - Corneal scars, removal of, by partial keratectomy, not being a service associated with a service to which item 42686 or 42650 applies (Anaes.)
- Item 42773: Exclude co-claiming with any item. The proposed item descriptor is as follows:
 - Detached retina, pneumatic retinopexy for, as an independent procedure (Anaes.) (Assist.)

Telemedicine recommendations

Recommendation 12: Introduce two new teleophthalmology item numbers that include asynchronous options:

- Item A: Virtual “home visit” via telephone or video with only patient present, for optometry referrals only.
- Item B: Asynchronous management advice via report to optometrist and patient, for optometry referrals only, with a requirement to send a formal report to the optometrist and patient.

General recommendations

Recommendation 13: Ongoing review

- Implement an ongoing review process for all ophthalmology items, including a review of recommendations 12 months after implementation.

Recommendation 14: Rural and Remote incentives

- Undertake targeted improvement of rural and remote eye services to assist in closing the gap in eye health and vision care by 2020. The Committee recommended that the Government implement a mechanism to cover additional costs of rural and remote service provision, and proposed three implementation options
- The Taskforce were unable to fully endorse these options, but agree on the general recommendation that the Government implement a mechanism to cover the additional costs of rural and remote service provision.

New item recommendations

Recommendation 15: Glaucoma procedures

- Consider the creation of several new items for the treatment of glaucoma which have been proposed by Australia and New Zealand Glaucoma Society (ANZGS). These new items would cover the following procedures:
 - Repair of cyclodialysis cleft.
 - Glaucoma, drainage device, removal or insertion of intraluminal stent or tying off of lumen.
 - Sutured pupiloplasty for traumatic mydriasis.
 - Conjunctival flap repair of leaking blebs.
 - 5-FU injection post filtration surgery, not associated with needling.
 - OCT diagnosis/monitoring of glaucoma, optic disc photographs.
 - Delimiting (by conjunctival incision and suturing) of bleb for dysaesthesia or over-filtration.
 - Drainage of choroidal effusions.
 - Trans-conjunctival bleb compression suturing.

Cataract Surgery and eye injections schedule fees and out of pocket costs recommendations

Recommendation 16:

- Allocate more funding for ophthalmology staff specialist positions in the public system. These positions should only be made available to ophthalmologists who will participate in the training and supervision of registrars.

- Health services research should be imbedded into any plans for the delivery of ophthalmology in the public sector. Not only should staff have roles in training registrars, funding should also be available for health services research conducted in collaboration with the university system.

Recommendation 17:

- Provide more consumer education to increase health literacy on the costs of services. Eye health care consumers should know that they have a right to contact clinics and inquire about costs. The Committee felt that this information should not be delivered through a clinician rating tool, but that consumer education on patients' rights and options should be made available.

Additional recommendations**Recommendation 18: Intravitreal injection items**

- The Taskforce recommends aligning intravitreal injection items with peri/retrobulbar injections, item 18240. (The Taskforce notes that this would not preclude the intravitreal injection items to be co-claimed with a consultation.)
- Taskforce recommends creation of a new item number for Optical Coherence Tomography (OCT). The Taskforce recommends that claiming of the item be allowable up to six times per year, per patient, for management of macular degeneration.
- The Taskforce recommends that consideration be given to potential fee bundling models for ongoing management of macular degeneration.

Recommendation 19: Ophthalmology workforce

- The Taskforce recommends a review of the broader ophthalmology workforce, with a particular focus on assessing supply issues, servicing both the private and public sectors, and the benefits of expanding the workforce qualified to deliver particular ophthalmology services.
- In relation to this review, the Taskforce recommends a specific focus to assess the expansion of intravitreal injections to include appropriately trained nurse practitioners, optometrists and general practitioners, working to updated guidelines.
- The Taskforce notes that this requires the Royal Australian and New Zealand College of Ophthalmologists, the Royal Australian College of General Practitioners, the Australian College of Nurse Practitioners and the Australian College of Optometry to play a role in supporting this expansion; for example, through the release of updated guidelines specifying that trained nurse practitioners, optometrists and general practitioners may deliver this procedure, as well as by supporting appropriate training programs for nurse practitioners.