
Medicare Benefits Schedule Review Taskforce

Taskforce Findings

Optometry Clinical Committee

Report

This document outlines the Medicare Benefits Schedule (MBS) Review Taskforce's recommendations in response to the report from the Optometry Clinical Committee.

The Taskforce endorsed 11 of 14 recommendations in the Final Report from the Optometry Services Clinical Committee and submitted them to the Minister for Health for Government consideration. The three not endorsed included two (2) that were rescinded and one (1) which has been referred to the Taskforce's Telehealth Working Group for consideration and inclusion in their report.

Number of items reviewed	32
Number of recommendations made	14
Number of recommendations referred to Telehealth	1
Number of recommendations rescinded	2

The recommendations are intended to encourage best practice, improve patient care and safety, and ensure that MBS services provide value for the patient and the healthcare system through deleting obsolete or low clinical value items; consolidating or splitting items to address potential misuse; modernising item descriptors to reflect best practice; and providing clinical guidance for appropriate item use through explanatory notes.

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.

List of Recommendations

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. Repword 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.