**OPTOMETRIST FEES FOR CONSULTATIONS**

**Effective 1 March 2025**

**For all items please refer to the MBS for other rules that may apply to an item**

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| **Item** | **Description** | | | **Fee**  (106.25% of MBS fee) |
| **CONSULTATIONS** | | | | |
| 10905 | **Referred Comprehensive Initial Consultation** of more than 15 minutes duration. | | | **$80.75** |
| 10907 | **Comprehensive Initial Consultation by another practitioner within 24 months of a previous comprehensive consultation** of more than 15 minutes duration. | | | **$40.50** |
| 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 months, received a service to which:  (i) this item or item 10905, 10907, 10913, 10914 or 10915 applies; or  (ii) old items 10900, 10912 applied. | | | **$80.75** |
| 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, 10913, 10914 or 10915 applies; or  (ii) old items 10900, 10912 applied. | | | **$80.75** |
| 10913 | **Professional Attendance** of more than 15 minutes duration, for a comprehensive reassessment of visual function. | | | **$80.75** |
| 10914 | **Professional Attendance** of more than 15 minutes duration, if the patient has a progressive disorder requiring comprehensive reassessment. | | | **$80.75** |
| 10915 | **Professional Attendance** of more than 15 minutes duration, being the first in a course of attention involving the examination of the eyes – diabetes mellitus. | | | **$80.75** |
| 10916 | **Professional Attendance**, being the first in a course of attention, of not more than 15 minutes in duration.  Other conditions apply – refer to MBS. | | | **$40.50** |
| 10918 | **Professional Attendance**, being the second or subsequent in a course of attention not related to the prescription and fitting of contact lenses.  Other conditions apply – refer to MBS. | | | **$40.50** |
| **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 (other conditions apply – refer to MBS).** | | | | |
| 10921 | | - prescription and fitting of contact lenses for optical correction. | | **$200.75** |
| 10924 | | - prescription and fitting of contact lenses, for patients with irregular astigmatism. | | **$253.25** |
| 10926 | | - prescription and fitting of contact lenses, for patients with corrected visual acuity of 0.7 logMAR or worse. | | **$200.75** |
| 10927 | | - prescription and fitting of contact lenses, for patients for whom an opaque contact lens is prescribed. | | **$253.25** |
| 10928 | | - prescription and fitting of contact lenses, for patients who are unable to wear spectacles. | | **$200.75** |
| 10929 | | - prescription and fitting of contact lenses, for patients who have a medical or optical condition. | | **$253.25** |
| 10930 | | - prescription and fitting of contact lenses, where patients meet the requirements of an item in the range 10921-10929 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 item 10921 to 10929. | | **$200.75** |
| **DOMICILIARY VISITS**  **A flag fall service to which an item in Subgroup 1 of Group A10 applies (other than this item), 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 one or more patients at a single location on a single occasion; and**  **(c) both this item and another item applying to this service are billed to DVA**  **(other conditions apply – refer to MBS).** | | | | |
| 10931 | | | Applies once per visit to a domiciliary location, and is billable only for the first patient seen on a visit, irrespective of the number of patients seen during the visit. | **$46.50** |
| **COMPUTERISED PERIMETRY** | | | | |
| 10938 | | | Full quantitative computerised perimetry **- bilateral assessment & report** – indicated by the presence of glaucoma. | **$77.10** |
| 10939 | | | Full quantitative computerised perimetry - **unilateral assessment and report**– indicated by the presence of glaucoma. | **$46.55** |
| 10940 | | | Full quantitative computerised perimetry – **bilateral assessment and report, indicated by the presence of relevant ocular disease or suspected pathology of the visual pathways or brain**. | **$77.10** |
| 10941 | | | Full quantitative computerised perimetry -  **unilateral assessment and report, indicated by the presence of relevant ocular disease or suspected pathology of the visual pathways or brain**. | **$46.55** |
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| 10942 | | | **Low vision assessment**  Testing of residual vision to provide optimum visual performance for a patient. | **$40.50** |
| 10943 | | | **Children’s Vision Assessment – 3-14 years**  Additional testing to confirm diagnosis of, or establish a treatment regime for, a significant binocular or accommodative dysfunction. | **$40.50** |
| 10944 | | | **Removal of Embedded Cornel Foreign Body**  Complete removal of embedded foreign body from – not more than once on the same day by the same practitioner (excluding aftercare). | **$87.35** |
| **TELEHEALTH** | | | | |
| 10945 | | | A professional attendance of less than 15 minutes (whether or not continuous) by a participating optometrist that requires the provision of clinical support to a patient who:   1. is participating in a video conferencing consultation with a specialist practising in his or her speciality of ophthalmology; and 2. is not an admitted patient. | **$40.50** |
| 10946 | | | A professional attendance of at least 15 minutes (whether or not continuous) by a participating optometrist that requires the provision of clinical support to a patient who:   1. is participating in a video conferencing consultation with a specialist practising in his or her speciality of ophthalmology; and 2. is not an admitted patient. | **$80.75** |

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| **DVA CONTACTS**  Further information on allied health services may be obtained from DVA. The contact numbers for health care providers requiring further information or prior financial authorisation for all States & Territories are listed below:  **PHONE NUMBER:**  **1800 550 457** (Select Option 3, then Option 1)  **POSTAL ADDRESS FOR ALL STATES**  **AND TERRITORIES:**  Health Approvals & Home Care Section  Department of Veterans’ Affairs  GPO Box 9998  BRISBANE QLD 4001  **DVA WEBSITE:**  <http://www.dva.gov.au/providers/allied-health-professionals>  **DVA email for prior financial authorisation:** [health.approval@dva.gov.au](mailto:health.approval@dva.gov.au).  The appropriate prior approval request form can be found at: <https://www.dva.gov.au/providers/services-requiring-prior-approval>. | **CLAIMS FOR PAYMENT**  For more information about claims for payment visit: [www.dva.gov.au/providers/how-claim](http://www.dva.gov.au/providers/how-claim)  **Claim Enquiries:** 1300 550 017  (Option 2 Allied Health)  **Claiming Online and DVA Webclaim**  DVA offers online claiming utilising Medicare Online Claiming. DVA Webclaim is available on the Department of Human Services (DHS) [Provider Digital Access (PRODA) Service](https://www.humanservices.gov.au/organisations/health-professionals/services/medicare/proda). For more information about the online solutions available:  DVA Webclaim\Technical Support enquiries: Phone: 1800 700 199 or email: [eBusiness@humanservices.gov.au](mailto:eBusiness@humanservices.gov.au)  Billing, banking and claim enquiries: Phone: 1300 550 017  Visit the Department of Human Services’ website at: https://www.humanservices.gov.au/organisations/health-professionals/subjects/doing-business-online-health-professionals  **Manual Claiming**  Please send all claims for payment to:  Veterans’ Affairs Processing (VAP)  Department of Human Services  GPO Box 964  ADELAIDE SA 5001 DVA provider fillable and printable health care claim forms & service vouchers are also available on the DVA website at: <http://www.dva.gov.au/providers/forms-service-providers> |