



Australian Government
Department of Veterans' Affairs

**NOTES FOR
ALLIED HEALTH PROVIDERS
SECTION 2(h)
OPTOMETRISTS, ORTHOPTISTS
AND OPTICAL DISPENSERS**

This section of the Notes for Allied Health Providers must be read in conjunction with Section One – General Information

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OPTOMETRIC SERVICES

Providing optometric services

1. Optometric services can only be provided to entitled persons by optometrists, optical dispensers and orthoptists where, at the time of service, the provider was:
 - Optometrists - registered with the Department of Human Services (DHS);
 - Optical Dispensers - contracted with the Department of Veterans' Affairs (DVA); and
 - Orthoptists - registered with DHS.

Please see section One, clauses 74-76 for more information about eligibility to provide DVA funded treatment.

Prior financial authorisation

2. The specific item numbers requiring prior financial authorisation are indicated by shading and an asterisk in the *DVA Schedule of Fees Orthoptists* and are listed under schedule 1.8 in the *DVA Pricing Schedule for Visual Aids*. Please consult these Schedules to identify those items requiring prior financial authorisation.
3. For information on how to seek prior financial authorisation, refer to Section One, clauses 51-56.

Treatment thresholds/limits

4. An entitled person may sometimes ask you to provide health care services that are not clinically necessary. DVA will not accept financial responsibility for these services.

Conjunctivitis, pterygium and blepharitis

5. White Card holders who have conjunctivitis, pterygium or blepharitis as 'accepted disabilities' are not entitled to corrective lenses for these conditions. However, for these conditions, they are entitled to plano sunglasses, tints, clip-on sunglasses or sunglasses that fit over their spectacles, when prescribed by an ophthalmologist or an optometrist.

Diabetes

6. White Card holders who have diabetes as an 'accepted disability' are only entitled to optical appliances if their diabetes affects their vision, as determined by an ophthalmologist or optometrist.

What optical appliances are entitled persons entitled to?

7. In any two-year period, providing an entitled person has a clinical necessity, entitled persons are entitled to:
 - one pair of reading and one pair of distance spectacles; or
 - one pair of spectacles with either bifocal, trifocal or progressive power lenses.
 - one six month supply of disposable contact lenses per eye once every six months; or

- one pair of non-disposable contact lenses once every 12 months - refer to the DVA schedule of visual aids for more information on contact lens supply.
8. Devices for low vision aids can also be provided, please see the pricing schedule for visual aids for more details. The pricing schedule can be found at: <http://www.dva.gov.au/providers/fee-schedules>

Significant change in visual function within two years

9. Entitled persons may have their lenses replaced within a two-year period if they have undergone a significant change in visual function (e.g. a change in refraction) or a change in their clinical condition. Where there is a significant change in visual function within a two-year period, the ophthalmologist or optometrist must tick the 'change in refraction' box on the Spectacles Prescription form (D931).

Domiciliary visits

10. You may conduct domiciliary visits to provide optometric services to an entitled person's place of residence, however there must be a genuine need for you to travel to see the client, and it must be at the client's request. A genuine need may be to provide services to an entitled person who is physically unable to travel.
11. Where a consultation is provided somewhere other than the consulting rooms, Medicare Benefits Schedule (MBS) items for domiciliary visits (10931-10933) can be claimed. For full details and instructions on claiming these items please refer to the claiming rules set out in the MBS. Please note that no additional fee is to be charged to the client for these services.

Spectacles prescription form (D931)

12. The Spectacles Prescription Form (Form D931) details prescription and non-prescription optical appliances supplied to entitled persons. The Spectacles Prescription Form also has mandatory requirements. Each form must include:
- the patient's full name, date of birth, residential address and DVA file number;
 - if the patient is a holder of a white card, you will be required to name the condition being treated;
 - the prescription of the patient;
 - the date the patient was assessed;
 - specifications of the goods/services to be supplied to the patient; and
 - the signature and provider number of the prescriber.

Restrictions on services

13. While all optometric services and optical appliances claimed must be in accordance with the patient's assessed clinical need, the following specific restrictions exist:
- For patients less than 65 years of age, only one initial optometric consultation can be claimed in a three-year period, unless the entitled person has a significant change in visual function or develops a new condition;

- For patients more than 65 years of age, only one initial optometric consultation can be claimed in a twelve-month period, unless the entitled person has a significant change in visual function or develops a new condition;
- tints are unable to be claimed with near lenses;
- multifocal lenses are unable to be claimed with either near or distance lenses;
- tints are unable to be claimed with sunglasses; and
- an entitled person may only receive one type of tint item or one sunglasses item in a two-year period.

OPTICAL DISPENSERS

Dispensing optical supplies

14. In addition to the Treatment Principles, these Notes are the contractually binding arrangements for the purchase and dispensing of optical appliances and form part of the Services Agreement.
15. Under DVA arrangements optical dispensers, participating as a DVA provider, are required to complete the registration form D1372, which is available on the DVA website:
<http://www.dva.gov.au/dvaforms>
16. Providers are required to dispense optical appliances and meet the accountability requirements set out in the Notes. Any breach of the Notes may lead to action in accordance with the Agreement.

Eligibility to provide DVA funded treatment

17. Under DVA arrangements, individual as well as incorporated business entity dispensers of optical appliances may choose to become participating DVA providers. Only dispensers of optical appliances contracted with DVA can claim payment for the dispensing of optical appliances provided to entitled persons.

Pricing schedule for visual aids

18. Payment for optical dispensers is based on DVA's Pricing Schedule for Visual Aids. The *Pricing Schedule for Visual Aids* is an integral part of these Notes. The *Pricing Schedule for Visual Aids* is available on the DVA website at:
<http://www.dva.gov.au/providers/fee-schedules>

Replacement of spectacles due to accidental loss or breakage

19. Where an entitled person accidentally loses or breaks their spectacles within the two year period, DVA will pay for replacement spectacles. However, the replacement spectacles must contain the same type of lenses that are being replaced, unless the entitled person has undergone a significant change in visual function or has developed new signs or symptoms.
20. You must attach a written declaration stating the reason for replacement to your claim for payment, and the entitled person must sign the declaration. You do not need prior financial authorisation for replacement spectacles when you follow these procedures.

Frames

21. DVA no longer has a set range of frames. Instead, providers are required to ensure that they have in stock a minimum range of 20 frames (including children's) that meet Australian and International Standards and are able to be provided at the DVA set fees with no gap to the entitled person. Optical dispensers may source these frames from any supplier and they must be on display and easily identifiable.

Co-payment Frames

22. In some instances an entitled person may request a frame that is not available at the DVA fee for plastic or metal frames. In these cases, if it is viable for the optical dispenser to do so, they may provide the frames to the entitled person and also request a co-payment from the entitled person. Where a co-payment is requested, providers should claim items OP64 or OP65 instead of items OP32 and OP44 which relate to provision of 'no gap' frames.

Assessed Clinical Necessity

23. In instances where the prescribed lenses cannot be accommodated by a frame stocked by a provider, (e.g. aphakic lenses), DVA will pay the full cost of a suitable frame, providing financial authorisation is granted by DVA prior to supply. DVA will ask you for written clarification of the clinical reasons for supply.