



Ophthalmology services MBS Changes

Last updated: 21 May 2025

- From 1 July 2025, Medicare Benefits Schedule (MBS) items for ophthalmology services are changing because of:
 - recommendations from the MBS Review Taskforce (the Taskforce)
 - recommendations from the Medical Services Advisory Committee (MSAC) on application 1764 and alignment of terminology in glaucoma services.
- These changes are relevant for specialists, particularly ophthalmologists, as well as private hospitals, private health insurers and consumers using these services.
- Providers will need to familiarise themselves with the ophthalmology services item descriptor changes, new items and any associated rules and explanatory notes.

What are the changes?

Effective 1 July 2025, based on the Taskforce recommendations, there will be a revised structure for items for ophthalmology services. The new structure includes:

- an amended item (**11205**) to include co-claiming restrictions with items 11000, 11340, 11341 and 11343. Item **11000** will also be amended to reflect the co-claiming restriction with 11205.
- an amended item (**11210**) to restrict claiming to specialists and consultant physicians to ensure appropriate training to interpret the test results.
- an amended item (**11211**) to restrict claiming to where the service is performed by or on the behalf of an ophthalmologist for consistency among retinal electrophysiology items.
- 3 amended items (**42506, 42509, 42510**) to more clearly specify the nature of the services provided.
- an amended item (**42530**) to specify the level of complexity, define the procedure and include co-claiming restrictions with items 45590 and 45594 when performed on the same side. Descriptors of items **45590 and 45594** will also be amended to reflect this co-claiming restriction.
- 8 amended items (**42533, 42536, 42539, 42542, 42623, 42626, 42629, 42863**) to more clearly specify the level of complexity and define the procedure.
- 3 amended items (**42590, 42866, 42872**) to reflect current practice and clarify appropriate claiming.
- an amended item (**42632**) to include co-claiming restrictions with item 42686. Item **42686** will also be amended to reflect this co-claiming restriction.
- an amended item (**42647**) to include co-claiming restrictions with item 42650. Item **42650** will also be amended to reflect this co-claiming restriction.
- an amended item (**42713**) to clarify that repair of cyclodialysis cleft and sutured pupiloplasty for traumatic mydriasis can be provided under this item.

- 1 new item (**42750**) will be created for subconjunctival injection of antifibrotic agent following glaucoma filtering surgery, as an independent procedure, to provide treatment for glaucoma.
- an amended item (**42755**) to incorporate removal or insertion of intraluminal stent or tying off lumen and reflect current practice.
- an amended item (**42773**) to specify that the service is an independent procedure and cannot be claimed with any other item where it occurs on the same eye
- an amended item (**42808**) to incorporate laser photomydriasis by removing reference to 'peripheral' from laser iridoplasty.
- an amended item (**42818**) to clarify that repair of cyclodialysis cleft can be provided under this item.
- 6 new items (**43030, 43032, 43034, 43036, 43038, 43040**) for intravitreal eye injections that specify the left and right eye to replace items 42738, 42739 and 42740. Items **42738, 42739** and **42740** will be deleted.
- 1 new item (**43050**) will be created for repair of choroidal detachment by external drainage to provide treatment for glaucoma.
- 6 deleted items (**42524, 42593, 42741, 42806, 42807, 43023**) as the Taskforce considered that the items are no longer clinically best practice or current.

Effective 1 July 2025, based on MSAC recommendations, there will be a revised structure for items for ophthalmology services. The new structure includes:

- an amended item (**42504**) to incorporate the insertion of a micro-bypass glaucoma surgery device or devices into the suprachoroidal space, in addition to trabecular meshwork, as a standalone procedure. It will also remove reference to the Conjoint Committee for the Recognition of Training in Micro-Bypass Glaucoma Surgery, as the specified committee has not been established (MSAC application 1764).
- 2 amended items (**42505 and 42705**) to include reference to the micro-bypass glaucoma surgery device or devices being located in the suprachoroidal space or trabecular meshwork.
- 5 amended items (**42744, 42746, 42749, 42752, 42794**) to align terminology for glaucoma treatment.

The private health insurance procedure types of 10 items (**42536, 42590, 42632, 42647, 42686, 42863, 42866, 42872, 42808** and **42818**) are also being amended.

Why are the changes being made?

These changes are a result of a review by the Taskforce, which was informed by the Ophthalmology Clinical Committee. More information about the Taskforce and associated Committees is available in [Medicare Benefits Schedule Review](#) in the consumer section of the [Department of Health, Disability and Ageing \(the department\)](#).

A full copy of the Ophthalmology Clinical Committee's final report can be found in the [Ophthalmology Clinical Committee](#) section of the department website, and a full copy of the Taskforce's final report can be found in the [Taskforce Ophthalmology Report](#) section of the department website.

The listing of the service for application 1764 was recommended by the MSAC in April 2024. Further details about MSAC applications can be found under [MSAC Applications](#) on the MSAC website ([Medical Services Advisory Committee](#)).

What does this mean for providers?

The Taskforce recommendations to tighten, clarify and update item descriptors and to delete and consolidate items will benefit providers by simplifying and modernising the MBS, thereby making it easier to use.

Providers have a responsibility to ensure that any services they bill to Medicare fully meet the eligibility requirements outlined in the legislation.

How will these changes affect patients?

Patients will receive Medicare benefits for ophthalmology services that are clinically appropriate and reflect modern clinical practice.

Patients should not be negatively affected by removed or amended items and will have continued access to clinically relevant services.

Who was consulted on the changes?

The Ophthalmology Clinical Committee was established by the Taskforce, to provide broad clinician and consumer expertise. Feedback was received from a broad range of stakeholders and considered by the Ophthalmology Clinical Committee prior to making its final recommendations to the Taskforce.

Following the Taskforce's final report, ongoing consultation on implementation occurred through the Ophthalmology Implementation Liaison Group (ILG) with the Royal Australian and New Zealand College of Ophthalmologists (RANZCO), Australian Society of Ophthalmologists (ASO), Australian Medical Association (AMA), Royal Australian College of General Practitioners (RACGP), Macular Disease Foundation Australia (MDFA), Vision 2020 Australia, Consumers Health Forum of Australia (CHF), Lions Eye Institute (LEI), Optometry Australia, Australian College of Optometry (ACO). In addition, Private Healthcare Australia, Australian Private Hospitals Association, Day Hospitals Australia, Australian College of Nursing and Australian College of Nurse Practitioners were consulted on recommendations relating to intravitreal eye injections.

How will the changes be monitored and reviewed?

Providers are responsible for ensuring Medicare services claimed using their provider number meet all legislative requirements. All Medicare claiming is subject to compliance checks and providers may be required to submit evidence about the services they bill. More

information about the department's compliance program can be found on its website at [Medicare compliance](#).

Where can I find more information?

The full item descriptor(s) and information on other changes to the MBS can be found on the [MBS Online website](#). You can also subscribe to future MBS updates by visiting '[Subscribe to the MBS](#)' on the MBS Online website.

Providers seeking advice on interpretation of MBS items, explanatory notes and associated legislation can use the department's email advice service by emailing askMBS@health.gov.au.

Private health insurance information on the product tier arrangements is available at www.privatehealth.gov.au. Detailed information on the MBS item listing within clinical categories is available on the [department's website](#). Private health insurance minimum accommodation benefits information, including MBS item accommodation classification, is available in the latest version of the *Private Health Insurance (Benefit Requirements) Rules 2011* found on the [Federal Register of Legislation](#). If you have a query in relation to private health insurance, you should email PHI@health.gov.au.

Subscribe to '[News for Health Professionals](#)' on the Services Australia website to receive regular news highlights.

If you are seeking advice in relation to Medicare billing, claiming, payments, or obtaining a provider number, please go to the Health Professionals page on the Services Australia website or contact Services Australia on the Provider Enquiry Line – 13 21 50.

The data file for software vendors when available can be accessed via the [Downloads](#) page.

Amended item descriptors (to take effect 1 July 2025)

Note:

1. All fees listed include indexation which will be applied 1 July 2025.
2. The Private Health Insurance Classifications for the amended items are subject to final delegate approval.

Category 2 - DIAGNOSTIC PROCEDURES AND INVESTIGATIONS

Group D1 – Miscellaneous Diagnostic Procedures And Investigations

Subgroup 1 – Neurology

11000 (Amended)

Electroencephalography, other than a service:

Category 2 - DIAGNOSTIC PROCEDURES AND INVESTIGATIONS

- (a) associated with a service to which item 11003, ~~or~~ 11009 **or 11205** applies; or
- (b) involving quantitative topographic mapping using neurometrics or similar devices (Anaes.)

Fee: \$143.60 Benefit: 75% = \$107.70 85% = \$122.10

Private Health Insurance Classification:

- Clinical category: Support list
- Procedure type: Type C

Category 2 - DIAGNOSTIC PROCEDURES AND INVESTIGATIONS

Group D1 – Miscellaneous Diagnostic Procedures And Investigations

Subgroup 2 - Ophthalmology

11205 (Amended)

Electrooculography of one or both eyes performed according to current professional guidelines or standards, performed by or on behalf of a specialist or consultant physician in the practice of the specialist's or consultant physician's speciality, **other than a service associated with a service to which item 11000, 11340, 11341 or 11343 applies**

Fee: \$126.25 Benefit: 75% = \$94.70 \$85% = \$107.35

Private Health Insurance Classification:

- Clinical category: Support list
- Procedure type: Type C

11210 (Amended)

Pattern electroretinography of one or both eyes by computerised averaging techniques, including 3 or more studies performed according to current professional guidelines or standards, **performed by or on behalf of a specialist or consultant physician in the practice of the specialist's or consultant physician's speciality**

Fee: \$126.25 Benefit: 75% = \$94.70 \$85% = \$107.35

Private Health Insurance Classification:

- Clinical category: Support list
- Procedure type: Type C

11211 (Amended)

Category 2 - DIAGNOSTIC PROCEDURES AND INVESTIGATIONS

Dark adaptometry of one or both eyes with a quantitative estimation of threshold in log lumens at 45 minutes of dark adaptations, **performed by or on behalf of a specialist in the practice of the specialist's specialty of ophthalmology**

Fee: \$126.25 Benefit: 75% = \$94.70 85% = \$107.35

Private Health Insurance Classification:

- Clinical category: Support list
- Procedure type: Type C

Category 3 - THERAPEUTIC PROCEDURES

Group T8 - Surgical Operations

Subgroup 9 - Ophthalmology

42504 (Amended)

~~Glaucoma, implantation of a micro-bypass surgery stent system into the trabecular meshwork, if:~~

~~(a) conservative therapies have failed, are likely to fail, or are contraindicated; and~~
~~(b) the service is performed by a specialist with training that is recognised by the Conjoint Committee for the Recognition of Training in Micro-Bypass Glaucoma Surgery~~

Implantation of a micro-bypass glaucoma surgery device or devices into the suprachoroidal space or the trabecular meshwork, if conservative therapies have failed, are likely to fail, or are contraindicated

(H) (Anaes.)

Fee: \$350.85 Benefit: 75% = \$263.15

Private Health Insurance Classification:

- Clinical category: Eye (not cataracts)
- Procedure type: Type B Non-band specific

42505 (Amended)

Complete removal ~~from the eye of a trans-trabecular drainage device or devices of a micro-bypass glaucoma surgery device or devices from the suprachoroidal space or the trabecular meshwork~~, with or without replacement, following device-related medical complications necessitating complete removal (Anaes.)

Fee: \$350.85 Benefit: 75% = \$263.15 85% = \$298.25

Private Health Insurance Classification:

- Clinical category: Eyes (not cataracts)

Category 3 - THERAPEUTIC PROCEDURES

- Procedure type: Type A Surgical

42506 (Amended)

Eye, enucleation of, ~~with or without sphere~~ without insertion of implant

(H) (Anaes.) (Assist.)

Fee: \$561.40 Benefit: 75% = \$421.05

Private Health Insurance Classification:

- Clinical category: Eye (not cataracts)
- Procedure type: Type A Surgical

42509 (Amended)

Eye, enucleation of, with insertion of ~~integrated implant~~ non-integrated implant, without muscle attachment (H) (Anaes.) (Assist.)

Fee: \$710.55 Benefit: 75% = \$532.95

Private Health Insurance Classification:

- Clinical category: Eye (not cataracts)
- Procedure type: Type A Surgical

42510 (Amended)

~~Eye, enucleation of, with insertion of hydroxy apatite implant or similar coralline implant~~

Eye, enucleation of, with insertion of coralline or other integrated implant, including:

a) for a coralline implant—attachment of at least the 4 rectus muscles (with or without oblique muscles) to:

- (i) the implant; or
- (ii) the implant wrap; or

b) for another integrated implant—fashioning of myoconjunctival insertion of extraocular muscles

(H) (Anaes.) (Assist.)

Fee: \$819.00 Benefit: 75% = \$614.25

Private Health Insurance Classification:

- Clinical category: Eye (not cataracts)
- Procedure type: Type A Surgical

42524 (Delete)

~~ORBIT, SKIN GRAFT TO, as a delayed procedure (Anaes.)~~

Category 3 - THERAPEUTIC PROCEDURES

42530 (Amended)

Orbit, exploration ~~with or without biopsy, requiring removal of bone of~~, requiring **removal of bone (orbitotomy)** for access, with subsequent drainage or biopsy, including repair of any bone or soft tissue surgical defect, other than a service associated with a service to which item 45590 or 45594 applies on the same side (H) (Anaes.) (Assist.)

Fee: \$736.95 Benefit: 75% = \$552.75

Private Health Insurance Classification:

- Clinical category: Eye (not cataracts)
- Procedure type: Type A Surgical

42533 (Amended)

Orbit, exploration of, ~~with drainage or biopsy not requiring removal of bone without~~ **requiring removal of bone (orbitotomy)** for access, with drainage or biopsy, including repair of any bone or soft tissue surgical defect (H) (Anaes.) (Assist.)

Fee: \$473.65 Benefit: 75% = \$355.25

Private Health Insurance Classification:

- Clinical category: Eye (not cataracts)
- Procedure type: Type A Surgical

42536 (Amended)

Orbit, exenteration of, **including repair of any bone or soft tissue surgical defect**, with or without skin graft and with or without temporalis muscle transplant (H) (Anaes.) (Assist.)

Fee: \$973.55 Benefit: 75% = \$730.20

Private Health Insurance Classification:

- Clinical category: Eye (not cataracts)
- Procedure type: **Type A Advanced Surgical**

42539 (Amended)

Orbit, exploration of, ~~with removal of tumour or foreign body, requiring removal of bone~~ **requiring removal of bone (orbitotomy)** for access, with removal of tumour or foreign body (not incisional biopsy), including repair of any bone or soft tissue surgical defect (H) (Anaes.) (Assist.)

Fee: \$1,386.10 Benefit: 75% = \$1,039.60

Private Health Insurance Classification:

Category 3 - THERAPEUTIC PROCEDURES

- Clinical category: Eye (not cataracts)
- Procedure type: Type A Advanced Surgical

42542 (Amended)

Orbit, exploration of anterior aspect, with removal of tumour or foreign body (**not incisional biopsy**), **including repair of any bone or soft tissue surgical defect** (H) (Anaes.) (Assist.)

Fee: \$587.85 Benefit: 75% = \$440.90

Private Health Insurance Classification:

- Clinical category: Eye (not cataracts)
- Procedure type: Type A Surgical

42590 (Amended)

Canthoplasty, medial or lateral, **excluding when performed in conjunction with cosmetic blepharoplasty** (Anaes.) (Assist.)

Fee: \$394.75 Benefit: 75% = \$296.10 85% = \$335.55

Private Health Insurance Classification:

- Clinical category: Eye (not cataracts)
- Procedure type: **Type B Non-band specific**

42593 (Delete)

~~LACRIMAL GLAND, excision of palpebral lobe (Anaes.)~~

42623 (Amended)

Dacryocystorhinostomy, **external or endonasal approach, including any sinus, turbinate or uncinat operation performed by same surgeon for access, with or without silicone intubation/stenting** (H) (Anaes.) (Assist.)

Fee: \$815.95 Benefit: 75% = \$612.00

Private Health Insurance Classification:

- Clinical category: Eye (not cataracts)
- Procedure type: Type A Surgical

42626 (Amended)

Dacryocystorhinostomy, if a previous dacryocystorhinostomy has been performed, **external or endonasal approach, including any sinus, turbinate or uncinat operation performed by same surgeon for access, with or without silicone intubation/stenting** (H) (Anaes.) (Assist.)

Category 3 - THERAPEUTIC PROCEDURES

Fee: \$1316.00 Benefit: 75% = \$987.00

Private Health Insurance Classification:

- Clinical category: Eye (not cataracts)
- Procedure type: Type A Advanced Surgical

42629 (Amended)

~~Conjunctivorhinostomy including dacryocystorhinostomy and fashioning of conjunctival flaps~~

Dacryocystorhinostomy, with placement of a permanent bypass tube from the conjunctival sac to the nasal cavity (H) (Anaes.) (Assist.)

Fee: \$991.30 Benefit: 75% = \$743.50

Private Health Insurance Classification:

- Clinical category: Eye (not cataracts)
- Procedure type: Type A Surgical

42632 (Amended)

Conjunctival peritomy or repair of corneal laceration by conjunctival flap, **other than a service associated with a service to which item 42686 applies** (Anaes.)

Fee: \$136.90 Benefit: 75% = \$102.68 85% = \$116.40

Private Health Insurance Classification:

- Clinical category: Eye (not cataracts)
- Procedure type: **Type B Non-band specific**

42647 (Amended)

Corneal scars, removal of, by partial keratectomy, other than a service associated with a service to which item 42686 **or 42650** applies (Anaes.)

Fee: \$238.65 Benefit: 75% = \$ 179.00 85% = \$202.90

Private Health Insurance Classification:

- Clinical category: Eye (not cataracts)
- Procedure type: **Type B Non-band specific**

42650 (Amended)

Cornea, epithelial debridement for corneal ulcer or corneal erosion (excluding after-care), **other than a service associated with a service to which item 42647 applies** (Anaes.)

Fee: \$84.15 Benefit: 75% = \$63.15 85% = \$71.55

Private Health Insurance Classification:

Category 3 - THERAPEUTIC PROCEDURES

- Clinical category: Eye (not cataracts)
- Procedure type: Type C

42686 (Amended)

Pterygium, removal of, **other than a service associated with a service to which item 42632 or 42647 applies** (Anaes.)

Fee: \$319.25 Benefit: 75% = \$239.45 85% = \$271.40

Private Health Insurance Classification:

- Clinical category: Eye (not cataracts)
- Procedure type: **Type B Non-band specific**

42705 (Amended)

Lens extraction and insertion of intraocular lens, excluding surgery performed for the correction of refractive error except for anisometropia greater than 3 dioptres following the removal of cataract in the first eye, performed in association with ~~a trans-trabecular drainage device or devices~~ **insertion of a micro-bypass glaucoma surgery device or devices into the suprachoroidal space or trabecular meshwork**, in a patient diagnosed with open angle glaucoma who is not adequately responsive to topical anti-glaucoma medications or who is intolerant of anti-glaucoma medication (H) (Anaes.)

Fee: \$1062.90 Benefit: 75% = \$797.20

Private Health Insurance Classification:

- Clinical category: Cataracts
- Procedure type: **Type A Advanced Surgical**

42713 (Amended)

~~Iris suturing, McCannell technique or similar, for fixation of intraocular lens or repair of iris defect~~

Iris or ciliary body suturing, McCannell technique or similar, for:

- (a) fixation of intraocular lens; or
(b) repair of iris defect or cyclodialysis cleft

(H) (Anaes.) (Assist.)

Fee: \$438.65 Benefit: 75% = \$329.00

Private Health Insurance Classification:

- Clinical category: Cataracts
- Procedure type: Type A Surgical

42738 (Delete)

Category 3 - THERAPEUTIC PROCEDURES

~~Paracentesis of anterior chamber or vitreous cavity, or both, for the injection of therapeutic substances, or the removal of aqueous or vitreous humours for diagnostic or therapeutic purposes, one or more of, as an independent procedure~~

42739 (Delete)

~~Paracentesis of anterior chamber or vitreous cavity, or both, for the injection of therapeutic substances, or the removal of aqueous or vitreous humours for diagnostic or therapeutic purposes, one or more of, as an independent procedure, for a patient requiring the administration of anaesthetic by an anaesthetist (Anaes.)~~

42740 (Delete)

~~Intravitreal injection of therapeutic substances, or the removal of vitreous humour for diagnostic purposes, one or more of, as a procedure associated with other intraocular surgery (Anaes.)~~

42741 (Delete)

~~Posterior juxtасcleral depot injection of a therapeutic substance, for the treatment of subfoveal choroidal neovascularisation due to age-related macular degeneration, 1 or more of~~

42744 (Amended)

Needle revision of glaucoma filtration bleb, following glaucoma filtering **procedure surgery** (Anaes.)

Fee: \$350.65 Benefit: 75% = \$263.00 85% = \$298.10

Private Health Insurance Classification:

- Clinical category: Eye (not cataracts)
- Procedure type: Type C

42746 (Amended)

~~Glaucoma, filtering operation for filtering surgery, if conservative therapies have failed, are likely to fail, or are contraindicated (H) (Anaes.) (Assist.)~~

Fee: \$1114.10 Benefit: 75% = \$835.60

Private Health Insurance Classification:

- Clinical category: Eye (not cataracts)
- Procedure type: Type A Advanced Surgical

42749 (Amended)

~~Glaucoma, filtering operation for, if previous filtering operation filtering surgery, if previous filtering surgery has been performed (H) (Anaes.) (Assist.)~~

Category 3 - THERAPEUTIC PROCEDURES

Fee: \$1394.85 Benefit: 75% = \$1046.15

Private Health Insurance Classification:

- Clinical category: Eye (not cataracts)
- Procedure type: Type A Advanced Surgical

42750 (New)

Subconjunctival injection of antifibrotic agent following glaucoma filtering surgery, as an independent procedure (Anaes.)

Fee: \$62.20 Benefit: 75% = \$46.65 \$85% = \$52.90

Private Health Insurance Classification:

- Clinical category: **Eye (not cataracts)**
- Procedure type: **Type B Non-band specific**

42752 (Amended)

~~**Glaucoma, insertion of drainage device incorporating an extraocular reservoir for, such as a Molteno device**~~

Insertion of glaucoma drainage device incorporating an extraocular reservoir (H) (Anaes.) (Assist.)

Fee: \$1561.40 Benefit: 75% = \$1171.05

Private Health Insurance Classification:

- Clinical category: Eye (not cataracts)
- Procedure type: Type A Advanced Surgical

42755 (Amended)

~~**Glaucoma, removal of drainage device incorporating an extraocular reservoir for, such as a Molteno device**~~

Any of the following:

- (a) removal of glaucoma drainage device incorporating an extraocular reservoir;**
- (b) insertion or removal of intraluminal stent;**
- (c) tying off of lumen**

One eye (H) (Anaes.) (Assist.)

Fee: \$192.95 Benefit: 75% = \$144.75

Private Health Insurance Classification:

- Clinical category: Eye (not cataracts)
- Procedure type: Unlisted

42773 (Amended)

Category 3 - THERAPEUTIC PROCEDURES

Detached retina, pneumatic retinopexy for, ~~other than a service associated with a service to which item 42776 applies as an independent procedure~~ (H) (Anaes.) (Assist.)

Fee: \$1052.55 Benefit: 75% = \$789.40

Private Health Insurance Classification:

- Clinical category: Eye (not cataracts)
- Procedure type: Type A Advanced Surgical

42794 (Amended)

Division of suture by laser following glaucoma ~~filtration~~ **filtering** surgery, each treatment to one eye, to a maximum of 2 treatments to that eye in a 2 year period (Anaes.)

Fee: \$79.00 Benefit: 75% = \$59.25 85% = \$67.15

Private Health Insurance Classification:

- Clinical category: Eye (not cataracts)
- Procedure type: Type C

42806 (Delete)

~~IRIS TUMOUR, laser photocoagulation of (Anaes.) (Assist.)~~

42807 (Delete)

~~PHOTOMYDRIASIS, laser~~

42808 (Amended)

Laser ~~peripheral~~ iridoplasty

Fee: \$415.05 Benefit: 75% = \$311.30 85% = \$352.80

Private Health Insurance Classification:

- Clinical category: Eye (not cataracts)
- Procedure type: **Type C**

42818 (Amended)

Retina, **or ciliary body**, cryotherapy to, as an independent procedure, or when performed ~~in association with item 42770 or 42809~~ **in conjunction with item 42809** (Anaes.)

Fee: \$684.20 Benefit: 75% = \$513.15 85% = \$581.80

Private Health Insurance Classification:

- Clinical category: Eye (not cataracts)
- Procedure type: **Type B Non-band specific**

Category 3 - THERAPEUTIC PROCEDURES

42863 (Amended)

Eyelid (**upper or lower**), recession of, **by open operation on and direct release of the lid retractors, one eye** (Anaes.) (Assist.)

Fee: \$903.65 Benefit: 75% = \$677.75 85% = \$801.25

Private Health Insurance Classification:

- Clinical category: Plastic and reconstructive surgery (medically necessary)
- Procedure type: **Type B Non-band specific**

42866 (Amended)

Entropion or tarsal ectropion, repair of, by tightening, shortening or repair of inferior retractors by open operation across the entire width of the eyelid, **excluding when performed in conjunction with closure of the retractors using conjunctival approaches for fat pad reduction or orbital surgery** (Anaes.) (Assist.)

Fee: \$877.05 Benefit: 75% = \$657.80 85% = \$774.65

Private Health Insurance Classification:

- Clinical category: Plastic and reconstructive surgery (medically necessary)
- Procedure type: **Type B Non-band specific**

42872 (Amended)

~~**Eyebrow, elevation of, by skin excision, to correct for a reduced field of vision caused by paretic, involutional, or traumatic eyebrow descent/ptosis to a position below the superior orbital rim**~~

Direct eyebrow lift in paretic states, or in involutional states, if:

(a) vision is obscured as evidenced by the resting of upper lid skin on the eyelashes in straight ahead gaze; and

(b) photographic evidence demonstrating the clinical need for this service is documented in the patient notes

(Anaes.)

Fee: \$280.75 Benefit: 75% = \$210.60 85% = \$238.65

Private Health Insurance Classification:

- Clinical category: Plastic and reconstructive surgery (medically necessary)
- Procedure type: **Type B Non-band specific**

43023 (Delete)

~~**Infusion of Verteporfin for discontinued photodynamic therapy, where a session of therapy which would have been provided under item 43021 or 43022 has been discontinued on medical grounds.**~~

Category 3 - THERAPEUTIC PROCEDURES

43030 (New)

Paracentesis of anterior chamber or vitreous cavity, or both, for either or both of the following:

(a) the injection of therapeutic substances;

(b) the removal of aqueous or vitreous humours for diagnostic or therapeutic purposes;

as an independent procedure of the left eye

Fee: \$350.85 Benefit: 75% = \$263.15 \$85% = \$298.25

Private Health Insurance Classification:

- Clinical category: **Eye (not cataracts)**
- Procedure type: **Type B Non-band specific**

43032 (New)

Paracentesis of anterior chamber or vitreous cavity, or both, for either or both of the following:

(a) the injection of therapeutic substances;

(b) the removal of aqueous or vitreous humours for diagnostic or therapeutic purposes;

as an independent procedure of the right eye

Fee: \$350.85 Benefit: 75% = \$263.15 \$85% = \$298.25

Private Health Insurance Classification:

- Clinical category: **Eye (not cataracts)**
- Procedure type: **Type B Non-band specific**

43034 (New)

Paracentesis of anterior chamber or vitreous cavity, or both, for either or both of the following:

(a) the injection of therapeutic substances;

(b) the removal of aqueous or vitreous humours for diagnostic or therapeutic purposes;

as an independent procedure of the left eye, for a patient requiring the administration of anaesthetic by an anaesthetist (Anaes.)

Fee: \$350.85 Benefit: 75% = \$263.15 \$85% = \$298.25

Private Health Insurance Classification:

- Clinical category: **Eye (not cataracts)**
- Procedure type: **Type B Non-band specific**

43036 (New)

Category 3 - THERAPEUTIC PROCEDURES

Paracentesis of anterior chamber or vitreous cavity, or both, for either or both of the following:

(a) the injection of therapeutic substances;

(b) the removal of aqueous or vitreous humours for diagnostic or therapeutic purposes;

as an independent procedure of the right eye, for a patient requiring the administration of anaesthetic by an anaesthetist (Anaes.)

Fee: \$350.85 Benefit: 75% = \$263.15 \$85% = \$298.25

Private Health Insurance Classification:

- Clinical category: **Eye (not cataracts)**
- Procedure type: **Type B Non-band specific**

43038 (New)

Intravitreal injection of therapeutic substances, or the removal of vitreous humour for diagnostic purposes, one or more of, as a procedure associated with other intraocular surgery of the left eye (Anaes.)

Fee: \$350.85 Benefit: 75% = \$263.15 \$85% = \$298.25

Private Health Insurance Classification:

- Clinical category: **Eye (not cataracts)**
- Procedure type: **Type B Non-band specific**

43040 (New)

Intravitreal injection of therapeutic substances, or the removal of vitreous humour for diagnostic purposes, one or more of, as a procedure associated with other intraocular surgery of the right eye (Anaes.)

Fee: \$350.85 Benefit: 75% = \$263.15 \$85% = \$298.25

Private Health Insurance Classification:

- Clinical category: **Eye (not cataracts)**
- Procedure type: **Type B Non-band specific**

43050 (New)

Choroidal detachment, repair by external drainage (H) (Anaes.) (Assist.)

Fee: \$786.50 Benefit: 75% = \$589.90

Private Health Insurance Classification:

- Clinical category: **Eye (not cataracts)**
- Procedure type: **Type A Surgical**

Category 3 - THERAPEUTIC PROCEDURES

Group T8 - Surgical Operations

Subgroup 13 - Plastic and Reconstructive Surgery

45590 (Amended)

Orbital cavity, reconstruction of wall or floor, with or without bone graft, cartilage graft or foreign implant, other than a service associated with a service to which item **42530** or 45594 applies on the same side (H) (Anaes.) (Assist.)

Fee: \$563.75 Benefit: 75% = \$422.85

Private Health Insurance Classification:

- Clinical category: Plastic and reconstructive surgery (medically necessary)
- Procedure type: Type A Surgical

45594 (Amended)

Orbital cavity, exploration of wall or floor without bone graft, cartilage graft or foreign implant, other than a service associated with a service to which item **42530**, 45590 or 45592 applies on the same side (H) (Anaes.) (Assist.)

Fee: \$465.35 Benefit: 75% = \$349.05

Private Health Insurance Classification:

- Clinical category: Plastic and reconstructive surgery (medically necessary)
- Procedure type: Type A Surgical

Please note that the information provided is a general guide only. It is ultimately the responsibility of treating practitioners to use their professional judgment to determine the most clinically appropriate services to provide, and then to ensure that any services billed to Medicare fully meet the eligibility requirements outlined in the legislation.

This factsheet is current as of the Last updated date shown above and does not account for MBS changes since that date.