



# Implementation of Medicare Benefits Schedule (MBS) Review Taskforce optometry recommendations

Last updated: 13 February 2025

- From 1 March 2025, MBS items for optometry services are changing to align with the recommendations of the MBS Review Taskforce.

## What are the changes?

### Domiciliary visits

- A single flag fall item for domiciliary visits will replace three patient loading items. The flag fall item number will be 10931 and patient loading item numbers 10932 and 10933 will be deleted. The flag fall item 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. On commencement, the schedule fee for this item will be \$43.75, and subject to indexation annually.
- Co-claiming short consultations 10916, 10918 and computerised perimetry items 10940 and 10941 will be permitted during domiciliary visits (i.e., these items will be able to be co-claimed with the new flag fall item 10931).

### Computerised perimetry

- Computerised perimetry items 10940 and 10941 will be amended to clarify permissible use of assistants in performing the service.
- New items for a third computerised perimetry test within a 12-month period will be created for glaucoma patients with a high risk of clinically significant progression: 10938 (bilateral) and 10939 (unilateral). The new items will also clarify permissible use of assistants in performing the service.
- The explanatory note AN.10.1 for computerised perimetry items 10938, 10939, 10940 and 10941 will be updated to emphasise the need for providers to clearly document the rationale for performing a computerised perimetry test.

### Contact lenses

- Contact lens prescription and fitting items 10921, 10922, 10923 and 10925 will be amended by merging into a single item. The amended item number will be 10921 and item numbers 10922, 10923 and 10925 will be deleted.
- The explanatory notes for all contact lens prescription and fitting items will be updated to remove the requirement to deliver the lens: 10921, 10924, 10926, 10927, 10928, 10929 and 10930.

### Consultations

- Consultation items 10912 and 10913 will be amended by merging into a single item. The amended item will be 10913 and item number 10912 will be deleted.
- Consultation item 10913 will be amended to remove the same practice restriction.
- Consultation items 10907, 10910 and 10911 will be amended to remove obsolete references.

### Foreign body removal

- The descriptor for item 10944 will be amended 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 or other appropriately qualified practitioner for further assessment and management, item 10944 can be claimed. If an optometrist does not attempt to remove the rust ring beyond the first attendance, the appropriate consultation item can be claimed for the service.

### Low vision assessment

- The descriptor for item 10942 will be amended to reflect best practice for the testing of residual vision.

### Obsolete items

- All references to obsolete items 10900, 10912, 10922, 10923, 10925, 10932 and 10933 in optometric service item descriptors will be deleted.

## Why are the changes being made?

These changes are being made by the Australian Government in response to MBS Review Taskforce recommendations, which were informed by the Optometry Services 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 and Aged Care \(the Department\) website](#).

A full copy of the Taskforce endorsed report - Optometry Clinical Committee can be found on the [Department's website](#).

## What does this mean for providers?

Optometrists will benefit from simpler and clearer item descriptors and explanatory notes, which reflect contemporary best practice in optometric health service delivery.

## How will these changes affect patients?

Patients will benefit from improved access to optometric health services, supporting high-quality cost-effective prevention and treatment.

## Who was consulted on the changes?

The Optometry Services Clinical Committee was established in 2018 by the MBS Review Taskforce (the 'Taskforce'), to provide broad clinician and consumer expertise. The MBS Review included a public consultation process on the proposed changes from 5 February 2019 to 12 April 2019. Feedback was received from a broad range of stakeholders and considered by the Optometry Services Clinical Committee prior to making its final recommendations to the Taskforce.

Following the MBS Review (during implementation), ongoing consultation occurred through the Optometry Implementation Liaison Group (ILG) with the Australian College of Optometry, Australian Medical Association, Optometry Australia, Orthoptics Australia, Royal Australian College of General Practitioners (RACGP), Royal Australian and New Zealand College of Ophthalmologists (RANZCO), and Vision 2020.

## How will the changes be monitored and reviewed?

The Department regularly reviews the usage of MBS items in consultation with health professionals. These changes will be subject to MBS compliance processes and activities.

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.

The Department provides an email advice service for providers seeking advice on interpretation of MBS items and rules and the *Health Insurance Act 1973* and associated regulations. If you have a query relating exclusively to interpretation of the Schedule, you should email [askMBS@health.gov.au](mailto:askMBS@health.gov.au).

Private health insurance information on the product tier arrangements is available at [www.privatehealth.gov.au](http://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](mailto:PHI@health.gov.au).

Subscribe to '[News for Health Professionals](#)' on the Services Australia website and you will 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 March 2025)

### Category 1 – Professional Attendances

#### Group A10 – Optometric services provided by optometrist

##### Subgroup - General

###### Item 10907

Professional attendance of more than 15 minutes in duration, being the first in a course of attention if the patient has attended another optometrist for an attendance to which this item or item 10905, 10910, 10911, 10913, 10914 or 10915 applies:

- a. for a patient who is less than 65 years of age-within the previous 36 months; or
- b. for a patient who is at least 65 years or age-within the previous 12 months

###### Item 10910

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 this item or item 10905, 10907, 10913, 10914 or 10915 applies

###### Item 10911

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 this item or item 10905, 10907, 10910, 10913, 10914 or 10915 applies

## Category 1 – Professional Attendances

### Item 10913

Professional attendance of more than 15 minutes in duration, being the first in a course of attention, if the patient has suffered a significant change of visual function or has new signs or symptoms, unrelated to the earlier course of attention, requiring comprehensive reassessment:

- a. For a patient who is less than 65 years of age—within 36 months of an initial consultation to which this item, or item 10905, 10907, 10910, 10914 or 10915 applies; or
- b. for a patient who is at least 65 years of age—within 12 months of an initial consultation to which this item, or item 10905, 10907, 10910, 10911, 10914 or 10915 applies

### Item 10914

Professional attendance of more than 15 minutes in duration, being the first in a course of attention, if the patient has a progressive disorder (excluding presbyopia) requiring comprehensive reassessment:

- a. for a patient who is less than 65 years of age—within 36 months of an initial consultation to which this item or item 10905, 10907, 10910, 10913 or 10915 applies; or
- b. for a patient who is at least 65 years of age—within 12 months of an initial consultation to which this item or item 10905, 10907, 10910, 10911, 10913 or 10915 applies

### Item 10916

Professional attendance, being the first in a course of attention, of not more than 15 minutes in duration (other than a service associated with a service to which item 10938, 10939, 10940, 10941, 10942 or 10943 applies)

### Item 10918

Professional attendance, being the second or subsequent in a course of attention and being unrelated to the prescription and fitting of contact lenses (other than a service associated with a service to which item 10938, 10939, 10940 or 10941 applies)

## Category 1 – Professional Attendances

### Item 10921

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 for optical correction, being a course of attention for which the first attendance is a service to which item 10905, 10907, 10910, 10911, 10913, 10914, 10915 or 10916 applies.

For patients with either

- a. myopia of 5.0 dioptres or greater (spherical equivalent) in at least one eye; or
- b. manifest hyperopia of 5.0 dioptres or greater (spherical equivalent) in at least one eye;
- c. astigmatism of 3.0 dioptres or greater in at least one eye;
- d. anisometropia of 3.0 dioptres or greater (difference between spherical equivalents)

Applicable once for each condition in a period of 36 months

### Item 10924

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, for patients with irregular astigmatism in either eye, being a condition the existence of which has been confirmed by keratometric observation, topographic or quantitative corneal morphology if:

- a. the maximum visual acuity obtainable with spectacle correction is worse than 0.3 logMAR (6/12); and
- b. if that corrected acuity would be improved by an additional 0.1 logMAR by the use of a contact lens;

being a course of attention for which the first attendance is a service to which item 10905, 10907, 10910, 10911, 10913, 10914, 10915 or 10916 applies.

Applicable once in a period of 36 months

### 10926

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, for patients with corrected visual acuity of 0.7 logMAR (6/30) or worse in both eyes, being patients for whom a contact lens is prescribed as part of a telescopic system, being a course of attention for which the first attendance is a service to which item 10905, 10907, 10910, 10911, 10913, 10914, 10915 or 10916 applies.

Applicable once in a period of 36 months

## Category 1 – Professional Attendances

10927

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, for patients for whom a wholly or segmentally opaque contact lens is prescribed for the alleviation of dazzle, distortion or diplopia caused by any of the following:

- a. pathological mydriasis;
- b. aniridia;
- c. coloboma of the iris;
- d. pupillary malformation or distortion;
- e. significant ocular deformity; or
- f. corneal opacity;

whether congenital, traumatic or surgical in origin being a course of attention for which the first attendance is a service to which item 10905, 10907, 10910, 10911, 10913, 10914, 10915 or 10916 applies.

Applicable once in a period of 36 months

Item 10928

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, for patients who, because of physical deformity, are unable to wear spectacles, being a course of attention for which the first attendance is a service to which item 10905, 10907, 10910, 10911, 10913, 10914, 10915 or 10916 applies.

Applicable once in a period of 36 months

Item 10929

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, for patients who have a medical or optical condition (other than myopia, hyperopia, astigmatism, anisometropia or a condition to which item 10926, 10927 or 10928 applies) requiring the use of a contact lens for correction, if the condition is specified on the patient's account, being a course of attention for which the first attendance is a service to which:

- a. item 10905, 10907, 10910, 10911, 10913, 10914, 10915 or 10916 applies; and
- b. the contact lenses are not required for appearance, sporting, work or psychological reasons.

Applicable once in a period of 36 months

## Category 1 – Professional Attendances

### Item 10931

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. is:
  - (i) bulk billed for the fees for this item and another item applying to the service; or
  - (ii) not bulk billed for the fees for this item and another item applying to the service

Applicable once per occasion a service is provided under paragraph (a) for each distinct location

### Item 10940

Full quantitative computerised perimetry (automated absolute static threshold), with bilateral assessment and report, if indicated by the presence of relevant ocular disease or suspected pathology of the visual pathways or brain that:

- a. is not a service involving multifocal multichannel objective perimetry; and
- b. is performed by an optometrist;
- c. the patient has received fewer than two perimetry services to which this item or item 10941 applies in a 12-month period

other than a service associated with a service to which item 10916 or 10918 applies

### Item 10941

Full quantitative computerised perimetry (automated absolute static threshold) with unilateral assessment and report, if indicated by the presence of relevant ocular disease or suspected pathology of the visual pathways or brain that:

- a. is not a service involving multifocal multichannel objective perimetry; and
- b. is performed by an optometrist;
- c. the patient has received fewer than two perimetry services to which this item or item 10940 applies in a 12-month period

other than a service associated with a service to which item 10916 or 10918 applies



## Category 1 – Professional Attendances

### Item 10942

Testing of residual vision to provide optimum visual performance for a patient who has best corrected visual acuity of 6/15 or N12 or worse at 40cm in the better eye or a horizontal visual field of less than 110 degrees and within 10 degrees above and below the horizontal midline, involving one or more of the following:

- a. spectacle correction;
- b. determination of contrast sensitivity;
- c. determination of glare sensitivity;
- d. prescription of magnification aids;

other than a service associated with a service to which item 10916, 10921, 10924, 10926, 10927, 10928, 10929 or 10930 applies

Applicable twice per patient in a 12-month period

### Item 10943

Additional testing to confirm diagnosis of, or establish a treatment regime for, a significant binocular or accommodative dysfunction, in a patient aged 3 to 14 years, where the service:

- a. includes assessment of one or more of the following:
  - i. accommodation;
  - ii. ocular motility;
  - iii. vergences;
  - iv. fusional reserves;
  - v. cycloplegic refraction; and

- b. is not performed for the assessment of learning difficulties or learning disabilities;

other than a service to which item 10916, 10921, 10924, 10926, 10927, 10928, 10929 or 10930 applies

Applicable once per patient in a 12-month period

### Item 10944

Complete removal of embedded foreign body (including a rust ring, if present) from the cornea—not more than once on the same day by the same optometrist (excluding after-care). Only claimable when either fully removed, or if the patient is referred to an Ophthalmologist or other appropriately qualified practitioner for further assessment and management after second attendance results in partial removal

Other than a service associated with a service to which items 10905, 10907, 10910, 10911, 10913, 10914, 10915, 10916 or 10918 applies

# New item descriptors (to take effect 1 March 2025)

## Category 1 – Professional Attendances

### Group A10 – Optometric services provided by optometrist

#### Subgroup - General

##### Item 10938

Full quantitative computerised perimetry (automated absolute static threshold), with bilateral assessment and report, where indicated by the presence of glaucoma with a high risk of clinically significant progression that:

- a. is not a service involving multifocal multichannel objective perimetry;
- b. is performed by an optometrist; and
- c. is performed on a patient who has received two perimetry services to which item 10940 or 10941 applies in the previous 12 months

other than a service associated with a service to which item 10916 or 10918 applies

Applicable once per patient (including any service to which item 10939 applies) in a 12-month period

##### Item 10939

Full quantitative computerised perimetry (automated absolute static threshold) with unilateral assessment and report, where indicated by the presence of glaucoma with a high risk of clinically significant progression that:

- a. is not a service involving multifocal multichannel objective perimetry; and
- b. is performed by an optometrist
- c. is performed on a patient who has received two perimetry services to which item 10940 or 10941 applies in the previous 12 months

other than a service associated with a service to which item 10916 or 10918 applies

Applicable once per patient (including any service to which item 10938 applies) in a 12-month period

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.