



# Amendment to item 45617 for upper eyelid reduction surgery

Last updated: 22 August 2022

- From 1 November 2022, Medicare Benefits Schedule item 45617 will be amended to ensure that patients requiring appropriate treatment are not unintentionally excluded from claiming this item, by removing references to visual field testing.
- These changes will be relevant for medical specialists in the areas of plastic and reconstructive surgery, ophthalmology and oculoplastics.
- Medical specialists will need to ensure that patients meet the requirements of the amended item descriptor and should note that photographic and/or diagnostic imaging evidence demonstrating the clinical need for this service must be documented in the patient notes.

## What are the changes?

Effective 1 November 2022, there will be a revised item descriptor for item 45617 for upper eyelid reduction. The revised item includes:

- The reference to visual field testing and the requirement that a visual field test must be confirmed by an optometrist or ophthalmologist will be removed and replaced by a history of demonstrated visual impairment documented in the patient notes.
- All other indications for this item will remain.
- The requirement for photographic and/or diagnostic imaging evidence demonstrating the clinical need for this service to be documented in the patient notes for this item is unchanged.

## Why are the changes being made?

This change will support appropriate patient access to the item:

- Expert advice from the profession suggested that visual field testing does not consistently distinguish between patients who do and do not qualify for the service. The change will ensure the item does not unintentionally exclude patients for whom this treatment is appropriate.

For private health insurance purposes, item 45617 will continue to be listed under the following clinical category and procedure type:

- Clinical category: Plastic and reconstructive surgery (medically necessary)
- Procedure type: Unlisted

## What does this mean for providers, referrers and other stakeholders?

This change means that for relevant patients who have a history of a demonstrated visual impairment, they will not need to be referred to an optometrist or ophthalmologist to confirm this through a visual field test. All other indications for the service are unchanged. The requirement for photographic and/or diagnostic imaging evidence demonstrating the clinical need for this service to be documented in the patient notes for this item is unchanged.

## How will these changes affect patients?

The changes will provide improved access for patients where this service is appropriate. It will help doctors to refer patients for the most suitable tests/procedure for them when they are necessary. Patients will not be required to undergo unnecessary tests/procedures.

## Who was consulted on the changes?

This change to item 45617 was proposed by the Continuous Improvement Committee for Plastic and Reconstructive Surgery which was established following the disbanding of the Medicare Claims Review Panel (MCRP) in 2018.

In addition to the Continuous Improvement Committee, who proposed this change, the Australian Society of Plastic Surgeons, the Australian College of Optometry and the Royal Australian and New Zealand Society of Ophthalmologists were consulted prior to implementation.

## Amended item descriptor (to take effect 1 November 2022)

### Category 3 – THERAPEUTIC PROCEDURES

#### T8 – Surgical Operations

#### Item 45617

#### Amended item descriptor

Upper eyelid, reduction of, if:

(a) the reduction is for any of the following:

- ~~(i) skin redundancy that causes a visual field defect (confirmed by an optometrist or ophthalmologist) or intertriginous inflammation of the eyelid;~~
- (i) history of a demonstrated visual impairment;
- (ii) intertriginous inflammation of the eyelid;
- (iii) herniation of orbital fat in exophthalmos;
- (iv) facial nerve palsy;
- (v) post-traumatic scarring;
- (vi) the restoration of symmetry of contralateral upper eyelid in respect of one of the conditions mentioned in subparagraphs (i) to (v); and

(b) photographic and/or diagnostic imaging evidence demonstrating the clinical need for this service is documented in the patient notes

(Anaes.)

**Fee:** \$248.50 **Benefit:** 75% = \$186.40 85% = \$211.25

(See para [TN.8.103](#) of explanatory notes to this Category)

Extended Medicare Safety Net Cap: \$198.80

## How will the changes be monitored and reviewed?

The utilisation of the item following implementation of the changes will be monitored by the Department, and consultation with stakeholders will occur as required.

## 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 at [www.mbsonline.gov.au](http://www.mbsonline.gov.au). You can also subscribe to future MBS updates by visiting [MBS Online](#) and clicking 'Subscribe'.

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

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