

Changes to Medicare Benefits Schedule (MBS) Items 42725, 42734, 42758, 42788, 42789, 42791, 42792: Ophthalmology

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What do the changes involve?

Certain ophthalmology items are amended to clarify their policy intent. These changes are expected to have minimal impact on patients as they aim to clarify services and do not remove patients' access to clinically relevant services.

Item 42725 for laser vitreolysis is amended to make it clear that capsulotomy should be included as part of the service of item 42725 and that there is no need for these items to be co-claimed together.

Item 42734 for capsulotomy is amended to prevent it being co-claimed inappropriately as an add-on for other ophthalmology services (42725 or 42731). The amended item descriptor for MBS item 42734 is: "for capsulotomy, other than by laser, **not being an item associated with items 42725 or 42731**."

Item 42758 for goniotomy is amended to prevent this item being used for the insertion of eye stent devices for treating glaucoma. The insertion of these devices represents a new service that needs to be assessed by the MSAC for its safety, effectiveness and cost-effectiveness before it can be made available on the MBS.

Items 42788 and 42789 for laser capsulotomy are amended to prevent them from being inappropriately co-claimed during a lens extraction (item 42702). The intent of these items is for them to be claimed **following** lens extraction, not at the same time the patient is having the lens extraction.

Items 42791 and 42792 for laser vitreolysis or corticolysis are amended to prevent them from being inappropriately claimed when a new treatment is performed using laser technology to treat vitreous 'floaters' or detachments. This new service needs to be assessed by MSAC for its safety, effectiveness and cost effectiveness before it can be made available on the MBS. The amended item descriptor for MBS item 42791 is: "Laser vitreolysis or corticolysis of lens material or fibrinolysis, **excluding vitreolysis in the posterior vitreous cavity** – each treatment to 1 eye, to a maximum of 2 treatments to that eye in a 2-year period."

Relevant organisations

- Australian College of Rural and Remote Medicine
- Australian Medical Association
- Australian Society of Ophthalmologists
- Glaucoma Australia
- The Royal Australasian College of Surgeons
- The Royal Australian and New Zealand College of Ophthalmologists
- The Royal Australian College of General Practitioners



Australian Government

Department of Health

Find out more

For details of all the MBS changes from 1 May 2017, please refer to <u>Health Insurance</u> <u>Legislation Amendment (2017 Measures No. 1) Regulations 2017</u> (click on the 'Explanatory Statement' tab) or visit <u>MBS Online</u>.