

## Optometry fees

Effective 1 July 2023

*For Optometry services provided on or after 1 July 2023*

Service Description	TAC Item Number	Maximum Payment Rate
<b>Optometric Consultations</b>		
Comprehensive Initial Consultation	10910	\$90.24
Referred Comprehensive Initial Consultation	10905	\$90.24
Comprehensive initial consultation by another practitioner within 24 months of a previous comprehensive consultation.	10907	\$45.16
Other comprehensive consultations	10912	\$90.24
Professional attendance of more than 15 minutes duration, where patient has new signs or symptoms, unrelated to earlier course of attention, requiring comprehensive reassessment within 24 months of initial consultation.	10913	\$90.24
Professional attendance of more than 15 minutes duration being the first in a course of attention where the patient has a progressive disorder (excluding presbyopia) requiring comprehensive reassessment within 24 months of initial consultation.	10914	\$90.24
Professional attendance of more than 15 minutes duration, being the first in a course of attention involving the examination of the eyes, with the instillation of a mydriatic, of a patient with diabetes mellitus requiring comprehensive reassessment.	10915	\$90.24
Brief initial consultation	10916	\$45.16
Subsequent consultation	10918	\$45.16
Contact lenses for specified classes of patients: patients with myopia of 5.0 dioptries or greater (spherical equivalent) in 1 eye.	10921	\$223.84
Contact lenses for specified classes of patients: patients with manifest hyperopia of 5.0 dioptries or greater (spherical equivalent) in 1 eye.	10922	\$223.84
Contact lenses for specified classes of patients: patients with astigmatism of 3.0 manifest hyperopia of 3.0 dioptries or greater in 1 eye.	10923	\$223.84
Contact lenses for specified classes of patients: patients with irregular astigmatism in either eye.	10924	\$282.52
Contact lenses for specified classes of patients: patients with anisometropia of 3.0 dioptries or greater.	10925	\$223.84
Contact lenses for specified classes of patients: patients with corrected visual acuity of 0.7 logMAR (6/30) or worse in both eyes.	10926	\$223.84

Contact lenses for specified classes of patients: patients for whom a wholly or segmentally opaque contact lens is prescribed for the alleviation of dazzle, distortion or diplopia caused by: pathological mydriasis; aniridia; coloboma of the iris; or pupillary malformation or distortion; or significant ocular deformity or corneal opacity.	10927	\$282.52
Contact lenses for specified classes of patients by reason of physical deformity cannot wear glasses.	10928	\$223.84
Contact lenses for specified classes of patients who have medical or optical condition.	10929	\$282.52
Professional attendance involving the prescription & fitting of contact lenses.	10930	\$223.84
Domiciliary Visits	10931	\$31.43
Domiciliary Visits	10932	\$15.67
Domiciliary Visits	10933	\$10.40
Computerised Perimetry	10940	\$86.09
Computerised Perimetry	10941	\$51.91
Low Vision Assessment	10942	\$45.16
Children's Vision Assessment	10943	\$45.16

***For Optometry services provided between 1 July 2022 and 30 June 2023***

<b>Service Description</b>	<b>TAC Item Number</b>	<b>Maximum Payment Rate</b>
<b>Optometric Consultations</b>		
Comprehensive Initial Consultation	10910	\$86.88
Referred Comprehensive Initial Consultation	10905	\$86.88
Comprehensive initial consultation by another practitioner within 24 months of a previous comprehensive consultation.	10907	\$43.48
Other comprehensive consultations	10912	\$86.88
Professional attendance of more than 15 minutes duration, where patient has new signs or symptoms, unrelated to earlier course of attention, requiring comprehensive reassessment within 24 months of initial consultation.	10913	\$86.88
Professional attendance of more than 15 minutes duration being the first in a course of attention where the patient has a progressive disorder (excluding presbyopia) requiring comprehensive reassessment within 24 months of initial consultation.	10914	\$86.88
Professional attendance of more than 15 minutes duration, being the first in a course of attention involving the examination of the eyes, with the instillation of a mydriatic, of a patient with diabetes mellitus requiring comprehensive reassessment.	10915	\$86.88
Brief initial consultation	10916	\$43.48
Subsequent consultation	10918	\$43.48
Contact lenses for specified classes of patients: patients with myopia of 5.0 dioptres or greater	10921	\$215.50

(spherical equivalent) in 1 eye.

Contact lenses for specified classes of patients: patients with manifest hyperopia of 5.0 dioptres or greater (spherical equivalent) in 1 eye.	10922	\$215.50
Contact lenses for specified classes of patients: patients with astigmatism of 3.0 manifest hyperopia of 3.0 dioptres or greater in 1 eye.	10923	\$215.50
Contact lenses for specified classes of patients: patients with irregular astigmatism in either eye.	10924	\$271.99
Contact lenses for specified classes of patients: patients with anisometropia of 3.0 dioptres or greater.	10925	\$215.50
Contact lenses for specified classes of patients: patients with corrected visual acuity of 0.7 logMAR (6/30) or worse in both eyes.	10926	\$215.50
Contact lenses for specified classes of patients: patients for whom a wholly or segmentally opaque contact lens is prescribed for the alleviation of dazzle, distortion or diplopia caused by: pathological mydriasis; aniridia; coloboma of the iris; or pupillary malformation or distortion; or significant ocular deformity or corneal opacity.	10927	\$271.99
Contact lenses for specified classes of patients by reason of physical deformity cannot wear glasses.	10928	\$215.50
Contact lenses for specified classes of patients who have medical or optical condition.	10929	\$271.99
Professional attendance involving the prescription & fitting of contact lenses.	10930	\$215.50
Domiciliary Visits	10931	\$30.26
Domiciliary Visits	10932	\$15.09
Domiciliary Visits	10933	\$10.01
Computerised Perimetry	10940	\$82.88
Computerised Perimetry	10941	\$49.98
Low Vision Assessment	10942	\$43.48
Children's Vision Assessment	10943	\$43.48

**This Payment Limit relates to the following services**

- [Optometry and Orthoptic Services](#)



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