



**Macular
Disease
Foundation**
AUSTRALIA



EYE INJECTION COSTS AND REBATES

This Macular Disease Foundation Australia (MDFA) fact sheet provides general information about the fees charged for eye injections, along with general information about entitlements from Medicare.

As ophthalmologists determine their own fees and billing arrangements, precise fee and rebate information cannot be provided.

Ask your ophthalmologists for written details on fees and charges for consultations and treatment. If the costs will cause you financial difficulty and compromise your treatment, discuss this with your ophthalmologist.

You can contact MDFA's National Helpline on **1800 111 709** for help with discussing fees with your eye health professional.

Please note:
all costs mentioned are current as of January 2025.

What fees are involved?

Fees may include consultation, diagnostic tests, medication and injection costs. Your bill may include descriptions of procedures and/or Medicare item numbers.

Medicare item numbers

Consultations

Medicare Item	Description	Notes
104	Initial consultation	Your first ophthalmologist visit for a specific condition.
105	Subsequent consultation	Ongoing ophthalmologist visits.

Diagnostic procedures

Medicare Item	Description	Notes
11215 (one eye) 11218 (two eyes)	Fundus fluorescein angiography (FFA), also known as angiogram	Retinal imaging to check for bleeding or leakage under the retina.
11219	Optical coherence tomography (OCT)	An OCT scan shows the cross-sectional layers of the retina. It's used as a diagnostic tool and to regularly monitor response to treatment.

You may also require other tests, depending upon your individual needs.

Injection procedures

Medicare Item	Description	Notes
42738	Intravitreal injection	May appear as 'Paracentesis' or 'Injection'.
42739	Injection with sedation/anesthetic	This item number will be used if sedation or general anaesthetic is used, where an anaesthetist is present. This may also appear on your bill as 'Paracentesis' or 'Injection'.

Medication costs

In addition to the consultation, diagnostic and injection fees, you may also incur medication costs.

The cost of PBS medication is \$7.70 (concession) or \$31.60 (non-concession).

Lucentis, Eylea (2mg/8mg), Vabysmo, Beovu and Ozurdex

Lucentis, Eylea (2mg/8mg) and Vabysmo are registered by the Therapeutic Goods Administration (TGA) and subsidised by the Pharmaceutical Benefits Scheme (PBS) for treatment of:

- Wet (neovascular) age-related macular degeneration (AMD)
- Diabetic macula oedema (DMO)
- Other macular conditions (except Eylea 8mg).

Beovu is registered by the TGA for treatment of wet (neovascular) age-related macular degeneration (AMD). Beovu is reimbursed by the PBS only for patients who have persistent macular exudation despite at least six months of PBS-subsidised first line treatment, i.e. Lucentis, Eylea (2mg/8mg), and Vabysmo.

Ozurdex is registered by the TGA and subsidised by the PBS for treatment of:

- Diabetic macula oedema (DMO)
- Retinal vein occlusion (RVO)

The PBS Safety Net applies once costs in a calendar year for all PBS medications exceed \$277.20 (concession) or \$1,694 (non-concession).

After reaching the PBS Safety Net, subsequent PBS scripts will be free (concession) or \$7.70 (non-concession) for the rest of the calendar year.

Avastin

Prior to January 2022, Avastin was used as an off-label medication to treat people with macular disease.

However, Avastin is no longer registered or sold in Australia. Please seek advice from your ophthalmologist if you were receiving Avastin injections.

Medicare benefits

Medicare provides benefits (rebates) for many items related to eye injections. Medicare rebates 85% of the 'Medicare schedule fee' for treatment in ophthalmologists' rooms (in-rooms), and 75% of the 'Medicare schedule fee' for treatment in private hospitals or day surgery.

Table 1 - Current Medicare Benefits as at July 2024

Item	Description	Medicare schedule fee (100%)	85% benefit (in-rooms)	75% benefit (private hospital/day surgery)
104	Initial consultation	\$98.95	\$84.15	\$74.25
105	Subsequent consultation	\$49.75	\$42.30	\$37.35
11215	Angiogram (one eye)	\$140.10	\$119.10	\$105.10
11218	Angiogram (two eyes)	\$173.15	\$147.20	\$129.90
11219	Optical coherence tomography (OCT) (initial diagnosis only)	\$45.50	\$38.70	\$34.15
42738	Injection fee	\$342.65	\$291.30	\$257
42739	Injection with sedation/anesthetic	\$342.65	\$291.30	\$257

Notes:

- From 1 Nov 2017, item 105 cannot be used (ie there is no Medicare rebate) if you are also receiving a procedure (such as an eye injection) on the same day.
- For injections in both eyes on the same day, the benefit for the second eye is reduced by 50%.
- If two eyes are treated on separate days, the normal benefits apply.
- OCT scans will only be reimbursed for an initial diagnosis to confirm eligibility for PBS-funded eye injections, with a maximum of one reimbursement per year.

Original Medicare Safety Net

The difference between the Medicare schedule fee and the Medicare benefit is known as the 'gap amount'.

The 'gap amount' for an eye injection in-rooms is currently \$51.35. This is calculated as the schedule fee (\$342.65) minus Medicare benefit (\$291.30). (Table 1)

Once the total gap amount for all non-hospital Medicare items exceeds the Original Medicare Safety Net threshold* in a calendar year, the Original Medicare Safety Net refunds 100% of the schedule fee for subsequent non-hospital Medicare items.

For example, for item 42738 (injection fee), Medicare will provide a benefit of \$291.30.

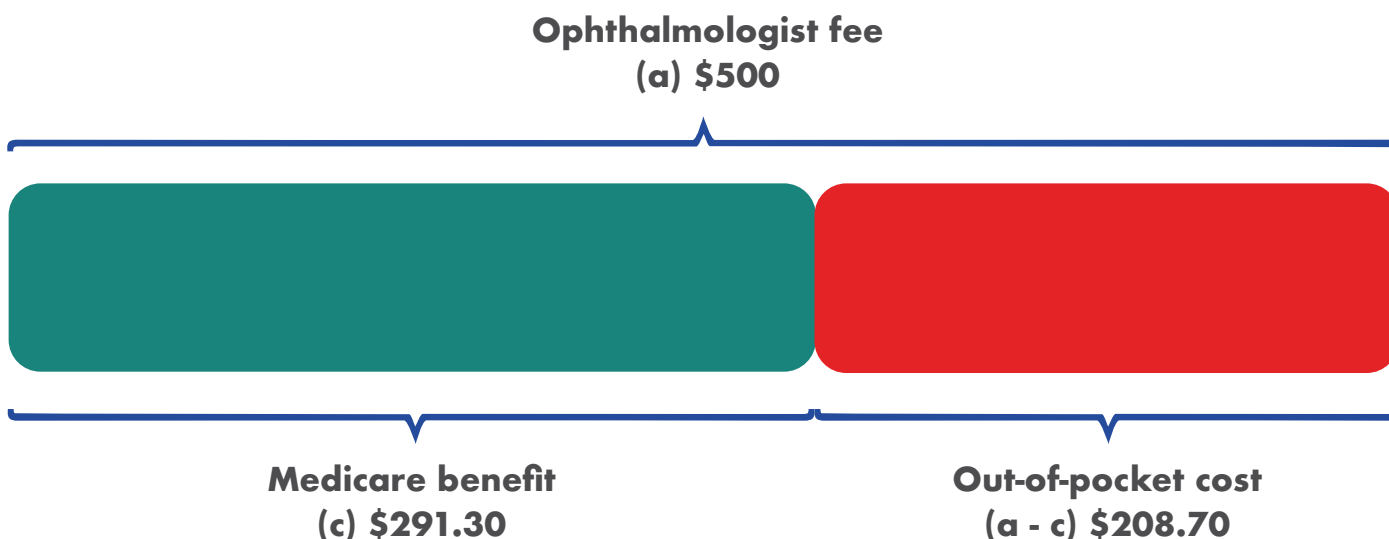
Out-of-pocket costs

Ophthalmologists may charge more than the Medicare schedule fee. The difference between the ophthalmologist fee and the Medicare benefit is the 'out-of-pocket' (OOP) cost. This is different to the 'gap amount'.

Example: If an ophthalmologist charges \$500 for an in-rooms injection (item 42738), the OOP costs for this will be \$208.70 (Table 2).

Table 2 - Example of out-of-pocket costs

Service	Item	Ophthalmologist fee (a)	Medicare schedule fee (b)	Medicare benefit (c) (85% of (b))	OOP cost per visit (a) - (c)
Injection fee	42738	\$500	\$342.65	\$291.30	\$208.70



*The Original Medicare Safety Net threshold is set by the Australian Government and changes from time to time. In 2025 the threshold is \$576.

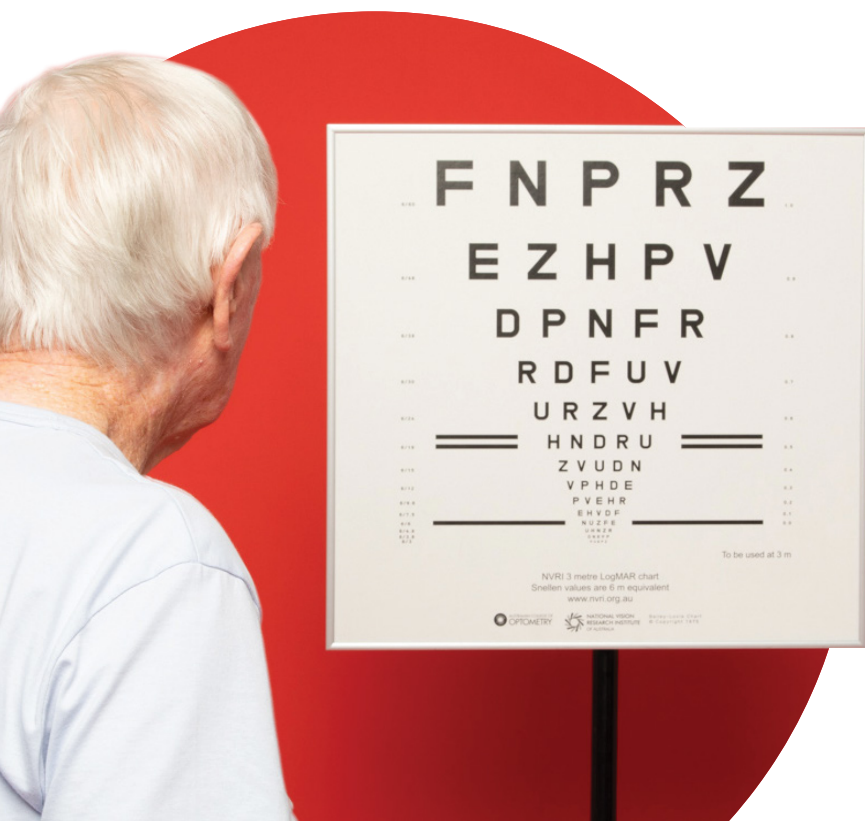
Extended Medicare Safety Net

Once total OOP costs for all non-hospital Medicare items exceed a certain threshold[^] in a calendar year, the Extended Medicare Safety Net (EMSN) refunds the relevant Medicare benefit PLUS a further benefit of 80% of OOP costs for non-hospital Medicare items.*

Example: Using the costs in Table 2, once the EMSN threshold is reached, your total benefit for the injection (item 42738) would equal the normal Medicare benefit of \$291.30 plus the EMSN benefit of \$166.96 (being 80% of the OOP amount of \$208.70), giving a total benefit of \$458.26. This means you only pay \$41.74 for that item after receiving all the rebates.

Table 3 - Example of out-of-pocket costs

Service	Item	Ophthalmologist fee (a)	Medicare benefit (b)	OOP costs before EMSN threshold (c) (a) - (b)	EMSN benefit (80% of OOP costs) (d) (80% of (c))	OOP costs after reaching EMSN threshold (a)-(b)-(d)
Injection fee	42738	\$500	\$291.30	\$208.70	\$166.96	\$41.74 (20% of OOP)



*Rebate caps apply.

[^]The EMSN thresholds are set by the Australian Government and change from time to time. In 2025, the thresholds for OOP costs are:

- Concession card holders: \$834.50
- Non-concession: \$2,615.50

Register for Medicare Safety Nets

If you're an individual with no dependants, you'll be automatically registered for the Medicare Safety Nets. Couples and families need to register as a Medicare Safety Nets family, even if all are listed on the same Medicare card. Medicare automatically tracks your gap amounts and OOP medical expenses. Registration is free and you only need to register once in your lifetime.

To register for the Medicare Safety Net:

- download a Medicare Safety Net couples and families registration and amendment form from www.servicesaustralia.gov.au/how-to-register-for-medicare-safety-nets?context=22001
- visit a Medicare service centre
- call Medicare on 132 011.

Department of Veterans' Affairs patients

DVA gold card holders may qualify for additional rebates, including additional OCT scans.

Treatment in hospital

Public hospitals

Some public hospitals provide outpatient treatment for macular diseases. You shouldn't be charged for treatment and diagnostic tests, although in some states, you may need to pay the PBS co-contribution if Lucentis, Eylea (2mg/8mg), Vabysmo, Beovu and Ozurdex are used (\$7.70 concession or \$31.60 non-concession).

Private hospitals

Sometimes injections may be given in a private hospital or day surgery. If you have private health insurance check with your provider whether you can claim the procedure and accommodation charge.

Things to remember

- injections are usually required for an extended period, sometimes indefinitely
- ask for an estimate for all fees, benefits and out-of-pocket costs prior to treatment
- discuss any financial concerns about treatment with your ophthalmologist
- continue treatment unless your ophthalmologist advises you to stop.

Need more information?

Learn more about macular disease at www.md.foundation.com.au.

How's your macula? Take the quiz at www.CheckMyMacula.com.au.

You can also access our free, personalised support services and order information kits and Amsler grids by calling our National Helpline on **1800 111 709**.

Macular Disease Foundation Australia has a free newsletter and you can sign up to receive invitations to education sessions and events in your area.

Macular Disease Foundation Australia is committed to reducing the incidence and impact of macular disease, by providing up-to-date information, advice and support.

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