



**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 your 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 July 2025.

What fees are involved?

Fees may include consultation, diagnostic tests, treatment 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
43030	Intravitreal injection (left eye)	May appear as 'Paracentesis' or 'Injection'.
43032	Intravitreal injection (right eye)	May appear as 'Paracentesis' or 'Injection'.
43034	Intravitreal injection with sedation/anaesthetic (left eye)	This item number will be used if sedation or general anaesthetic is used, where an anaesthetist is present.
43036	Intravitreal injection with sedation/anaesthetic (right eye)	This item number will be used if sedation or general anaesthetic is used, where an anaesthetist is present.

Medication costs

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

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

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

Lucentis (ranibizumab), Eylea (aflibercept 2mg/8mg), and Vabysmo (faricimab) are registered with the Therapeutic Goods Administration (TGA) and subsidised by the Pharmaceutical Benefits Scheme (PBS) for treating:

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

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

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.

Ozurdex (dexamethasone) is registered with the TGA and subsidised by the PBS for treating:

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

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 2025

Item	Description	Medicare schedule fee (100%)	85% benefit (in-rooms)	75% benefit (private hospital/day surgery)
104	Initial consultation	\$101.30	\$86.15	\$76
105	Subsequent consultation	\$50.95	\$43.35	\$38.25
11215	Angiogram (one eye)	\$143.45	\$121.95	\$107.60
11218	Angiogram (two eyes)	\$177.30	\$150.75	\$133
11219	Optical coherence tomography (OCT) (initial diagnosis only)	\$46.60	\$39.65	\$34.95
43030	Intravitreal injection (left eye)	\$350.85	\$298.25	\$263.15
43032	Intravitreal injection (right eye)	\$350.85	\$298.25	\$263.15
43034	Intravitreal injection with sedation/anaesthetic (left eye)	\$350.85	\$298.25	\$263.15
43036	Intravitreal injection with sedation/anaesthetic (right eye)	\$350.85	\$298.25	\$263.15

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 is calculated as the schedule fee minus the Medicare benefit (75% or 85% depending on the setting).

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 43030 (injection fee), Medicare would provide a benefit of \$350.85 (100%) instead of \$298.25 (85%) after reaching the Original Medicare Safety Net threshold.

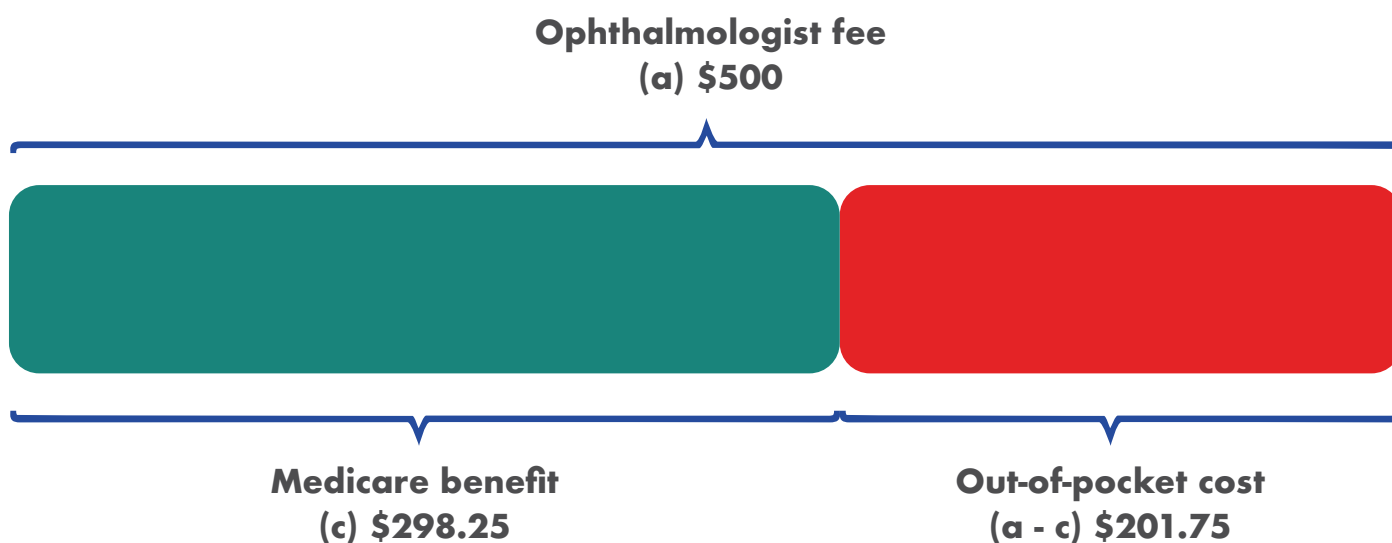
Out-of-pocket costs

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 43030), the out-of-pocket costs for this will be \$201.75 (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)
Intravitreal injection (left eye)	43030	\$500	\$350.85	\$298.25	\$201.75



*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 out-of-pocket 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 out-of-pocket costs for non-hospital Medicare items.*

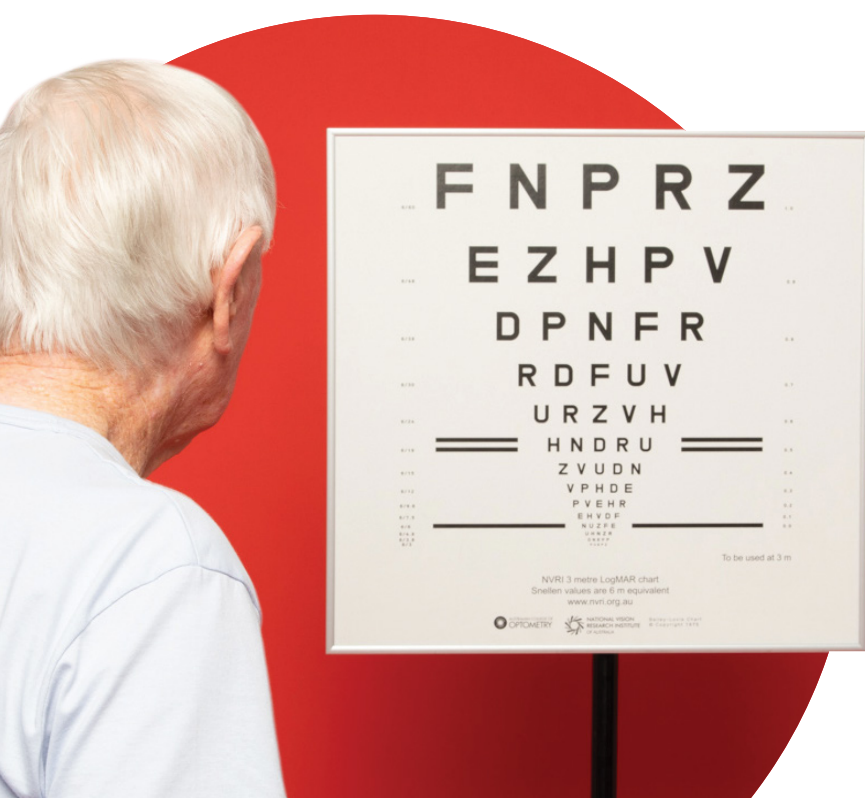
Example (Table 3): Using the costs in Table 2, once the Extended Medicare Safety Net threshold is reached, your total benefit for

the eye injection (item 43030) would equal the Medicare benefit (85% of the schedule fee) of \$298.25 plus the Extended Medicare Safety Net benefit of \$161.40 (being 80% of the out-of-pocket amount of \$201.75), giving a total benefit of \$459.65.

This means you only pay \$40.35 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 (c) - (d)
Intravitreal injection (left eye)	43030	\$500	\$298.25	\$201.75	\$161.40	\$40.35 (20% of OOP)



*Rebate caps apply.

[^]The Extended Medicare Safety Net thresholds are set by the Australian Government and change from time to time. In 2025, the thresholds for out-of-pocket 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 out-of-pocket 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 (ranibizumab), Eylea (aflibercept 2mg/8mg), and Vabysmo (faricimab), Beovu (brolucizumab) and Ozurdex (dexamethasone) are used (\$7.70 concession or \$31.60 non-concession).

Private hospitals

Some people may need to have their eye injections 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.



Join Eye Connect today

A macular disease diagnosis is not easy and there may be challenges ahead.

Macular Disease Foundation Australia's Eye Connect support service is free of charge, independent and endorsed by Australia's leading eye health professionals.

It offers tailored support and information that people living with AMD can access in between appointments with their eyecare professional.

Whether you prefer to receive assistance and resources online, in the post, or over the phone, Eye Connect has you covered.

Join Eye Connect via www.mdfoundation.com.au/join-eye-connect or call us on **1800 111 709**.

Need more information?

Learn more about macular disease at www.mdfoundation.com.au

You can also order information kits and Amsler grids by calling our National Helpline on **1800 111 709**.

We have a free newsletter and you can sign up to receive invitations to education sessions and events in your area.

Contact us today.

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