



RETINAL CAMERA TOOLKIT

The Provision of Eye Health and Equipment Training Project

funded by the Australian Government Department of Health

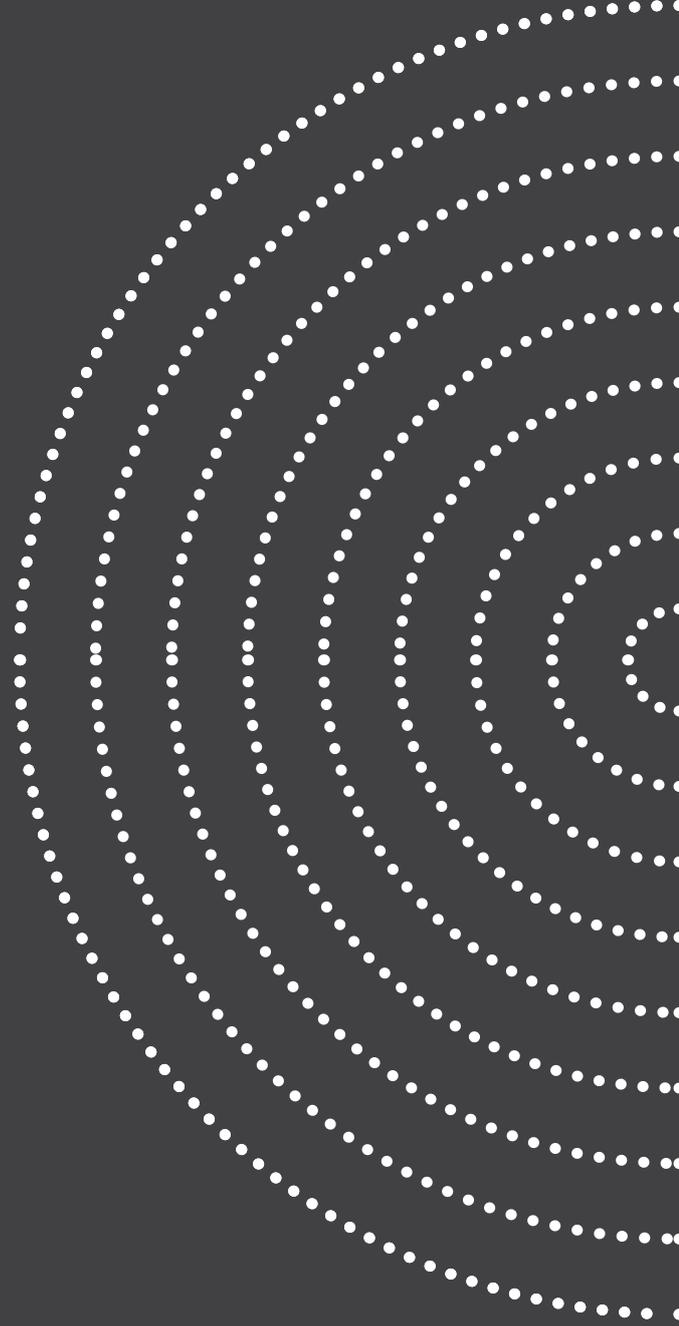
This Toolkit is designed to aid the embedding of retinal cameras into a primary health care service. Although it is designed to accompany the Canon CR-2AF camera, most of the resources are relevant for the embedding of any retinal camera.



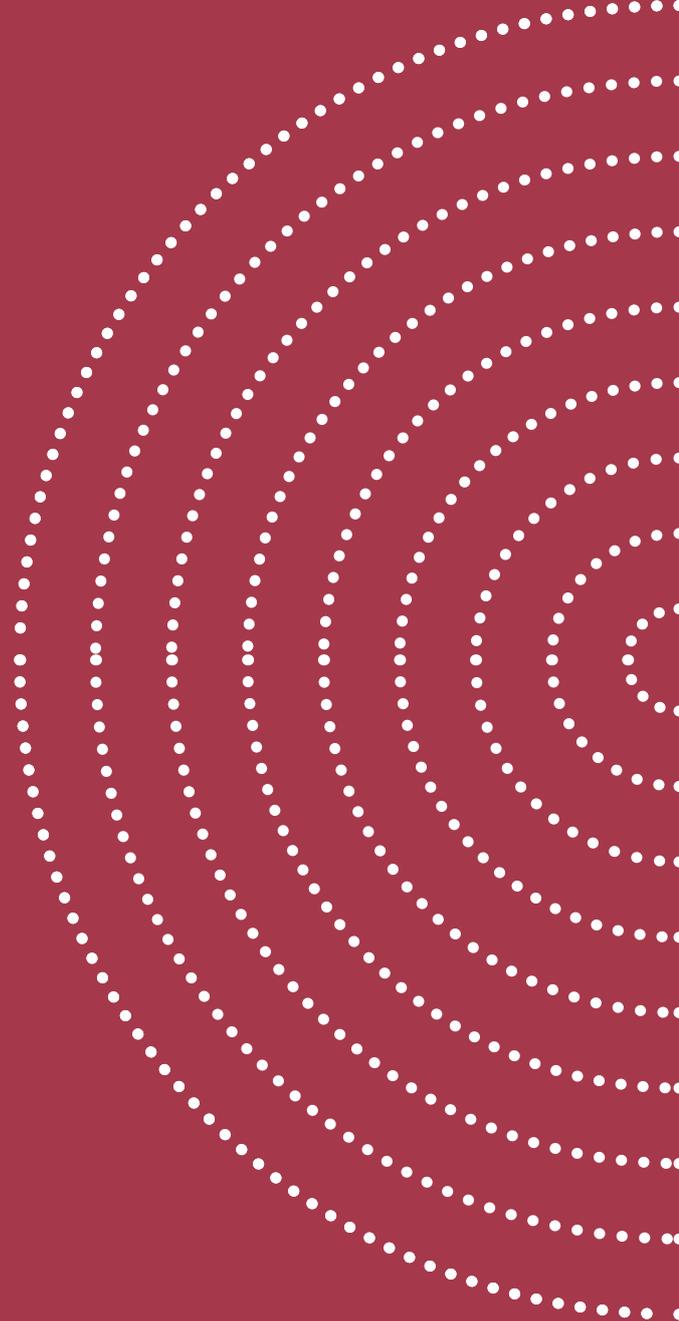
We acknowledge the traditional Aboriginal and Torres Strait Islander Custodians of the many lands that we live and work on, and their continuing connection to Country and Culture.

We pay our respects to Elders past, present and emerging.

We thank all Aboriginal and Torres Strait Islander Peoples whose participation and contribution has been key to the success of this project.



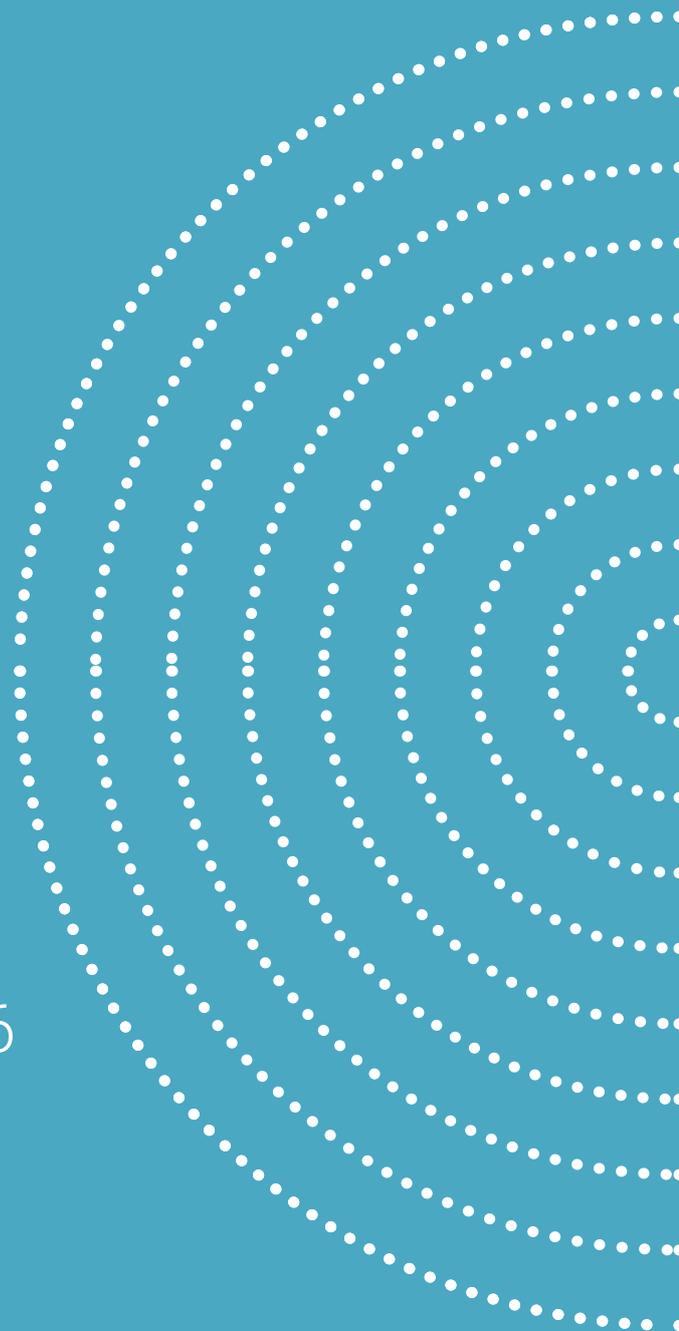
The Consortium thanks those who attended the 2018 November Embedding Workshop and all others who have contributed in the making of this Toolkit.



RETINAL CAMERA TOOLKIT

Section 2

Eye Health and Retinal
Camera Factsheet &
MBS items 12325 & 12326



What does retinal photography mean to me?

Today you have had some retinal photographs taken of the inside of your eyes. These photographs will be reviewed by a general practitioner (GP) or an eye health practitioner (optometrist or ophthalmologist/eye specialist).

You will be contacted in the next couple of weeks with your results. If you haven't heard anything and wish to know the result, please contact the health service you visited.

NOTE: The photographs taken today do not replace the need for an eye examination, and it is important for you to have an eye examination at least every 12 months with an optometrist or ophthalmologist.

A **full eye examination** with an optometrist will check:

- your distance and near vision, and whether you need glasses
- the health of the front of your eyes, including the lens for cataract
- the overall surface of the retina – the “seeing” part of the eye
- the central part of the retina, called the macula/fovea – for seeing finer details
- the health of all the blood vessels – which feed the retina
- the optic nerve – which sends the images to the brain

How diabetes affects your eyes

Diabetes can damage the tiny blood vessels in the back of the eye (the retina). Those blood vessels get tiny holes or tears. They can swell, bleed, or leak fats/fluid into the rest of the eye, causing blood spots and fuzzy white spots. It means there is not enough blood supply to the retina, which results in vision loss. This is known as diabetic retinopathy (see image on the right).

In the early stages of diabetic retinopathy, there are usually no symptoms or signs of change to a person's vision.

The only way to pick up diabetic retinopathy early is by looking inside your eye. The best method is by having an eye examination with an optometrist or ophthalmologist. Diabetic retinopathy can also be detected by taking a retinal photograph.

If caught early, diabetic retinopathy can be treated with good results, but if not diagnosed early, it can be very difficult or impossible to treat, and may cause permanent vision loss that could have been prevented.

How can I help my family and friends with diabetes?

Thank you for taking the time today to have your eyes photographed by the retinal camera. Don't forget to tell your family and friends about this service and encourage them to have their eyes checked, which is especially important if they have diabetes.



A Guide to Medicare Benefits Schedule Items 12325 and 12326

Retinal Photography with a Non-Mydriatic Retinal Camera

Background

- On 1 November 2016, the Australian Government introduced two Medicare Benefits Schedule (MBS) items – 12325 and 12326 – allowing medical practitioners providing primary glycaemic management of the patient to claim a rebate for obtaining and analysing retinal photographs and assessing distance vision for the detection of diabetic retinopathy in patients diagnosed with diabetes
- This item is intended for the provision of **retinal photography with a non-mydriatic (no pupil dilation) retinal camera**
- Any** element of this service may be **delegated** to appropriately trained or qualified personnel (such as a registered nurses, Aboriginal or Torres Strait Islander health practitioners or workers, or diabetes educators) under the direction of the medical practitioner co-ordinating the patient's care, who retains overall responsibility for claiming of the service

Retinal photograph assessment

When reviewing the retinal photographs, the practitioner should assess the:

1. Quality of the photo:

- if a clear image cannot be obtained due to small pupils, mydriatic drops are permitted if the health service has an **approved protocol**
- if a clear image cannot be obtained for any other reason, the patient should be **referred to an optometrist for further assessment**

2. Presence of diabetic retinopathy :

- if diabetic retinopathy is not detected, best practice recommends the patient should be referred to an optometrist for a **comprehensive eye examination with pupil dilation**
- if diabetic retinopathy is detected, the patient should be **referred to an optometrist or ophthalmologist for further investigation** in accordance with the National Health and Medical Research Council (NHMRC) guidelines *

NOTES

- Anyone can have a photograph taken irrespective of billing eligibility (e.g. for patient education)**

- Consider linking with other billing options:**

715 – Aboriginal and Torres Strait Islander Peoples Health Assessment (plus 10987 if applicable)

721 – Preparation of a GP Management Plan (GPMP) (plus 10997 if applicable)



medicare

Information adapted from the Medicare website – www.mbsonline.gov.au
<http://www9.health.gov.au/mbs/fullDisplay.cfm?type=note&q=DN.1.19&qt=noteID&criteria=12325>

* NHMRC guidelines: https://www.optometry.org.au/wp-content/uploads/Professional_support/Guidelines/nhmrc_diabetic_guidelines.pdf

The following table outlines the required criteria for MBS items 12325 and 12326

The items 12325 and 12326 can be claimed for the assessment of visual acuity and bilateral retinal photography with a non-mydratiac retinal camera, including analysis and reporting of the images for initial or repeat assessment for presence or absence of diabetic retinopathy, in a patient with medically diagnosed diabetes, if:

	12325 (Indigenous)	12326 (non-Indigenous)	Notes
Eligibility criteria	a) the patient is of Aboriginal and Torres Strait Islander descent	a) the patient is not of Aboriginal and Torres Strait Islander descent	
	b) the assessment is performed by the medical practitioner (other than an optometrist or ophthalmologist) providing the primary glycaemic management of the patient's diabetes		The medical practitioner remains responsible for the overall process and claiming the MBS item, but may delegate any aspect of the assessment to appropriately trained or qualified personnel
	b) this item and 12326 have not applied to the patient in the preceding 12 months	c) this item and 12325 have not applied to the patient in the preceding 24 months	The items can be billed once every 12 (12325) or 24 (12326) months
	c) the patient does not have any of the following, at the time of presentation:		
	i. an existing diagnosis of diabetic retinopathy ; or		No current diagnosis of diabetic retinopathy on the patient's medical records (including on their optometry or ophthalmology records, or letters imported into the medical records)
	ii. visual acuity of less than 6/12 in either eye; or		Patient's presenting distance visual acuity (VA)* must be 6/12 or better in both eyes
iii. a difference of more than 2 lines of vision between the 2 eyes		Patient's presenting distance VA in each eye should not be different by more than 2 lines on the VA chart (e.g. if one eye sees 6/6, then the other eye needs to be 6/9 or better) <i>* If the patient normally wears glasses or contact lenses for distance vision (e.g. TV, driving) they should leave these on for VA assessment</i>	



Information adapted from the Medicare website – www.mbsonline.gov.au
<http://www9.health.gov.au/mbs/fullDisplay.cfm?type=note&q=DN.1.19&qt=noteID&criteria=12325>

* NHMRC guidelines: https://www.optometry.org.au/wp-content/uploads/Professional_Support/Guidelines/nhmrc_diabetic_guidelines.pdf

