



Quick Guide

COTS imaging

Overview

A mechanism for carrying out imaging in either specific types of cases where there is a benefit from diagnostic imaging or as part of a commissioned monitoring service.

Patient Eligibility

- Clinical situation aligns with commissioned service particulars

Patient Source

- Adjunct to MECS (with or without UBRN), GOS or Private Eye Exam under circumstances outlined below
- In isolation, as part of the annual community monitoring for suspected pigmented lesions.

Service Delivery

Diagnostic Imaging that can be provided within COTS:

Diagnostic Technique	Criteria for claim	Suitable for annual community monitoring
Macular OCT	Suspect macular problem with recent onset central distortion	No
Disc OCT	Optic nerve appearance suspicious of disc swelling	No
Corneal topography or tomography	Anterior segment and/or refractive findings suggestive of primary corneal ectasia or irregular astigmatism	No
Colour imaging – eyelids, conjunctiva or cornea	Where external/anterior imaging will enhance referral and is likely to facilitate effective “advice and guidance” from triage or HES clinicians	No
Colour imaging – with or without autofluorescence	Suspected conjunctival, iris and/or choroidal naevi when imaging is necessary to inform management decision or for monitoring (MOLES grade 0 or 1)	Yes

Service Outcomes

- Discharge from service – patient does not need (or wants) clinical intervention at this time
- Direct referral to patient’s chosen provider – patient needs further clinical investigation or intervention
- Annual monitoring for maximum 3 years – pigmented lesions of MOLES grade 0 or 1

Service Requirements

- Imaging can only be claimed for when performing them had a reasonable chance of impacting management decisions or to allow a more efficient management pathway.
- All equipment and images used must be of an adequate standard to allow appropriate clinical decision making.
- Imaging fees can be claimed in isolation (enhancement to GOS/private eye exam) or as an add-on to MECS or IPOS consultation.
- All episodes must be recorded on Outcomes platform
- Equipment: access to Outcomes & eRS; Appropriate ophthalmic drugs (staining agent, mydriatic); Imaging equipment of adequate standard and maintenance
- Practitioner: GOC registered, SEL COTS approved optometrist; Practice: SEL COTS approved practice
- It is the responsibility of the COTS practice to recall patients identified as needing annual monitoring

Claim Process

- Adjunct to MECS – through Outcomes4Health MECS module
- Adjunct to GOS/Private eye exam or as part of the follow-up annual monitoring – through Outcomes4Health COTS imaging module

e-RS Tips

- All information is for the correct relevant patient
- Referral letter (Outcomes HES letter) contains all relevant information as per service delivery
- All relevant associated documents/images are attached
- Action requested, clinic choice and provider choice (where applicable) is clearly identified