
Orthopaedics Clinical Committee Report 2017

Important note

The views and recommendations in this report from the Clinical Committee have been released for the purpose of seeking the views of stakeholders.

This report does not constitute the final position on these items which is subject to:

△ Stakeholder feedback;

Then

△ Consideration by the MBS Review Taskforce;

Then *if endorsed*

△ Consideration by the Minister for Health; and

△ The Government.

Stakeholders should provide comment on the recommendations via mbsreviews@health.gov.au.

Confidentiality of comments:

If you would like your feedback to remain confidential, please mark it as such. It is important to be aware that confidential feedback may still be subject to access under freedom of information law.

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1. Executive summary

The Medicare Benefits Schedule (MBS) Review Taskforce (the Taskforce) is undertaking a programme of work that considers how more than 5,700 items on the MBS can be aligned with contemporary clinical evidence and practice in order to improve health outcomes for patients. The Taskforce also seeks to identify any services that may be unnecessary, outdated or potentially unsafe.

The Taskforce is committed to providing recommendations to the Minister for Health that will allow the MBS to deliver on the following key goals:

- △ Affordable and universal access.
- △ Best-practice health services.
- △ Value for the individual patient.
- △ Value for the health system.

The Taskforce has endorsed a methodology whereby the necessary clinical review of MBS items is undertaken by Clinical Committees and Working Groups. The Taskforce has asked the Clinical Committees to undertake the following tasks:

1. Consider whether there are MBS items that are obsolete and should be removed from the MBS.
2. Conduct priority reviews of selected MBS services.
3. Develop a programme of work to consider the balance of MBS services within its remit and items assigned to the Committee.
4. Advise the Taskforce on relevant general MBS issues identified by the Committee in the course of its deliberations.

The Orthopaedics Clinical Committee (the Committee) was established in September 2016 to make recommendations to the Taskforce regarding MBS items in its area of responsibility, based on clinical expertise and rapid evidence review. The Taskforce asked the Committee to review 594 items related to orthopaedic surgery. All recommendations relating to these items are included in this report for consultation.

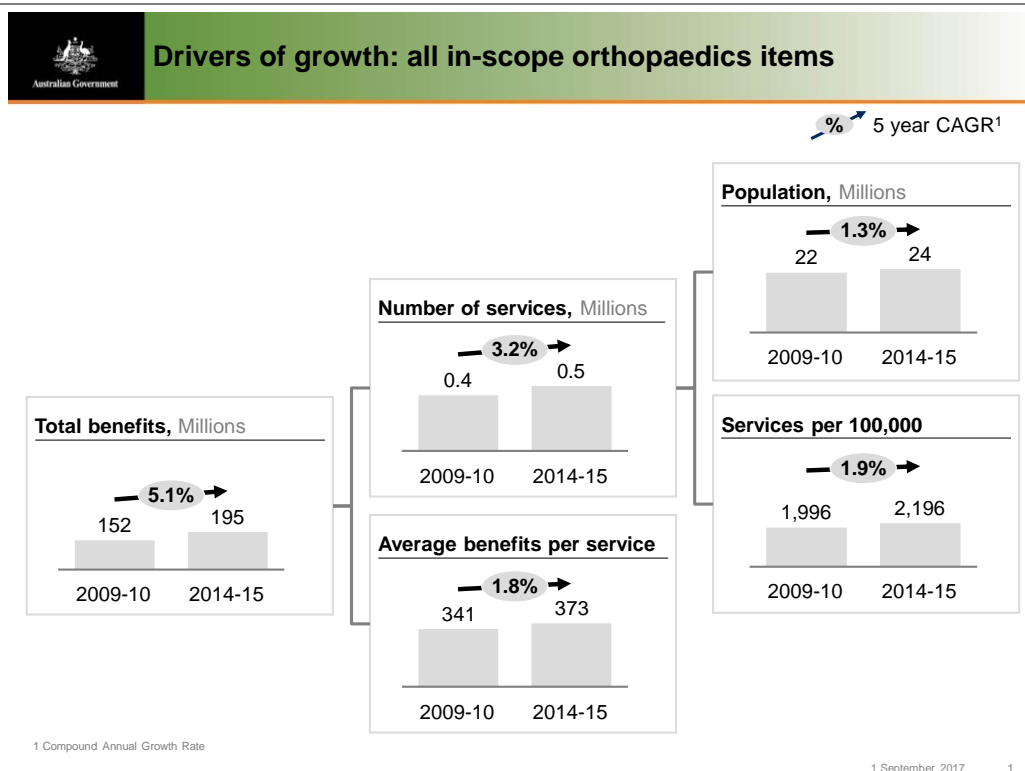
1.1 Areas of responsibility of the Orthopaedics Clinical Committee

The Committee was assigned 594 MBS items to review (Table 1). The seven assigned areas cover procedures and services related to orthopaedic surgery. In the 2014–15 financial year (FY), these items accounted for approximately 522,000 services and \$195 million in benefits. Over the past five years, service volumes for these items have grown at 3.2 per cent per year, and the cost of benefits has increased by 5.1 per cent (Figure 1).

Table 1: Items reviewed by the Orthopaedics Clinical Committee and Working Groups

Category	Items
General Orthopaedics	86
Knee	60
Hand and Wrist	150
Shoulder and Elbow	69
Hip	30
Foot and Ankle	89
Paediatric	110
Total	594

Figure 1: Drivers of growth for orthopaedics services



Source: MBS data, MBS050 Database, date of service.

1.2 Key recommendations

The Committee structured its review of orthopaedics items by specialty and established Working Groups to review items under these groupings. The principal Committee considered general issues relevant to MBS-funded orthopaedic services and also ensured that a consistent approach to item reviews was taken by the Working Groups.

Much of the review effort concentrated on updating current item descriptors to remove ambiguity in their interpretation and prevent inappropriate co-claiming. The Committee and Working Groups found large variation in item use that cannot be readily explained by patient factors, which means that patients are receiving quite different MBS rebates for very similar surgeries. In some cases, clinicians have claimed additional items for services which are clearly integral to performing the primary procedure, such as claiming a separate item for nail removal when performing a nail bed reconstruction. The Committee reiterates the guidance from the Principles and Rules Committee that an item is generally a complete medical service and covers all components of a procedure.

For the avoidance of any doubt, the Committee notes that all amputations items include resection of the bone or joint and, if required, excision of neuromas and the application of skin cover with local flaps. All fractures items include, if performed, capsulotomy, removal of any loose fragments, removal of interpositional tissue and washout of the joint. Arthroscopic surgery items similarly include all components of the procedure, such as any required removal of bone or surrounding osteophytes, synovectomy and release of the joint.

The Committee also directed the Working Groups to make two general changes. Firstly, the Committee recommended removing the term 'osteectomy' from all osteotomy items because it is ambiguous and does not clearly indicate when it is appropriate to claim a separate item for removal

of bone. The Committee has recommended that these items be deleted and tasked each Working Group to ensure that they have alternative, more specific items to provide these services.

The Committee has also recommended a large number of changes to item descriptors. Of the 594 items in scope, approximately 300 items have been amended, 140 items have been deleted or consolidated, and 120 **new items** have been created. A complete version of the proposed Schedule can be found in Appendix B.

The most important recommendations are highlighted below.

1.2.1 General orthopaedics items

The Committee made three main recommendations regarding items affecting general orthopaedic surgery. Firstly, the Committee recommended replacing existing bone graft items with a new bone graft table. The **new items** take into account the type of graft and the complexity of the procedure required to harvest the graft, rather than the graft's size or the site of insertion.

Secondly, the Committee recommended deleting four general tendon items and seven joint items. The Committee was concerned that these items may be inappropriately claimed in circumstances where the tendon or joint procedure is an inherent part of another procedure. To prevent this, each Working Group provided input on specific items for each anatomical site, providing clearer guidelines for use.

Thirdly, the Committee recommended reintroducing items for unguided joint or bursa injection or aspiration procedures. Following the removal of items 50124 and 50125 from the MBS in 2009, there has been an increase in the use of guided injection or aspiration procedures using ultrasound (items 55848 and 55850) and CT scanning (item 57341) with the net effect of doubling the total annual costs of injection or aspiration procedures between 2009/10 and 2015/2016. The Committee agreed that reintroducing these items would improve patient access to these procedures and slow or cease the escalation in their cost without reducing their effectiveness.

1.2.2 Knee items

The Committee recommended two main changes regarding knee items. Firstly, it recommended that knee arthroscopy items should not be used in cases of uncomplicated osteoarthritis, except where a patient has a surgeon-confirmed locked or locking knee. The existing knee arthroscopy items have been replaced with nine **new items** that identify the specific indication for the procedure performed.

Secondly, the Committee recommended indicating the complexity of knee replacements through reference to the use of revision components, rather than major or minor bone grafting. The Committee agreed that the terms 'major bone grafting' and 'minor bone grafting' are unclear and do not accurately reflect the complexity of a procedure.

1.2.3 Hand and wrist items

The Committee recommended significant structural and item-level changes to hand and wrist items. With regards to structure, it recommended categorising hand and wrist items into elective and trauma items, and allowing clinicians to claim from only one section in a single episode. The Committee has also identified items that can be claimed in both an elective and trauma context.

At the item level, the Committee clarified the components included in each procedure to address the potential for inappropriate co-claiming. The Committee also recommended creating additional revision and recurrence items to reflect the increased complexity of these procedures.

1.2.4 Shoulder and elbow items

The Committee recommended two main changes to the shoulder and elbow items. Firstly, the Committee agreed that the distinction between open and arthroscopic procedures is no longer

appropriate. As a result, it recommended that the item descriptors should not specify the technique used.

Secondly, the Committee recommended specifying the components included in procedures in order to prevent inappropriate co-claiming. In particular, the Committee noted high levels of inappropriate co-claiming between shoulder procedures and the large bursa item (item 30111).

1.2.5 Hip items

The Committee made two main recommendations for hip items. Firstly, it clarified the definitions of major and minor bone grafting for primary hip replacement by adding a reference to the need for internal fixation.

Secondly, the Committee recommended replacing the existing hip revision items with 16 **new items**. These **new items** reflect the range of complexity associated with hip revision replacements, depending on the components that are replaced, the requirement for femoral osteotomy and the degree of bone grafting required.

1.2.6 Foot and ankle items

The Committee recommended significant structural and item-level changes to the foot and ankle items. With regards to structure, it recommended categorising foot and ankle items into elective and trauma items, and allowing clinicians to claim from only one section in a single episode. The Committee has also identified items that can be claimed in both an elective and trauma context.

As with the hand and wrist items, the Committee changed item descriptors to specify the components included in each procedure in order to address inappropriate co-claiming. The Committee also recommended creating additional revision items to reflect the increased complexity of these procedures.

1.2.7 Paediatric items

The Committee recommended a number of changes designed to improve item descriptors and prevent inappropriate use, such as consolidating items to reflect complete medical services and recategorising items to reflect the appropriate grouping of items within the Schedule.

In particular, the Committee recommended two main changes to paediatric orthopaedics items. Firstly, it recommended removing restrictions on claiming limb-lengthening items more than once in a 12-month period. This recommendation was made to improve consumer access to the procedure. Secondly, it recommended restricting epiphysiodesis items to patients under 18 years of age in order to address inappropriate use of this item in adult patients.

1.3 Consumer engagement

The Committee and each Working Group included experienced and committed clinicians and a consumer representative. This section of the report summarises the views of the consumer representatives and is intended to support and encourage consumers to comment on the recommendations. A complete list of the recommendations can be found in Appendix B, including a description in plain English of the medical service, the recommendation of the Committee, and why the recommendation has been made. Although consumers rarely engage with the MBS item numbers (unless they are following up on out-of-pocket expenses), their descriptions and restrictions form an important part of healthcare accountability.

Consumer representatives noted that contributing to the discussion of surgical items was challenging at times. However, examples are shared below (Section 1.4) to provide insight into how the interests of consumers were taken into account while the Committee debated its recommendations.

The consumer representatives hope that the outcomes of the review (including clearer item descriptors) will support clinical decision-making and improve clarity around the delivery of optimal care for consumers.

The Committee believes that it is also important to find out from other consumers if they will be helped or disadvantaged by the recommendations, and if so, how and why. The Committee hopes that consumers feel empowered to provide feedback during the public consultation phase.

Following public consultation, the Committee will assess the advice provided by consumers and decide whether any changes need to be made to the recommendations. The Committee will then send its recommendations to the MBS Taskforce. The Taskforce will consider the recommendations, as well as the information provided by consumers, in order to make sure that all important concerns are addressed. This will inform the Taskforce's advice to the Australian Government.

1.4 Key consumer impacts

This section summarises the report's key recommendations from a consumer perspective. It aims to make it easier for health consumers and members of the general public to understand and comment on the report's recommendations. Further detail regarding the specifics of key recommendations can be found in Appendix A, Consumer Summary Tables.

The consumer representatives who were members of the Clinical Committee or the respective Working Groups noted that both consumers and clinicians are expected to benefit from these recommendations because they address concerns regarding patient safety and quality of care, and because they take steps to simplify the MBS and make it easier to use and understand. In addition, consumer access to services was considered for each recommendation.

Consumer impacts resulting from the Committee's recommendations fall into five main categories: consumer safety and quality of health services, consumer access, consumer costs, enabling informed consumers and impacts beyond the scope of the MBS review.

1.4.1 Consumer safety and quality of services

A number of the Committee's recommendations aim to improve patient safety. For example, the changes to the knee arthroscopy items will reduce consumers' exposure to risk from unnecessary surgery for uncomplicated osteoarthritis. In these circumstances, knee arthroscopy is not an effective service. Offering such a service inappropriately increases consumer expectations of a possible benefit (which is highly unlikely) and introduces risk to the individual (for example, through exposure to general anaesthesia and hospital-acquired infections). In addition, consumers' time and financial resources could be used more effectively in terms of their healthcare and wellbeing.

The Committee also recommended that additional hand and wrist and foot and ankle items provide for a surgical assistant to improve patient care.

1.4.2 Consumer access

Many of the Committee's recommendations aim to increase consumer access to appropriate care. For example, the Committee recommended:

- △ Reintroducing the joint injection items for unguided joint injections: Consumer representatives noted that the previous removal of these items and subsequent access challenges illustrate the importance of considering 'patient pathways' when changing MBS items. The Committee was also concerned that consumers in rural or remote areas may have particular difficulty accessing these services if adequate incentives are not provided to general practitioners (GPs) who deliver these services. It is hoped that reintroducing these items will improve consumer access, as well as reduce exposure to radiation.

- △ Specifying which items include aftercare: Where items do not include aftercare, a clear explanation of the reasons for this, and how aftercare will be billed, has been provided—for example, in cases of septic arthritis.
- △ Allowing paediatric items for limb lengthening to be claimed more than once in a 12-month period: This is intended to improve patient access to the service and facilitate patient care.

1.4.3 Consumer costs

A large number of the Committee's recommendations aim to clarify the components included in a procedure. This will reduce inappropriate co-claiming, potential over-servicing for some procedures and unnecessary costs for consumers and the community. It will also provide consumers with greater clarity regarding the cost of procedures. The Committee has sought to ensure that rebates incentivise appropriate care. This has resulted in recommendations for higher rebates for some items (for example, fractures of the clavicle) and lower rebates for other items.

1.4.4 Enabling informed consumers

The Committee noted that it is important for consumers to have an understanding of what constitutes a 'complete medical service' to aid in their understanding of a surgical procedure, the level of the MBS rebate and subsequent 'gap' costs. Consumer representatives also noted that increased levels of health literacy can help with rehabilitation after surgery and ongoing management of health and wellbeing. With these factors in mind, the Consumer Summary Tables (Appendix A) have, where possible, grouped item numbers to improve the clarity of and justification for recommended changes.

1.4.5 Impacts beyond the scope of the MBS

The consumer representatives noted priority areas that may need further consideration following the MBS review: a) creating MBS items to cover specialist referral to physiotherapy or occupational therapy (such as a hand therapist) before or after leaving hospital; b) addressing the need for clinician education on the billing of MBS items; c) addressing the increase in 'gap' costs associated with accessing a treatment considered part of 'universal health care,' particularly for Australians who are part of a low socio-economic demographic; and d) improving communication between consumers, GPs and specialists (for example, in the case of ordering and reporting an MRI).

2. About the Medicare Benefits Schedule (MBS) Review

2.1 Medicare and the MBS

What is Medicare?

Medicare is Australia's universal health scheme. It enables all Australian residents (and some overseas visitors) to have access to a wide range of health services and medicines at little or no cost.

Introduced in 1984, Medicare has three components:

- △ Free public hospital services for public patients.
- △ Subsidised drugs covered by the Pharmaceutical Benefits Scheme (PBS).
- △ Subsidised health professional services listed on the MBS.

What is the MBS?

The MBS is a listing of the health professional services subsidised by the Australian Government. There are over 5,700 MBS items, which provide benefits to patients for a comprehensive range of services including consultations, diagnostic tests and operations.

2.2 The MBS Review Taskforce

What is the MBS Review Taskforce?

The Government established the MBS Review Taskforce (the Taskforce) as an advisory body to review all of the 5,700 MBS items to ensure that they are aligned with contemporary clinical evidence and practice, and to improve health outcomes for patients. The Taskforce will also modernise the MBS by identifying any services that may be unnecessary, outdated or potentially unsafe. The review is clinician-led, and there are no targets for savings attached to the Review.

What are the goals of the Taskforce?

The Taskforce is committed to providing recommendations to the Minister for Health that will allow the MBS to deliver on each of four goals:

- △ **Affordable and universal access** – The evidence demonstrates that the MBS supports very good access to primary care services for most Australians, particularly in urban Australia. However, despite increases in the specialist workforce over the last decade, access to many specialist services remains problematic, with some rural patients particularly under-served.
- △ **Best-practice health services** – One of the core objectives of the review is to modernise the MBS, ensuring that individual items and their descriptors are consistent with contemporary best practice and the evidence base, where possible. Although the Medical Services Advisory Committee plays a crucial role in thoroughly evaluating new services, the vast majority of existing MBS items pre-date this process and have never been reviewed.
- △ **Value for the individual patient** – Another core objective of the Review is to maintain an MBS that supports the delivery of services that are appropriate to the patient's needs, provide real clinical value and do not expose the patient to unnecessary risk or expense.
- △ **Value for the health system** – Achieving the above elements will go a long way towards achieving improved value for the health system overall. Reducing the volume of services that provide little or no clinical benefit will enable resources to be redirected to new and existing

services that have proven benefits but are underused, particularly for patients who cannot readily access these services.

2.3 The Taskforce's approach

The Taskforce is reviewing existing MBS items, with a primary focus on ensuring that individual items and usage meet the definition of best practice. Within the Taskforce's brief, there is considerable scope to review and provide advice on all aspects that would contribute to a modern, transparent and responsive system. This includes not only making recommendations about adding **new items** or services to the MBS, but also about an MBS structure that could better accommodate changing health service models. The Taskforce has made a conscious decision to be ambitious in its approach, and to seize this unique opportunity to recommend changes to modernise the MBS at all levels, from the clinical detail of individual items, administrative rules and mechanisms, to structural, whole-of-MBS issues. The Taskforce will also develop a mechanism for an ongoing review of the MBS once the current review has concluded.

As the MBS Review is clinician-led, the Taskforce decided that Clinical Committees should conduct the detailed review of MBS items. The Clinical Committees are broad-based in their membership, and members have been appointed in an individual capacity, rather than as representatives of any organisation.

The Taskforce asked all Clinical Committees in the third tranche of the review process to review MBS items using a framework based on Professor Adam Elshaug's appropriate use criteria.¹ The framework consists of seven steps:

1. Develop an initial fact base for all items under consideration, drawing on the relevant data and literature.
2. Identify items that are obsolete, are of questionable clinical value,¹ are misused² and/or pose a risk to patient safety. This step includes prioritising items as 'priority 1,' 'priority 2' or 'priority 3,' using a prioritisation methodology (described in more detail below).
3. Identify any issues, develop hypotheses for recommendations and create a work plan (including establishing Working Groups, when required) to arrive at recommendations for each item.
4. Gather further data, clinical guidelines and relevant literature in order to make provisional recommendations and draft accompanying rationales, as per the work plan. This process begins with priority 1 items, continues with priority 2 items and concludes with priority 3 items. This step also involves consultation with relevant stakeholders within the Committee, Working Groups, and relevant colleagues or colleges. For complex cases, full appropriate use criteria were developed for the item's explanatory notes.
5. Review the provisional recommendations and the accompanying rationales, and gather further evidence as required.
6. Finalise the recommendations in preparation for broader stakeholder consultation.
7. Incorporate feedback gathered during stakeholder consultation and finalise the review report, which provides recommendations for the Taskforce.

All MBS items will be reviewed during the course of the MBS Review. However, given the breadth of and timeframe of the review, each Clinical Committee had to develop a work plan and assign priorities, keeping in mind the objectives of the Review. Committees used a robust prioritisation

¹ The use of an intervention that evidence suggests confers no or very little benefit on patients; or where the risk of harm exceeds the likely benefit; or, more broadly, where the added costs of the intervention do not provide proportional added benefits.

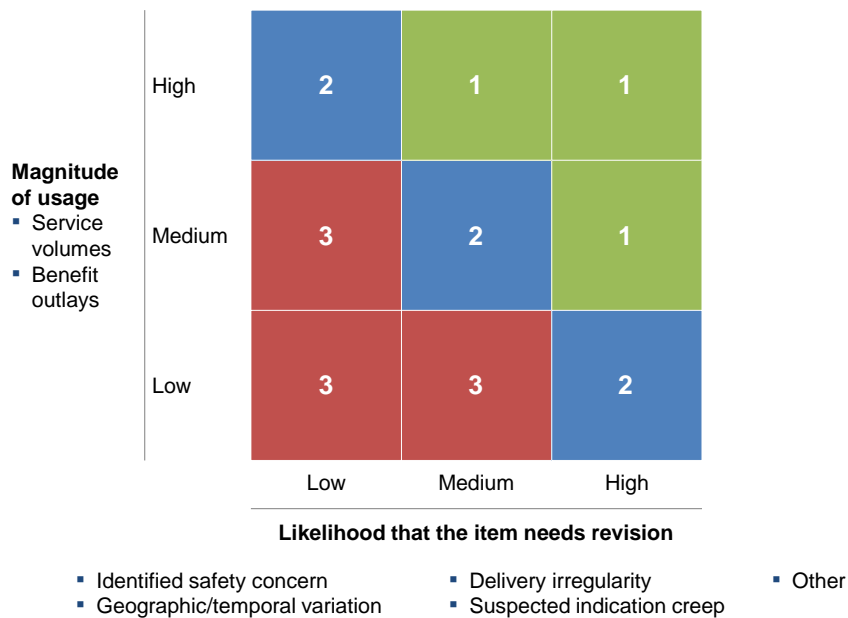
² The use of MBS services for purposes other than those intended. This includes a range of behaviours, from failing to adhere to particular item descriptors or rules through to deliberate fraud.

methodology to focus their attention and resources on the most important items requiring review. This was determined based on a combination of two standard metrics, derived from the appropriate use criteria:

- △ Service volume.
- △ The likelihood that the item needed to be revised, determined by indicators such as identified safety concerns, geographic or temporal variation, delivery irregularity, the potential misuse of indications or other concerns raised by the Clinical Committee (such as inappropriate co-claiming).

For each item, these two metrics were ranked high, medium or low. These rankings were then combined to generate a priority ranking ranging from one to three (where priority 1 items are the highest priority and priority 3 items are the lowest priority for review), using a prioritisation matrix (Figure 2). Clinical Committees used this priority ranking to organise their review of item numbers and apportion the amount of time spent on each item.

Figure 2: Prioritisation matrix



3. About the Orthopaedics Clinical Committee

This Committee is part of the third tranche of Clinical Committees. It was established in September 2016 to make recommendations to the Taskforce on MBS items within its remit, based on clinical expertise and rapid evidence review.

The Committee consists of 16 members, whose names, positions or organisations and declared conflicts of interest are listed in Section 3.1. All members of the Taskforce, Clinical Committees and Working Groups were asked to declare any conflicts of interest at the start of their involvement and were reminded to update their declarations throughout the review process.

3.1 Committee members

Table 2: Orthopaedics Clinical Committee members

Name	Position/Organisation	Declared conflict of interests*
Dr John North	Senior Visiting Orthopaedic Surgeon, Princess Alexandra Hospital and Mount Isa Hospital; Clinical Director, Queensland Audit of Surgical Mortality & Northern Territory Audit of Surgical Mortality	None
Dr Roy Carey	Orthopaedic Surgeon, Private Practice	TBC
Dr Stephen Coleman	Hand Surgeon, Brisbane Private Hospital	None
Professor Sally Green	Physiotherapist and Epidemiologist; Co-Director of Cochrane Australia and Professorial Fellow, Faculty of Medicine, Nursing and Health Sciences Monash University	Director of Cochrane Australia; Employee Monash University; Funding from the National Health and Medical Research Council, Cochrane, Australian Commission on Safety and Quality in Health Care. Physiotherapist in part time private practice
Mr John Harris	Orthopaedic Surgeon, Royal Melbourne and Epworth Hospital Melbourne	None
Dr Matthew Hope	Senior Staff Specialist, Trauma and Orthopaedics, Princess Alexandra Hospital, Brisbane	None
Professor David Hunter	Florance and Cope Chair of Rheumatology and Professor of Medicine University of Sydney, Consultant Rheumatologist Royal North Shore Hospital	None
Dr James Linklater	Radiologist, Castlereagh Imaging	TBC
Professor David Little	Senior Staff Specialist, Department of Orthopaedics, The Children's Hospital at Westmead; Conjoint Professor of Paediatrics and Child Health, University of Sydney	Consultant for OrthoPediatrics (a company that sells items that may be part of Committee discussions)
Associate Professor Graham Mercer	Orthopaedic Surgeon, Past Head of Orthopaedic Department, Repatriation General Hospital	None
Dr Greg Nutting	Orthopaedic Surgeon, Private Practice	None
Associate Professor Marinis Pirpiris	Orthopaedic Surgeon Epworth and Cabrini Private Hospitals	None
Associate Professor Andrew Shimmin	Orthopaedic Surgeon, Melbourne Orthopaedic Group	None
Dr John Tuffley	Consultant Orthopaedic Surgeon, St Andrew's War Memorial Hospital, Spring Hill and Lady Cilento Children's Hospital	TBC
Dr Janet Wale	Consumer Representative	None

Name	Position/Organisation	Declared conflict of interests*
Associate Professor Michael Yelland	Associate Professor of Primary Health Care, School of Medicine, Griffith University; General and Musculoskeletal Medicine Practitioner	None
Professor Michael Besser AM	MBS Review Taskforce (ex-officio)	TBC

*Conflict of interest other than being a provider, or receiver, of MBS items

Eleven of the 16 Committee members are practising orthopaedic surgeons. Their practices cover most Australian states, as well as a mixture of metropolitan, regional, public and private settings, reflecting the use of MBS items across sectors. Committee members represent a broad range of clinical and other expertise, including healthcare quality, clinical governance, policy and academic experience. The Committee also includes one rheumatologist, a physiotherapist, a radiologist and a GP. Committee members were appointed in an individual capacity, rather than as representatives of nominating or other bodies.

It is noted that the majority of Committee and Working Group members share a common conflict of interest in reviewing items that are a source of revenue for them (that is, Committee members claim the items under review). This conflict is inherent in a clinician-led process, and having been acknowledged by the Committee and the Taskforce, it was agreed that this should not prevent a clinician from participating in the Review.

3.2 Working Group members

The Committee formed six Working Groups to provide feedback on particular areas of clinical practice. As with the Committee, all members of the Working Groups were asked to declare any conflicts of interest at the start of their involvement and were reminded to update their declarations throughout the review process. The following tables display the members of each Working Group, along with their position or organisation and declared conflicts of interest.

3.2.1 Knee Working Group members

Table 3: Knee Working Group members

Name	Position/Organisation	Declared conflicts of interest*
Associate Professor Graham Mercer [^]	Orthopaedic Surgeon, Head of the Department of Orthopaedics, Repatriation General Hospital South Australia	None
Dr John North [^]	Princess Alexandra Hospital and Mount Isa Hospital Clinical Director, Queensland Audit of Surgical Mortality & Northern Territory Audit of Surgical Mortality	None
Dr Chris Vertullo	Associate Professor, Menzies Health Institute Griffith University; Associate Professor, Bond University School of Medicine; Director, Knee Research Australia; Specialist Orthopaedic Knee Surgeon, Gold Coast	None
Dr David Martin	Orthopaedic Surgeon (Knee, Shoulder, Ankle)	None
Dr David Hunter [^]	Florance and Cope Chair of Rheumatology and Professor of Medicine University of Sydney, Consultant Rheumatologist Royal North Shore Hospital	None
Associate Professor Michael Yelland [^]	Associate Professor of Primary Health Care, School of Medicine, Griffith University; General and Musculoskeletal Medicine Practitioner	None
Associate Professor Marinis Pirpiris [^]	Orthopaedic Surgeon, Epworth and Cabrini Private Hospitals	None
Ms Judith Nguyen	Consumer Representative, Board Member of Arthritis Australia (2003)	None
Mr Matthew Beard	Lead Physiotherapist Spinal Assessment Clinic, Department of Orthopaedics, Royal Adelaide Hospital Private Practice, Wakefield House, Adelaide	None

*Conflict of interest other than being a provider of MBS items

[^] Also a member of the Clinical Committee

3.2.2 Hand and Wrist Working Group members

Table 4: Hand and Wrist Working Group Members

Name	Position/Organisation	Declared conflict of interests*
Dr Stephen Coleman [^]	Hand Surgeon, Brisbane Private Hospital	None
A/Prof Graham Gumley	Associate Professor, Macquarie University and Sydney University; Head, Macquarie University Hand Unit; Visiting Medical Officer, Sydney Hospital; Sydney Adventist Hospital	None
Mr Tony Berger	Head of Hand Surgery Unit, St Vincent's Public Hospital; Visiting Hand Surgeon, St Vincent's Private Hospital, Melbourne	None
Mr Raymond Jongs	Hand Physiotherapist, Sydney	None
Ms Jan Titterton	Consumer Representative, Sydney	None
Dr Cameron MacKay	Hand Surgeon, Royal Brisbane and Women's Hospital, Senior Lecturer, University of Queensland	None

Name	Position/Organisation	Declared conflict of interests*
Dr Walid Jamal	General Practitioner, Clinical Lecturer, Western Clinical School, Faculty of Medicine, University of Sydney, Conjoint Senior Lecturer, School of Medicine, Western Sydney University	None

*Conflict of interest other than being a provider of MBS items

^ Also a member of the Clinical Committee

3.2.3 Shoulder and Elbow Working Group members

Table 5: Shoulder and Elbow Working Group members

Name	Position/Organisation	Declared conflict of interests*
Dr Greg Nutting^	Orthopaedic Surgeon, Private Practice	None
Dr Christopher Blenkin	Orthopaedic Surgeon, St Andrew's War Memorial Hospital and Royal Brisbane and Women's Hospital	None
Associate Professor Desmond Bokor	Orthopaedic Surgeon, Program Head Bone and Joint, Faculty of Medicine and Health Science, Macquarie University	None
Ms Eileen Jerga AM	Consumer Representative	None
Mr Patrick Swete Kelly	Specialist Musculoskeletal Physiotherapist, Royal Brisbane and Women's Hospital; Private Practice	None
Dr David Gill	Orthopaedic Surgeon	None
Dr Simon Van Lint	General Practitioner	None

*Conflict of interest other than being a provider of MBS items

^ Also a member of the Clinical Committee

3.2.4 Hip Working Group members

Table 6: Hip Working Group members

Name	Position/Organisation	Declared conflict of interests*
Associate Professor Andrew Shimmin^	Orthopaedic Surgeon, Melbourne Orthopaedic Group	None
Mr John Harris^	Orthopaedic Surgeon, Royal Melbourne and Epworth Hospital Melbourne	None
Dr Philip Dalton	Orthopaedic Surgeon, Private Practice	None
Dr Lawrence Malisano	Orthopaedic Surgeon, Private Practice	None
Ms Wendy Favorito	Consumer Representative	None
Dr Joanne Kemp	Physiotherapist, Research Fellow	None
Dr Michael O'Sullivan	Orthopaedic Surgeon, North Sydney Orthopaedics and Sports Medicine Centre	Consultant for Depuy Australia (a company that funds a clinical and research fellowship and sells items that may be part of Committee discussions)
Dr Beres Joyner	General Practitioner	None

*Conflict of interest other than being a provider of MBS items

^ Also a member of the Clinical Committee

3.2.5 Foot and Ankle Working Group members

Table 7: Foot and Ankle Working Group members

Name	Position/Organisation	Declared conflicts of interest
Dr Chris Brown	Orthopaedic Surgeon, Head of Foot and Ankle Service, Repatriation General Hospital Adelaide	None
Dr Matthew Hope [^]	Senior Staff Specialist, Trauma and Orthopaedics, Princess Alexandra Hospital, Brisbane	None
Dr Aneel Nihal	Orthopaedic and Trauma Surgeon, Foot and Ankle Specialist, Gold Coast	None
Dr David Lunz	Orthopaedic Surgeon, Foot and Ankle Specialist, Sydney	None
Dr Anthony Cadden	Orthopaedic Surgeon, Foot and Ankle Specialist, Wollongong	None
Ms Toni Green	Assistant Professor, Discipline of Physiotherapy, Faculty of Health, University of Canberra	None
Ms Debra Kay	Consumer Representative	None
Dr Ken Leahey	General Practitioner, Adelaide	None

*Conflict of interest other than being a provider of MBS items

[^] Also a member of the Clinical Committee

3.2.6 Paediatrics Working Group members

Table 8: Paediatrics Working Group members

Name	Position/Organisation	Declared interests
Dr David Little [^]	Senior Staff Specialist, Department of Orthopaedics, The Children's Hospital at Westmead; Conjoint Professor of Paediatrics and Child Health, University of Sydney	Consultant for OrthoPediatrics (a company that sells items that may be part of Committee discussions)
Dr Ivan Astori	Orthopaedic Surgeon, Paediatric Specialist, Mater Private Hospital Brisbane and Redland, St Andrew's War Memorial Hospital and The Lady Cilento Childrens Hospital, Brisbane	None
Dr Michael Bellemore	Senior Orthopaedic Surgeon, The Children's Hospital Westmead, Sydney	None
Dr Chris Harris	Orthopaedic Surgeon; Paediatric Specialist, The Royal Children's Hospital, Melbourne	None
Dr Angus Gray	Orthopaedic Surgeon, Paediatric Specialist, Sydney Children's Hospital and Prince of Wales Hospital, Sydney	None
Ms Diane Walsh	Consumer Representative, Top End Health Service Board, Northern Territory Primary Health Network Director, Darwin	None
Ms Julianne Pegler	Paediatric Physiotherapist, Private Practice	None
Dr Sharon Muir	General Practitioner	None

*Conflict of interest other than being a provider of MBS items

[^] Also a member of the Clinical Committee

It is noted that the majority of Working Group members share a common conflict of interest in reviewing items that are a source of revenue for them (that is, orthopaedic surgeons claim the items under review). This conflict is inherent in a clinician-led process, and having been acknowledged by the Committee and the Taskforce, was agreed that this should not prevent a clinician from participating in the review.

3.3 Summary of the Committee's review approach

The Committee completed a review of its items across five Committee meetings and 22 Working Group meetings. The review drew on various types of MBS data, including data on utilisation of items (services, benefits, patients, providers and growth rates); service provision (type of provider, geography of service provision); patients (demographics and services per patient); co-claiming or episodes of services (same-day claiming and claiming with specific items over time); and additional provider-level data, when required. The review also drew on data presented in the relevant published literature, all of which is referenced in the report.

3.3.1 Working Group structure

The Committee reviewed 594 items and made recommendations based on the best available evidence and clinical expertise. The Committee formed six Working Groups with broader membership to provide greater expertise on specific domains of clinical practice:

- △ Knee Working Group.
- △ Hand and Wrist Working Group.
- △ Shoulder and Elbow Working Group.
- △ Hip Working Group.
- △ Foot and Ankle Working Group.
- △ Paediatrics Working Group.

3.3.2 Structure of the report

The recommendations in this report are organised by subspecialties.

- △ Section 4 - General orthopaedics items.
- △ Section 5 - Knee items.
- △ Section 6 - Hand and wrist items.
- △ Section 7 - Shoulder and elbow items.
- △ Section 8 - Hip items.
- △ Section 9 - Foot and ankle items.
- △ Section 10 - Paediatrics items.

3.3.3 Numbering of proposed items

Throughout the report, the Committee has recommended new or substantially changed items, most of which involve restructuring current items. These proposed items are often referred in this report to using letters to differentiate them for ease of reference. If the recommended items are ultimately added to the MBS, the Department of Human Services (DHS) will assign new numbers in the usual format. The Committee is not recommending changes to the MBS numbering system.

4. General orthopaedic items

4.1 Introduction

The Committee reviewed 86 general orthopaedic MBS items, representing approximately 81,000 services and \$13.5 million in benefits paid in financial year (FY) 2014–15. In addition to the Working Groups' review of individual items, the Committee made two general changes. Firstly, the Committee recommended changing items to remove the term 'osteectomy' from all osteotomy/osteectomy items. Secondly, the Committee asked each group to create specific items for tendon and joint surgery following the recommended deletion of general tendon and joint items.

The Committee made three main recommendations regarding general orthopaedic items.

1. Replace existing bone graft items with a new bone graft table based on the type of graft and the complexity of the procedure to harvest the graft, as opposed to the size or site of graft insertion.
2. Replace four general tendon and seven joint items with more specific items due to concerns that these items may be inappropriately claimed in circumstances where the tendon or joint procedure is an inherent component of another item.
3. Reintroduce items for unguided joint or bursa injection or aspiration.

4.2 Bone graft items

There are currently three different types of bone graft items within the MBS:

- △ Separate bone graft items that reference specific bones, located in the general orthopaedic section.
- △ Separate bone graft items for general use that reference the type of bone grafting required, also located in the general orthopaedic section.
- △ Items for procedures that require bone grafts during the surgery. Some of these items refer to 'minor' and 'major' grafting, but there are no clear definitions of these terms.

The Committee considered the following factors when making recommendations about bone graft items:

- △ Although the three types of bone graft items provide choice for the clinician, they do not provide clarity and result in considerable overlap between items.
- △ In the majority of cases, bone grafting is a supplement or an augment to the primary procedure. There are only a few occasions when the harvesting of a graft and insertion of a graft happens on its own.
- △ There are different types of bone grafts (autografts, allografts, xenografts or synthetic grafts) with differing levels of complexity.
 - Autografts (from the patient) vary in size and complexity. Some can be harvested from the same operative site, but others may need to be harvested from a different site and require a separate incision. Harvesting from a distant site adds to the complexity, duration and risk of complications of the surgery.
 - Synthetic bone grafts do not need to be harvested.
 - Bone grafts may also be taken with a vascular pedicle requiring microvascular techniques for implantation at the required site.

- Bone graft may be used as a void filler, to encourage healing or for structural purposes. The latter requires specific preparation (being either autograft or allograft) and specific fixation for the graft.

Table 9: Item introduction table for items 48200, 48203, 48206, 48209, 48212, 48215, 48218, 48221, 48224, 48227, 48230, 48233, 48236, 48239, 48242, 47726 and 47729

Item	Descriptor	Schedule fee	Volume of services FY2014/15	Total benefits FY2014/15	Services 5-year-average annual growth
48200	Femur, bone graft to. (Anaes.) (Assist.)	\$753	495	\$174,248	4%
48203	Femur, bone graft to, with internal fixation. (Anaes.) (Assist.)	\$913	243	\$130,112	1%
48206	Tibia, bone graft to. (Anaes.) (Assist.)	\$565	907	\$191,077	4%
48209	Tibia, bone graft to, with internal fixation. (Anaes.) (Assist.)	\$725	594	\$187,458	5%
48212	Humerus, bone graft to. (Anaes.) (Assist.)	\$565	374	\$79,554	9%
48215	Humerus, bone graft to, with internal fixation. (Anaes.) (Assist.)	\$725	391	\$153,526	10%
48218	Radius or ulna, bone graft to. (Anaes.) (Assist.)	\$565	112	\$41,905	28%
48221	Radius and ulna, bone graft to, with internal fixation of 1 or both bones. (Anaes.) (Assist.)	\$753	71	\$38,281	0%
48224	Radius or ulna, bone graft to. (Anaes.) (Assist.)	\$377	281	\$38,598	2%
48227	Radius or ulna, bone graft to, with internal fixation of 1 or both bones. (Anaes.) (Assist.)	\$490	558	\$171,907	-1%
48230	Scaphoid, bone graft to, for non-union. (Anaes.) (Assist.)	\$424	8	\$2,225	-4%
48233	Scaphoid, bone graft to, for non-union, with internal fixation. (Anaes.) (Assist.)	\$612	308	\$128,715	0%
48236	Scaphoid, bone graft to, for mal-union, including osteotomy, bone graft and internal fixation. (Anaes.) (Assist.)	\$800	66	\$39,034	-4%
48239	Bone graft, not being a service to which another item in this Group applies. (Anaes.) (Assist.)	\$442	1,889	\$306,558	8%
48242	Bone graft, with internal fixation, not being a service to which another item in this Group applies. (Anaes.) (Assist.)	\$612	4,583	\$1,541,735	6%
47726	Bone graft, harvesting of, via separate incision, in conjunction with another service - autogenous - small quantity. (Anaes.)	\$141	1,032	\$56,191	1%
47729	Bone graft, harvesting of, via separate incision, in conjunction with another service - autogenous - large quantity. (Anaes.)	\$236	2,643	\$206,731	4%

Recommendation 1

- △ Items 48200–48242, 47726 and 47729: Replace items with five **new items** for bone grafting.
- △ Create five **new items** for bone graft harvesting and implanting procedures.

- The proposed **new item** descriptors and their relative complexity, (1 being the least complex and 10 being the most complex) are provided below.
 - Item 101: Autograft, bone graft, harvesting and insertion of, via separate incision and at separate surgical field.
 - The intention of the Committee is that this item will be used for bone grafting that does not require specific fixation.
 - Relative complexity – 3.
 - Item 102: Autograft, bone graft, harvesting and insertion of, via separate incisions, requiring internal fixation of the graft.
 - The intention of the Committee is that this requires internal fixation of the graft as a mandatory component of the procedure.
 - Relative complexity – 5.
 - Item 103: Autograft, osteochondral graft, harvesting and insertion of, via separate incisions, same joint or joint complex.
 - Relative complexity – 4.
 - Item 104: Autograft, vascularised bone graft, harvesting and insertion via separate incision, including, if performed, internal fixation of the bone graft.
 - The intention of the Committee is internal fixation, if performed, is a part of item and a separate item cannot be co-claimed.
 - Relative complexity – 10.
 - Item 105: Allograft, metallic or other graft substitute, where substitute is structural cortico-cancellous and/or structural bone, including trabecular metal, preparation and insertion of, including internal fixation, if performed.
 - Relative complexity – 4.
- Create an explanatory note for item 105. The proposed explanatory note is as follows:
 - *‘Other graft substitute’ does not include demineralised bone matrix or bone graft substitutes such as synthetic materials, ceramics (bone void fillers), collagen composites, composite cement materials, bone morphogenetic protein, or recombinant human bone morphogenetic protein.*

Rationale

The recommendation aims to provide a consistent and clear approach to bone graft items, based on the complexity of harvesting the graft. It is based on the following:

- △ Items 48200, 48203, 48206, 48209, 48212, 48215, 48218, 48221, 48224, 48227, 48230, 48233, 48236, 48239, 48242, 47726 and 47729 include the named bone or primary procedure used. The Committee agreed that the current method of item categorisation adds unnecessary complexity to the MBS. The proposed items 101–105 have been recommended to better reflect the specifics of the harvesting and the application of different types of graft.
- △ Items 101–105 are based on the type of graft and the complexity of the procedure required to harvest the graft. They replace an assortment of existing items with varying degrees of clarity, some of which were based on the site of insertion while others were based on the type or size of the graft. The **new items** are intended to provide greater clarity and consistency for clinicians and consumers.

- △ The **new items** are intended to be used as graft-specific (secondary) item numbers that are co-claimed with procedure-specific primary items. They cover additional grafting procedures that may be required.
 - An exception to the **new items** is the existing item 50644 (paediatric spinal bone graft) that already reflects the greater complexity and difficulty of the procedure.
 - The Spinal Surgery Clinical Committee has also recommended separate items for spinal grafting to which the items for general bone grafts do not apply.
- △ Separating bone graft items from the primary procedure allows for appropriate remuneration that reflects the technical expertise required for harvesting and applying the graft, which can vary considerably.
- △ The Committee recommended that simple bone grafts and graft substitutes should not attract specific MBS rebates for the following reasons.
 - The harvesting and insertion of a bone graft via the same incision is a minor component of the primary procedure and does not require an individual item number.
 - The insertion of a synthetic or biological bone graft substitute or bone stimulator product is a minor component of the primary procedure and does not require an individual item number. This is clarified in the explanatory note attached to item 105.
- △ There may be occasions where a bone graft item may be used in isolation, but it is anticipated that such occasions will occur infrequently. For example, procedures such as the harvesting and insertion of an osteochondral graft could use the graft codes as the primary number.
- △ The recommended bone graft items may also affect items that include bone grafting as part of an item for a larger procedure (for example, if bone grafting is an inherent part of the procedure). For these items, the Committee considered whether bone grafting should be retained as part of the items or whether separate items from the bone graft table should be claimed in addition to the primary procedure. The Committee and its Working Groups determined that it is appropriate for the approach to bone grafting to vary by subspecialty.
 - Some subspecialties (such as hand and wrist and foot and ankle surgery) have decided that it is most appropriate to claim the primary item and the bone graft separately because this better reflects the range of complexity associated with different types of bone grafting. This means that some existing items that include bone grafting will have the bone graft component removed and then claimed as a separate item.
 - Most subspecialties (such as shoulder and elbow, hip, and knee surgery) have opted to retain bone grafting within existing procedures in order to maintain complete medical services. Where an item specifically includes bone grafting, a separate item cannot be claimed.

4.3 Osteectomy items

Recommendation 2

- △ Several items in the MBS include the term ‘osteectomy’. Of items under review by the Orthopaedics Clinical Committee, these are: osteotomy or osteectomy items 48400 (phalanx, metatarsal, accessory bone or sesamoid bone), 48403 (phalanx or metatarsal with internal fixation), 48406 (fibula, radius, ulna, clavicle, scapula (other than acromion), rib, tarsus or carpus), 48409 (fibula, radius, ulna, clavicle, scapula (other than acromion), rib, tarsus or carpus, with internal fixation), 46396 (phalanx or metacarpal of the hand), 48412 (humerus), 48415 (humerus with internal fixation), 48418 (tibia), 48421 (tibia with internal fixation), 48424 (femur or pelvis) and 48427 (femur or pelvis with internal fixation) and items 47501, 47504, 47507, 47510 (all for acetabular fractures).
- △ The Committee recommended removing the term ‘osteectomy’ from all orthopaedics items.
- △ A full recommendation in relation to each item containing the term ‘osteectomy’ is provided in each subspecialty’s section of the report.
- △ Additionally, the Committee recommended creating an explanatory note to define osteotomy.
 - The proposed explanatory note is as follows:
 - *An osteotomy is a planned bone cut that is intended to realign the bone or alter the length of a bone.*

Rationale

This recommendation aims to clarify the items and limit the circumstances in which a separate item is claimed for removal of bone. It is based on the following.

- △ The term ‘osteectomy’ is a broad term that does not have precise clinical meaning. As a result it is unclear in which circumstances it is appropriate for clinicians to claim a separate item for bone procedures.
- △ The co-claiming data for the osteotomy and osteectomy data suggests that the use of the term ‘osteectomy’ has allowed the items to be used in a wide range of clinical contexts. The Clinical Committee believes that limiting the items to osteotomy provides better guidance as to the appropriate use of these items.
- △ Note that the data provided below is intended to demonstrate the wide range of procedures with which osteotomy and osteectomy items are associated and is not intended to suggest that all of the co-claiming below is inappropriate.
- △ Item 48400 (osteotomy or osteectomy of phalanx, metatarsal, accessory bone or sesamoid bone):
 - Of episodes involving item 48400, 13 per cent co-claimed item 48403 (osteotomy or osteectomy of phalanx or metatarsal with internal fixation).ⁱⁱ
- △ Item 48403 (osteotomy or osteectomy of phalanx or metatarsal with internal fixation):
 - Of episodes involving item 48403, 32 per cent co-claimed item 49837 (correction of hallux valgus by osteotomy of first metatarsal, unilateral), 19 per cent co-claimed item 49851 (correction of claw or hammer toe), 18 per cent co-claimed item 49809 (foot open tenotomy), 18 per cent co-claimed item 50106 (joint stabilisation), 13 per cent co-claimed item 48400 (osteotomy or osteectomy of phalanx, metatarsal, accessory bone or sesamoid

bone), and 12 per cent co-claimed item 49838 (correction of hallux valgus by osteotomy of first metatarsal, bilateral).ⁱⁱⁱ

- △ Item 48406 (osteotomy or osteectomy of fibula, radius, ulna, clavicle, scapula (other than acromion), rib, tarsus or carpus):
 - Of episodes involving item 48406, 16 per cent co-claimed item 30111 (excision of a large bursa), 12 per cent co-claimed item 48951 (division of coraco-acromial ligament), and 11 per cent co-claimed item 47903 (ankle arthroscopic surgery).^{iv}
- △ Item 48409 (osteotomy or osteectomy of fibula, radius, ulna, clavicle, scapula (other than acromion), rib, tarsus or carpus):
 - Of episodes involving item 48409, 12 per cent co-claimed item 49812 (foot, tendon or ligament transfer, not being a service to which another item in this Group applies).^v
- △ Item 46396 (osteotomy or osteectomy of phalanx or metacarpal of the hand):
 - Of episodes involving item 46396, 27 per cent co-claimed item 46495 (ganglion or mucous cyst of distal digit), 11 per cent co-claimed item 46516 (removal of digital nail of finger or thumb), 10 per cent co-claimed item 31350 (benign tumour of soft tissue) and 10 per cent co-claimed item 46486 (accurate reconstruction of a nail bed).^{vi}
- △ Item 48412 (osteotomy or osteectomy of humerus):
 - Of episodes involving item 48412, 29 per cent co-claimed item 30111 (excision of large bursa), 21 per cent co-claimed item 48406 (osteotomy or osteectomy of fibula, radius, ulna, clavicle, scapula (other than acromion), rib, tarsus or carpus), 21 per cent co-claimed item 47966 (tendon or ligament transfer as an independent procedure), 18 per cent co-claimed item 48906 (rotator cuff repair), 15 per cent co-claimed item 48951 (division of coraco-acromial ligament), 13 per cent co-claimed 48960 (shoulder reconstruction), and 11 per cent co-claimed item 39330 (neurolysis).^{vii}
- △ Item 48415 (osteotomy or osteectomy of humerus, with internal fixation):
 - Of episodes involving item 48415, 40 per cent co-claimed item 48918 (shoulder total replacement), 30 per cent co-claimed item 47966 (tendon or ligament transfer as an independent procedure), 17 per cent co-claimed item 48212 (bone grafting to humerus), 17 per cent co-claimed item 30111 (excision of large bursa), 16 per cent co-claimed item 48409 (osteotomy or osteectomy of fibula, radius, ulna, clavicle, scapula (other than acromion), rib, tarsus or carpus, with internal fixation), 15 per cent co-claimed item 48903 (decompression of the subacromial space), and 15 per cent co-claimed item 48215 (bone grafting to humerus, with internal fixation).^{viii}
- △ Item 48418 (osteotomy or osteectomy of the tibia):
 - Of episodes involving item 48418, 33 per cent co-claimed item 49703 (ankle arthroscopic surgery), 22 per cent co-claimed item 48406 (osteotomy or osteectomy of fibula, radius, ulna, clavicle, scapula (other than acromion), rib, tarsus or carpus), 16 per cent co-claimed item 47930 (removal of a plate, rod or nail), 13 per cent co-claimed item 47927 (removal of a buried wire, pin or screw), and 11 per cent co-claimed item 49706 (ankle arthrotomy).^{ix}
- △ Item 48421 (osteotomy or osteectomy of the tibia, with internal fixation):
 - Of episodes involving item 48421, 28 per cent co-claimed item 49561 (knee arthroscopic surgery), 17 per cent co-claimed item 48206 (bone graft to tibia), 15 per cent co-claimed

item 49564 (knee patello-femoral stabilisation), and 13 per cent co-claimed item 48209 (bone graft to tibia with internal fixation).^x

- △ The Committee believed that much of this co-claiming reimbursed osteectomies in circumstances where removal of bone should be considered a part of the primary procedure. Although high rates of co-claiming were particularly pronounced with some osteectomy items, the Committee removed the phrase from all items for clarity, consistency and to prevent inappropriate use shifting to other items. Similarly, the term 'osteectomy' was removed from the acetabular fractures items for clarity and consistency.
- △ Where the Committee considered it to be appropriate to claim a separate item for osteectomy, **new items** have been recommended to prevent access gaps in the MBS, including for excision of a pisiform and management of heterotopic ossification.

4.4 General orthopaedic items

4.4.1 Injection into or aspiration of bone cyst

Table 10: Item introduction table for item 47900

Item	Descriptor	Schedule fee	Volume of services FY2014/15	Total benefits FY2014/15	Services 5-year-average annual growth
47900	Bone cyst, injection into or aspiration of. (Anaes.)	\$170	98	\$13,026	25%

Recommendation 3

- △ No change.

Rationale

- △ The Committee did not identify any concerns regarding safety, access, value or contemporary best practice that required a change to item 47900.

4.4.2 Insertion of bone growth stimulator

Table 11: Item introduction table for item 47920

Item	Descriptor	Schedule fee	Services FY2014/15	Total benefits	Services average annual growth
47920	Bone growth stimulator, insertion of.	\$381	123	\$14,252	19%

Recommendation 4

- △ Delete item.

Rationale

- △ This item has low clinical utility, there are safety concerns and overall lacks clinical evidence.^{xi}

4.4.3 Insertion of orthopaedic pin or wire

Table 12: Item introduction table for item 47921

Item	Descriptor	Schedule fee	Volume of services FY2014/15	Total benefits FY2014/15	Services 5-year-average annual growth
47921	Orthopaedic pin or wire, insertion of, as an independent procedure. (Anaes.)	\$113	272	\$16,317	3%

Recommendation 5

△ No change.

Rationale

△ The Committee did not identify any concerns regarding safety, access, value or contemporary best practice that required a change to item 47921.

4.4.4 Internal and external fixation

Table 13: Item introduction table for items 47924, 47927, 47930, 47948 and 47951

Item	Descriptor	Schedule fee	Volume of services FY2014/15	Total benefits FY2014/15	Services 5-year-average annual growth
47924	Buried wire, pin or screw, 1 or more of, which were inserted for internal fixation purposes, removal of requiring incision and suture, not being a service to which item 47927 or 47930 applies - per bone. (Anaes.)	\$38	407	\$10,785	1%
47927	Buried wire, pin or screw, 1 or more of, which were inserted for internal fixation purposes, removal of, in the operating theatre of a hospital - per bone. (Anaes.)	\$141	9,382	\$618,554	4%
47930	Plate, rod or nail and associated wires, pins or screws, 1 or more of, all of which were inserted for internal fixation purposes, removal of, not being a service associated with a service to which item 47924 or 47927 applies - per bone. (Anaes.) (Assist.)	\$264	8,695	\$1,026,910	7%
47948	External fixation, removal of, in the operating theatre of a hospital. (Anaes.)	\$160	149	\$12,182	1%
47951	External fixation, removal of, in conjunction with operations involving internal fixation or bone grafting or both. (Anaes.)	\$188	108	\$5,823	16%

Recommendation 6

△ Items 47924 and 47927: Change the descriptors.

- Replace 'per bone' with 'per incision' in both descriptors, and remove the words 'and suture' from the descriptor for item 47927.
- The proposed item descriptors are as follows:

- Item 47924: Buried wire, pin or screw, 1 or more of, which were inserted for internal fixation purposes, removal of requiring incision, not being a service to which item 47927 or 47930 applies – per incision. (Anaes.)
- Item 47927: Buried wire, pin or screw, 1 or more of, which were inserted for internal fixation purposes, removal of, in the operating theatre of a hospital - per incision. (Anaes.)
- △ Items 47930 and 47948: Consolidate items under single item 479AA.
 - Specify that the item can be claimed ‘per incision’ and that the procedure should occur as a hospital service in an operating theatre.
 - The Committee recommended a schedule fee for item 479AA that is the weighted average of items 47930 and 47948.
 - The proposed item descriptor is as follows:
 - Item 479AA: Plate, rod or nail and associated wires, pins, screws, or external fixation, 1 or more of, all of which were inserted for fixation purposes, removal of, not being a service associated with a service to which item 47924 or 47927 applies, in the operating theatre of a hospital - per incision. (Anaes.) (Assist.)
- △ Item 47951: consolidate with bone graft items and item 479AA.

Rationale

This recommendation focuses on modernising the MBS, ensuring that MBS items provide rebates for high-value services and minimising inappropriate claiming throughout the MBS. It is based on the following.

- △ Items 47924 and 47927:
 - Replacing the phrase ‘per bone’ with ‘per incision’ provides better guidance as to appropriate use. For example, the removal of a single K-wire through the distal and intermediate phalanx via one incision should be claimed using one of the above items once, rather than through multiple billings of the items.
 - The phrase ‘and suture’ has been removed from item 47924 to account for multiple techniques for wound closure.
- △ Items 47930 and 47948:
 - These items allow for different surgical methods that result in the same clinical outcome. For this reason, items 47930 and 47948 are very similar and should be consolidated under **new item** 479AA. This recommendation reduces the number of items in the MBS and assists in simplifying the schedule.
- △ Item 47951:
 - The Committee did not believe it was necessary to retain a separate item for internal fixation of bone grafts. Services previously provided under item 47951 will now be reimbursed either using a bone graft item that incorporates internal fixation as a complete medical service or, if required, the bone graft table and item 479AA.

4.4.5 Tendon procedures

Table 14: Item introduction table for items 47954, 47957, 47960, 47963, 47966 and 47969

Item	Descriptor	Schedule fee	Volume of services FY2014/15	Total benefits FY2014/15	Services 5-year-average annual growth
47954	Tendon, repair of, as an independent procedure. (Anaes.) (Assist.)	\$377	2,888	\$587,666	5%
47957	Tendon, large, lengthening of, as an independent procedure. (Anaes.) (Assist.)	\$282	802	\$81,551	3%
47960	Tenotomy, subcutaneous, not being a service to which another item in this Group applies. (Anaes.)	\$132	485	\$38,332	1%
47963	Tenotomy, open, with or without tenoplasty, not being a service to which another item in this Group applies. (Anaes.)	\$217	3,248	\$236,111	11%
47966	Tendon or ligament transfer, as an independent procedure. (Anaes.) (Assist.)	\$433	5,589	\$847,651	11%
47969	Tenosynovectomy, not being a service to which another item in this Group applies. (Anaes.) (Assist.)	\$264	1,854	\$170,022	7%

Recommendation 7

- △ Item 47954: Change the descriptor.
 - Specify the clinical indication for this surgery by including the word ‘traumatic tear or rupture’.
 - Replace ‘as an independent procedure’ with a phrase to exclude co-claiming with item 39330 (neurolysis) or other peripheral nerve items.
 - The proposed item descriptor is as follows:
 - Tendon, repair of traumatic tear or rupture, not to be associated with item 39330 or other peripheral nerve items. (Anaes.) (Assist.)
- △ Item 47960: No change.
- △ Items 47957, 47963, 47966 and 47969: Replace items with specific items for each specialty.

Rationale

This recommendation focuses on modernising the MBS, ensuring that MBS items provide rebates for high-value services and minimising inappropriate claiming throughout the MBS. It is based on the following.

- △ Item 47954:
 - Changes to this item provide greater clarity regarding appropriate clinical use of the item and aim to address co-claiming that the Committee identified as potentially inappropriate. For example, in FY2014–15, item 47954 was co-claimed with item 30111 (excision of large bursa) in 18 per cent of episodes and with item 39330 (neurolysis) in 10 per cent of episodes.^{xii} If performed, excision of large bursa and neurolysis are considered to be components of a tendon repair and separate items should not be co-claimed. The Committee has recommended deleting item 30111 (excision of a large bursa) and adding in co-claiming restrictions with item 39330 (neurolysis) to address this. The reference to other

peripheral nerve items prevents co-claiming shifting to other items in that section of the MBS, including the proposed new nerve items (see Section 6.6.9).

△ Item 47960:

- The Committee did not identify any concerns regarding safety, access, value or contemporary best practice that require a change to item 47960.

△ Items 47957, 47963, 47966 and 47969:

- The Committee was concerned about inappropriate co-claiming of these items.
- For example, of episodes involving item 47957, 18 per cent involved co-claiming with item 30111 (large bursa), 10 per cent involved co-claiming with item 39330 (neurolysis) and 10 per cent involved co-claiming with item 49366 (hip arthroscopic surgery).^{xiii}
- Of episodes involving item 47963, 19 per cent involved co-claiming with item 47375 (distal radius fracture), 15 per cent involved co-claiming with item 48951 (arthroscopic division of the coraco-acromial joint), 13 per cent involved co-claiming with item 30111 (large bursa), and 13 per cent involved co-claiming with item 48960 (rotator cuff repair).^{xiv}
- Of episodes involving item 47966, 28 per cent involved co-claiming with item 48960 (rotator cuff repair), 18 per cent involved co-claiming with item 48951 (arthroscopic division of the coraco-acromial joint), 13 per cent involved co-claiming with item 30111 (large bursa), 12 per cent involved co-claiming with item 48918 (total shoulder replacement), and 11 per cent involved co-claiming with item 48906 (rotator cuff repair).^{xv}
- Of episodes involving item 47969, 15 per cent involved co-claiming with item 39330 (neurolysis), 13 per cent involved co-claiming with item 49703 (ankle arthroscopic surgery), and 12 per cent involved co-claiming with item 49718 (Achilles' tendon repair).^{xvi}
- The Committee agreed that tendon transfer and tenotomy items should be more specific to each region and asked each Working Group to create **new items** for tendon transfer and tenotomy for each sub-specialty where necessary.
- Once these **new items** had been created, the Committee did not believe that there was any clinical necessity for the current items. For this reason, items 47957, 47963, 47966 and 47969 have been recommended for deletion because there are now more specific items that each sub-specialty can use.

4.4.6 Decompression fasciotomy items

Table 15: Item introduction table for items 47975, 47978 and 47981

Item	Descriptor	Schedule fee	Volume of services FY2014/15	Total benefits FY2014/15	Services 5-year-average annual growth
47975	Forearm or calf, decompression fasciotomy of, for acute compartment syndrome, requiring excision of muscle and deep tissue. (Anaes.) (Assist.)	\$369	286	\$46,437	-1%
47978	Forearm or calf, decompression fasciotomy of, for chronic compartment syndrome, requiring excision of muscle and deep tissue. (Anaes.)	\$224	521	\$39,239	0%
47981	Forearm, calf or interosseous muscle space of hand, decompression fasciotomy of, not being a service to which another item applies. (Anaes.)	\$151	218	\$10,610	2%

Recommendation 8

△ No change.

Rationale

△ The Committee did not identify any concerns regarding safety, access, value or contemporary best practice that required a change to items 47975, 47978 and 47981.

4.4.7 Joint procedures

Table 16: Item introduction table for items 50100, 50102, 50103, 50104, 50106, 50109, 50112, 50115, 50127 and 50130

Item	Descriptor	Schedule fee	Volume of services FY2014/15	Total benefits FY2014/15	Services 5-year-average annual growth
50100	Joint, diagnostic arthroscopy of (including biopsy), not being a service to which another item in this Group applies and not being a service associated with any other arthroscopic procedure. (Anaes.) (Assist.)	\$273	36	\$4,602	N/A
50102	Joint, arthroscopic surgery of, not being a service to which another item in this Group applies. (Anaes.) (Assist.)	\$612	881	\$295,521	25%
50103	Joint, arthrotomy of, not being a service to which another item in this Group applies. (Anaes.) (Assist.)	\$330	2,229	\$258,165	0%
50104	Joint, synovectomy of, not being a service to which another item in this Group applies. (Anaes.) (Assist.)	\$312	504	\$53,168	14%
50106	Joint, stabilisation of, involving 1 or more of: repair of capsule, repair of ligament or internal fixation, not being a service to which another item in this Group applies (Anaes.) (Assist.)	\$471	6,136	\$1,229,366	13%
50109	Joint, arthrodesis of, not being a service to which another item in this Group applies, with synovectomy if performed. (Anaes.) (Assist.)	\$471	3,481	\$562,716	6%
50112	Cicatricial flexion or extension contraction of joint, correction of, involving tissues deeper than skin and subcutaneous tissue, not being a service to which another item in this Group applies. (Anaes.) (Assist.)	\$361	394	\$76,550	1%
50115	Joint or joints, manipulation of, performed in the operating theatre of a hospital, not being a service associated with a service to which another item in this Group applies. (Anaes.)	\$143	3,185	\$332,218	2%
50127	Joint or joints, arthroplasty of, by any technique not being a service to which another item applies. (Anaes.) (Assist.)	\$703	1,395	\$485,577	8%
50130	Joint or joints, application of external fixator to, other than for treatment of fractures. (Anaes.) (Assist.)	\$312	27	\$3,800	N/A

Recommendation 9

- △ Items 50100, 50102, 50103, 50104, 50106, 50109 and 50127: Replace items with specific items for each sub-specialty.
- △ Item 50115: Change the descriptor.
 - Specify that this item excludes joints of the spine.
 - The proposed item descriptor is as follows:
 - Joint or joints, excluding spine, manipulation of, performed in the operating theatre of a hospital, not being a service associated with a service to which another item in this Group applies. (Anaes.)
- △ Items 50112 and 50130: No change.

Rationale

This recommendation focuses on addressing possible inappropriate use of items, as well as simplifying and modernising the MBS. It is based on the following.

- △ Items 50100, 50102, 50103, 50104, 50106, 50109 and 50127:
 - The Committee was concerned by the high rate of co-claiming for these items. While not all co-claiming was considered inappropriate, the Committee concluded that sub-specialties should have specific items that cover respective joints and better identify the procedure.
 - Item 50100 (joint diagnostic arthroscopy):
 - Of episodes involving item 50100, 50 per cent co-claimed item 49224 (wrist, arthroscopic debridement of two or more distinct areas), 21 per cent co-claimed item 39331 (carpal tunnel release), 12 per cent co-claimed item 46363 (operation on tendon sheath of hand or wrist), and 12 per cent co-claimed item 46501 (ganglion of volar wrist joint).^{xvii}
 - Item 50102 (joint arthroscopic surgery):
 - Of episodes involving item 50102, 18 per cent co-claimed item 49703 (ankle arthroscopic surgery).^{xviii}
 - Item 50103 (joint arthrotomy):
 - Of episodes involving item 50103, 19 per cent co-claimed item 49809 (foot open tenotomy) and 11 per cent co-claimed item 49837 (correction of hallux valgus by osteotomy of the first metatarsal).^{xix}
 - Item 50104 (joint synovectomy):
 - Of episodes involving item 50104, 19 per cent co-claimed item 49366 (hip arthroscopic surgery), 17 per cent co-claimed item 49303 (hip arthrotomy), and 12 per cent co-claimed item 48424 (femur or pelvis, osteotomy or osteectomy).^{xx}
 - Item 50106 (joint stabilisation):
 - Of episodes involving item 50106, 25 per cent co-claimed item 49303 (hip arthrotomy) and 22 per cent co-claimed item 48424 (femur or pelvis osteotomy or osteectomy).^{xxi}
 - Item 50109 (joint arthrodesis):
 - Of episodes involving item 50109, 19 per cent co-claimed item 49809 (foot open tenotomy) and 11 per cent co-claimed item 49837 (correction of hallux valgus by osteotomy of the first metatarsal).^{xxii}

- Item 50127 (joint arthroplasty):
 - Of episodes involving item 50127, 44 per cent co-claimed item 48951 (division of coraco-acromial ligament), 43 per cent co-claimed item 30111 (excision of a large bursa), and 13 per cent co-claimed item 48906 (rotator cuff repair – excision of coraco-acromial ligament), and 10 per cent co-claimed item 48909 (rotator cuff repair – decompression of subacromial space).^{xxiii}

△ Item 50115:

- The Spinal Surgery Clinical Committee has recommended removing spinal manipulation items. Even if they are retained, the service covered by item 50115 is already covered by other items within the spine sub-category. For this reason, this service does not need be listed under item 50115.

△ Item 50112:

- The Committee did not identify any concerns regarding safety, access, value or modern best practice that required a change to item 50112.

△ Item 50130:

- Although this item records low service volumes, it is still appropriate in some circumstances.
- The Committee did not identify any concerns regarding safety, access, value or modern best practice that required a change to item 50130.

4.4.8 Joint or bursa injection or aspiration

Recommendation 10

- △ Reinstatement items 50124 and 50125 for unguided joint and/or bursa injection and/or aspiration.
- △ Limit the injection solutions associated with items 50124 and 50125 to the injection of PBS-listed products.
- △ The proposed **new item** descriptors are as follows:
 - 50124: Joint or other synovial cavity, aspiration of, injection of PBS-listed products into, or both of these procedures.
 - 50125: Joint or other synovial cavity, aspiration of, injection of PBS-listed products into, or both of these procedures, where it can be demonstrated that a 26th or subsequent treatment is indicated.
- △ The Orthopaedics Clinical Committee intends that items 50124 and 50125 be re-introduced into the MBS in addition to existing items 55848, 55850 and 57341 (which are being reviewed by the Diagnostic Imaging Committee) for guided injection or aspiration.
- △ The situations in which it is appropriate to co-claim consultation items and joint injection/aspiration items should be consistent with the approach adopted by the Taskforce to consultation items generally.
 - The Orthopaedics Clinical Committee suggests that it would be appropriate to co-claim injection or aspiration items with consultation items where there is a history and examination performed and a decision is made to perform this procedure.
 - The Orthopaedics Clinical Committee suggests that it would be inappropriate to co-claim a consultation item when the decision to perform the injection or aspiration procedure has been made at a previous time and the visit is exclusively for the procedure.

- △ The Committee recommends that the Department monitor the trends in item utilisation and co-claiming if recommended changes to the MBS are enacted.

Rationale

- △ Reintroducing items 50124 and 50125 would improve access to these procedures and slow the escalation in costs for joint or bursa injection or aspiration and co-claimed consultations observed since the items were delisted in 2009.
- △ The joint or bursa injection or aspiration items 50124 and 50125 were delisted from the MBS on the grounds that these services were deemed ‘minor and routine in nature and could be delivered as part of a standard consultation’. Despite this, other minor procedures such as skin biopsies and removal of nails have retained their own procedural item numbers.
- △ In 2011, the Australian Rheumatology Association applied to the Medical Services Advisory Committee (MSAC) for joint injection items for consultant physicians on grounds that included the additional training and skill required and the inability of physicians to be compensated for the extra time that injections take in rheumatologists’ consultations.
- △ Since the removal of items 50124 and 50125 from the MBS in 2009 there has been a steady increase in the utilisation of guided injection or aspiration procedures using ultrasound (items 55848 and 55850) and CT scanning (item 57341). The total costs to Medicare of injection or aspiration related items with and without guidance have risen from \$61 million in 2008-2009 to \$145 million in 2015-2016^{xxiv} and members of the Committee reported that GPs were increasingly likely to refer consumers to specialist services. There has also been an associated increase in the growth of specialist referred consultations (items 104 and 105) co-claimed with the guided injection or aspiration procedures. It should be noted however that benefits associated with image-guided items were already increasing prior to 2009 and it is difficult to determine the extent to which joint injection services have shifted to image-guided services rather than being absorbed into GP consultations.
- △ These changes in item utilisation suggest that injection or aspiration procedures are more commonly being referred for guided procedures, however the available evidence does not show increased effectiveness for guided over non-guided procedures.^{xxv}
- △ The trend for referral for guided procedures may have led to deskilling of practitioners who formerly performed unguided injections prior to the delisting of items 50124 and 50125.
- △ Referral for guided procedures increases the complexity of the procedure and may reduce accessibility for patients due to additional out-of-pocket expenses or, particularly for those in rural and remote regions, to radiological services in general.
- △ The Committee has recommended including the phrase “PBS-listed” products to reflect that fact that many substances are injected into joints. The vast majority of injections are for corticosteroids and may also include local anaesthetic. There is an established body of level I evidence for the effectiveness of such injections for the short-term relief of joint and bursal pain.^{xxvi} Given the limited sensitivity and specificity of many musculoskeletal radiological investigations to diagnose the source of pain, it is important for practitioners to be able to inject local anaesthetic into joints and bursae and record pain levels over time to increase diagnostic confidence about the source of pain.^{xxvii}
- △ Hyaluronic acid derivatives are also commonly injected into joints for medium term relief of osteoarthritic pain and stiffness, but the level I evidence on the balance between their effectiveness and safety is inconclusive.^{xxviii} There is an emerging body of level I evidence supporting the effectiveness of platelet-rich plasma injections for medium and long-term relief of knee osteoarthritis^{xxix} that may warrant evaluation by MSAC.

4.4.9 Pelvic ring fractures

Table 17: Item introduction table for items 47474, 47477, 47480, 47483, 47486 and 47489

Item	Descriptor	Schedule fee	Volume of services FY2014/15	Total benefits FY2014/15	Services 5-year-average annual growth
47474	Pelvic ring, treatment of fracture of, not involving disruption of pelvic ring or acetabulum.	\$188	104	\$15,030	6%
47477	Pelvic ring, treatment of fracture of, with disruption of pelvic ring or acetabulum.	\$236	102	\$17,023	10%
47480	Pelvic ring, treatment of fracture of, requiring traction. (Anaes.) (Assist.)	\$471	2	\$706	N/A
47483	Pelvic ring, treatment of fracture of, requiring control by external fixation. (Anaes.) (Assist.)	\$565	-	\$-	N/A
47486	Pelvic ring, treatment of fracture of, by open reduction and involving internal fixation of anterior segment, including diastasis of pubic symphysis. (Anaes.) (Assist.)	\$941	21	\$14,122	N/A
47489	Pelvic ring, treatment of fracture of, by open reduction and involving internal fixation of posterior segment (including sacro-iliac joint), with or without fixation of anterior segment. (Anaes.) (Assist.)	\$1,412	39	\$38,500	17%

Recommendation 11

- △ Items 47474, 47477, 47480 and 47483: No change.
- △ Item 47486: Change the descriptor.
 - Include the words ‘anterior’ and ‘sacroiliac joint disruption’ in the descriptor and remove the phrase ‘including diastasis of pubic symphysis’.
 - Specify that the item can only be used if there is a clinical indication for open reduction and internal fixation of the posterior ring and/or sacroiliac joint disruption.
 - The proposed item descriptor is as follows:
 - Anterior pelvic ring and/or sacroiliac joint disruption, treatment of fracture by open reduction with internal fixation. (Anaes.) (Assist.)
- △ Item 47489: Change the descriptor.
 - Include the words ‘posterior’ and ‘sacroiliac joint disruption’ in the descriptor and remove the reference to fixation of the anterior segment.
 - Specify that the item can only be used if there is a clinical indication for open reduction and internal fixation.
 - The proposed item descriptor is as follows:
 - Posterior pelvic ring and/or sacroiliac joint disruption, treatment of fracture by open reduction with internal fixation of the posterior ring and/or sacroiliac joint disruption. (Anaes.) (Assist.)
- △ Create a **new item** for combined anterior and posterior pelvic ring disruption.
 - Specify that the item can only be used if there is a clinical indication for open reduction and internal fixation.

- The Committee recommended a schedule fee for the procedure that is slightly higher than item 47489 to reflect the additional complexity.
- The proposed item descriptor is as follows:
 - Item 474XX: Combined anterior and posterior pelvic ring disruption, including sacroiliac joint disruption, treatment of fracture by open reduction and internal fixation of both anterior and posterior ring segments. (Anaes.) (Assist.)

Rationale

This recommendation focuses on modernising the MBS, ensuring that MBS items provide rebates for high-value services and minimising inappropriate claiming throughout the MBS. It is based on the following.

△ Items 47474 and 47477:

- The Committee did not identify any concerns regarding safety, access, value or modern best practice that required a change to items 47474 and 47477.

△ Items 47480 and 47483:

- Although these items record low service volumes, they are still appropriate for use in some circumstances.
- The Committee did not identify any concerns regarding safety, access, value or modern best practice that required a change to items 47480 and 47483.

△ Items 47486 and 47489:

- Specifying anatomical landmarks, the extent of injury and the surgical procedure used by clinicians better reflects modern clinical practice.

△ **New item** for combined anterior and posterior pelvic ring disruption:

- This **new item** is required to reflect the severity of injury and increased surgical complexity where the anterior, posterior and sacroiliac joint are injured. The **new item** will provide a clearer description of the procedure.
- The Committee agreed that it is most likely that clinicians are currently claiming item 47489 when completing this procedure. A **new item** would address variation in billing.

4.4.10 Acetabular fractures

Table 18: Item introduction table for items 47492, 47495, 47498, 47501, 47504, 47507, 47510 and 47513

Item	Descriptor	Schedule fee			Volume of services FY2014/15	Total benefits FY2014/15	Services 5-year-average annual growth
47492	Acetabulum, treatment of fracture of, and associated dislocation of hip. (Anaes.)	\$236			2	\$353	N/A
47495	Acetabulum, treatment of fracture of, and associated dislocation of hip, requiring traction. (Anaes.) (Assist.)	\$471			11	\$3,248	N/A
47498	Acetabulum, treatment of fracture of, and associated dislocation of hip, requiring internal fixation, with or without traction. (Anaes.) (Assist.)	\$706			7	\$2,193	N/A

Item	Descriptor	Schedule fee			Volume of services FY2014/15	Total benefits FY2014/15	Services 5-year-average annual growth
47501	Acetabulum, treatment of single column fracture of, by open reduction and internal fixation, including any osteotomy, osteectomy or capsulotomy required for exposure and subsequent repair, and excluding services to which item 47933 or 47936 apply. (Anaes.) (Assist.)	\$941			35	\$19,904	5%
47504	Acetabulum, treatment of T-shape fracture of, by open reduction and internal fixation, including any osteotomy, osteectomy or capsulotomy required for exposure and subsequent repair, and excluding services to which item 47933 or 47936 apply. (Anaes.) (Assist.)	\$1,412			7	\$6,355	N/A
47507	Acetabulum, treatment of transverse fracture of, by open reduction and internal fixation, including any osteotomy, osteectomy or capsulotomy required for exposure and subsequent repair, and excluding services to which item 47933 or 47936 apply. (Anaes.) (Assist.)	\$1,412			17	\$12,136	N/A
47510	Acetabulum, treatment of double column fracture of, by open reduction and internal fixation, including any osteotomy, osteectomy or capsulotomy required for exposure and subsequent repair, and excluding services to which item 47933 or 47936 apply. (Anaes.) (Assist.)	\$1,412			23	\$17,573	N/A
47513	Sacro-iliac joint disruption, treatment of, requiring internal fixation, being a service associated with a service to which items 47501 to 47510 apply. (Anaes.) (Assist.)	\$377			-	\$-	N/A

Recommendation 12

- △ Items 47492 and 47495: Consolidate into item 47495.
- △ Item 47498: Change the descriptor.
 - Add the phrase ‘inclusive of, if performed’.
 - The proposed item descriptor is as follows:
 - Acetabulum, treatment of isolated posterior wall fracture of, and associated dislocation of the hip, requiring open reduction internal fixation, inclusive of, if performed, the use of traction. (Anaes.) (Assist.)

- △ Create a **new item** for acetabulum posterior wall fracture requiring open reduction and internal fixation of both acetabulum and femoral head.

The proposed item descriptor is as follows:

- Item 474XY: Acetabulum, treatment of posterior wall fracture of, and associated femoral head fracture, requiring open reduction and internal fixation of both acetabulum and femoral head. (Anaes.) (Assist.)

- △ Item 47501: Change the descriptor.

- Replace the words ‘single column fracture’ with ‘treatment of anterior or posterior column fracture’.
- Remove the restriction on co-claiming items 47933 and 47936.
- The proposed item descriptor is as follows:
 - Acetabulum, treatment of anterior or posterior column fracture, by open reduction and internal fixation, inclusive of, if performed, any osteotomy or capsulotomy and capsular stabilisation required for exposure and subsequent repair. (Anaes.) (Assist.)

- △ Items 47504, 47507 and 47510: Consolidate items under a single **new item** 475XX.

- The Committee recommended a schedule fee for item 475XX that is equivalent to the consolidated items, reflecting their equivalent surgical complexity.
- The proposed item descriptor is as follows:
 - Item 475XX: Acetabulum, treatment of combined column fractures, T-type fractures, transverse fractures, anterior column and posterior hemitransverse fractures of, by open reduction and internal fixation, performed through a single or dual approach including fixation of the posterior wall fracture, inclusive of, if performed, any osteotomy or capsulotomy and capsular stabilisation required for exposure and subsequent repair. (Anaes.) (Assist.)

- △ Create a **new item** for isolated iliac wing fracture, anterior superior iliac wing fracture, anterior inferior iliac spine fracture, or tuberosity fracture.

The proposed item descriptor is as follows:

- Item 475XY: Pelvis, treatment of isolated iliac wing fracture, anterior superior iliac wing fracture, anterior inferior iliac spine fracture, or tuberosity fracture of, by open reduction and internal fixation, inclusive of, if performed if performed, osteotomy and tendon repair. (Anaes.) (Assist.)

- △ Item 47513: Consolidate with other fractures items.

Rationale

This recommendation focuses on modernising the MBS and ensuring that MBS items provide rebates for high-value services. It is based on the following.

- △ Items 47492 and 47495:

- These items have been consolidated because the service that item 47492 represents is already covered by item 47945. It is expected that all of the surgeries previously claimed under item 47492 will now be claimed under item 47495 or as part of a consultation item.
- A weighted average between items 48492 and 47495 could be used to set a revised fee. However, given the small amount of service volume and growth in service provision, this may not be necessary.

- △ Item 47498:
 - Changes to this item reflect modern clinical practice by specifying that the use of traction is not a mandatory part of the procedure. Traction is not always a necessary component of management.
- △ **New item** for acetabulum posterior wall fractures requiring open reduction and internal fixation of both the acetabulum and femoral head:
 - Although it is estimated that only a small number of services will be claimed under **new item** 474XY, the item is necessary because there is currently no item for the posterior fracture of the acetabulum wall and femoral head fracture. It is likely that services for this procedure are currently claimed under item 47498.
- △ Item 47501:
 - Including the location of the fracture in the descriptor reflects modern clinical practice.
- △ Items 47504, 47507 and 47510:
 - These items cover different surgical methods used to manage acetabulum fractures that result in the same clinical outcomes. Consolidating items 47504, 47507 and 47510 into a single item combines similar procedures for pelvic fractures and assists in simplifying the MBS.
- △ **New item** for isolated iliac wing fracture, anterior superior iliac wing fracture, anterior inferior iliac spine fracture, or tuberosity fracture:
 - There is currently no MBS item for the surgical treatment of an isolated iliac wing fracture, anterior superior iliac wing fracture, anterior inferior iliac spine fracture, or tuberosity fracture. Clinicians are currently claiming a range of different items in the acetabulum section to provide reimbursement for this procedure. This leads to variable billing between clinicians.
- △ Item 47513:
 - This item has been recommended for deletion because it is not an independent procedure and should form part of other fracture procedures, if required. It is likely this is already occurring, given that no services were claimed in FY2014 – 15. This reflects the fact that sacroiliac joint injuries do not occur in isolation.

4.4.11 Osteomyelitis procedures

The osteomyelitis items currently differentiate between acute and chronic osteomyelitis. The Committee agreed that this distinction was unclear and not required and restructured the items to remove this distinction. Additionally the Committee considered existing MBS items that provide rebates for septic arthritis (including through arthrotomy items) and agreed that it was more appropriate to reimburse these services through the osteomyelitis items.

Table 19: Item introduction table for items 43500, 43503, 43506, 43509, 43512, 43515, 43518 and 43524

Item	Descriptor	Schedule fee	Volume of services FY2014/15	Total benefits FY2014/15	Services 5-year-average annual growth
43500	Operation on phalanx (for acute osteomyelitis). (Anaes.)	\$123	47	\$3,117	4%
43503	Operation on sternum, clavicle, rib, ulna, radius, carpus, tibia, fibula, tarsus, skull, mandible or maxilla (other than alveolar margins) (for acute osteomyelitis) 1 bone. (Anaes.)	\$205	40	\$3,878	-1%

Item	Descriptor	Schedule fee	Volume of services FY2014/15	Total benefits FY2014/15	Services 5-year-average annual growth
43506	Operation on humerus or femur (for acute osteomyelitis) 1 bone. (Anaes.) (Assist.)	\$356	19	\$3,317	-7%
43509	Operation on spine or pelvic bones (for acute osteomyelitis) 1 bone. (Anaes.) (Assist.)	\$356	19	\$2,752	12%
43512	Operation on scapula, sternum, clavicle, rib, ulna, radius, metacarpus, carpus, phalanx, tibia, fibula, metatarsus, tarsus, mandible or maxilla (other than alveolar margins) (for chronic osteomyelitis) 1 bone or any combination of adjoining bones. (Anaes.) (Assist.)	\$356	405	\$73,159	4%
43515	Operation on humerus or femur (for chronic osteomyelitis) 1 bone. (Anaes.) (Assist.)	\$356	48	\$7,862	4%
43518	Operation on spine or pelvic bones (for chronic osteomyelitis) 1 bone. (Anaes.) (Assist.)	\$588	43	\$10,903	13%
43524	Operation on any combination of adjoining bones, being bones referred to in item 43515, 43518 or 43521. (for chronic osteomyelitis) (Anaes.) (Assist.)	\$588	18	\$5,194	-17%

Recommendation 13

- △ Items 43503, 43506, 43509, 43512, 43515 and 43518: Consolidate items and change the descriptors.
 - Remove the reference to the differentiation between ‘chronic’ and ‘acute’.
 - Add the terms ‘open or arthroscopic’ and ‘septic arthritis or osteomyelitis’.
- △ Items 43500, 43503 and 43512: Consolidate items under single item 435XX.
 - The Committee recommended a schedule fee for item 435XX that is equivalent to item 43512, which is of equivalent surgical complexity.
 - The proposed item descriptor is as follows:
 - Item 435XX: Open or arthroscopic operation for septic arthritis or osteomyelitis of sternum, clavicle, rib, metacarpus, carpus, phalanx, metatarsus, tarsus, mandible or maxilla (other than alveolar margins) for osteomyelitis, per approach including the adjoining joint. (Anaes.) (Assist.)
- △ Items 43506 and 43515: Consolidate items under single item 435XY.
 - The Committee recommended a schedule fee for item 435XY that is equivalent to item 43515, which is of equivalent surgical complexity.
 - The proposed item descriptor is as follows:
 - Item 435XY: Open or arthroscopic operation for septic arthritis or osteomyelitis of scapula, ulna, radius, tibia, fibula, humerus or femur, per approach. (Anaes.) (Assist.)
- △ Item 43509 and 43518: Consolidate items under single item 435XZ.
 - The Committee recommended a schedule fee for item 435XZ that is equivalent to item 43518, which is of equivalent surgical complexity.

- The proposed item descriptor is as follows:
 - Item 435XZ: Open or arthroscopic operation for septic arthritis or osteomyelitis of spine or pelvic bones, per approach. (Anaes.) (Assist.)

△ Item 43524: Consolidate into items 435XY and 435XZ.

Rationale

This recommendation focuses on modernising the MBS by removing the distinction between chronic and acute osteomyelitis and allowing the items to be claimed for septic arthritis. It is based on the following.

- △ Items 43503, 43512, 43506, 43514, 43509, 43518 and 43524:
 - Removing the distinction between acute and chronic osteomyelitis makes it possible to consolidate services under fewer items and simplify the MBS.
 - Consolidating items 43500, 43503 and 43512 into item 435XX, items 43506 and 43514 into item 435XY, items 43509 and 43518 into item 435XZ and item 43524 into items 435XY and 435XZ is recommended because the value of making a distinction between acute and chronic osteomyelitis is limited, for two reasons.
 - The distinction between ‘chronic’ and ‘acute’ generally has no impact on surgical management.
 - The transition point between the two categories is unclear.
 - There is currently no item for the surgical treatment of septic arthritis of joints. For this reason, the procedure is inconsistently billed using items 49703 and 50104, 49706 and 50104, 50102 and 50104/49860, or 50103 and 50104/49860. The inclusion of ‘septic arthritis’ in the new consolidated item descriptors reflects modern clinical practice, adds clarity and reduces variation in billing practices.
 - The proposed item descriptors specify that the method of surgery can either be ‘open or arthroscopic’, which by inference excludes any form of percutaneous treatment.

4.4.12 Excision of bursas

Table 20: Item introduction table for item 30107 and 30111

Item	Descriptor	Schedule fee	Volume of services FY2014/15	Total benefits FY2014/15	Services 5-year-average annual growth
30107	Ganglion or small bursa, excision of, not being a service associated with a service to which another item in this Group applies (Anaes.)	\$220	662	\$101,550	-2.6%
30111	Bursa (large), including olecranon, calcaneum or patella, excision of. (Anaes.)	\$372	8,062	\$1,170,125	7.9%

Recommendation 14

- △ Item 30107: Change the descriptor.
 - Remove the words ‘or small bursa’.
 - The proposed item descriptor is as follows:
 - Ganglion, excision of, not being a service associated with a service to which another item in this Group applies. (Anaes.)

- △ Item 30111: Replace item with more specific items for excision of bursae at the olecranon, calcaneum and patella.

Rationale

- △ Item 30107:
 - The Committee was concerned that the term ‘small bursa’ is broad and does not appropriately guide clinical use. For consistency and to prevent the shift of services from 30111 to 30107 (once item 30111 is replaced), the Committee has recommended limiting this item to excision of a ganglion.
- △ Item 30111:
 - The Committee was concerned that the descriptor for item 30111 is too broad and does not clearly guide appropriate use. A ‘large’ bursa is not defined and it is unclear whether the listed anatomical sites are exhaustive or examples.
 - The Committee observed that the lack of clarity in the item descriptor has led to a wide variety of circumstances in which this item has been used. For example, of episodes involving item 30111, 31 per cent co-claimed item 48951 (division of coraco-acromial ligament), 14 per cent co-claimed item 48906 (osteotomy or osteectomy of the fibula, radius, ulna, clavicle, scapula (other than acromion), rib, tarsus or carpus), 14 per cent co-claimed item 48406 (osteotomy or osteectomy of fibula, radius, ulna, clavicle, scapula (other than acromion), rib, tarsus, or carpus) and 10 per cent co-claimed item 48909 (rotator cuff repair – decompression of subacromial space).^{xxx} The Committee believes in many of these episodes excision of a bursa should be considered a part of the primary procedure.
 - The Committee decided to create new bursa items for specific anatomical sites that are complete medical services (see sections 5.13, 7.3.6, and 9.6.5).

4.5 Tumour items

4.5.1 Introduction

The Committee set up a Tumour Advisory Group to inform its recommendations on 17 tumour items, amounting to approximately 3400 services and \$1.4 million in benefits. These items include bone and soft tissue tumours but do not include surgical resection of tumours from the skin.

The Committee recognised the importance of using multidisciplinary teams to manage bone and soft tissue tumours. When managed by an experienced multidisciplinary team, there is a strong chance that many of these diseases can be cured, with excellent functional outcomes. The team should include specialists with a significant interest and subspecialty training in the management of bone and soft tissue tumours, such as anatomical pathologists, radiologists, medical oncologists, radiation oncologists and treating surgeons.

Recommendations are based on the following principles and definitions:

- △ The Committee aimed to create complete medical services.
 - Items in this group should not be co-claimed with consultation items 104 or 105.
 - Items for the surgical resection of tumours include all aspects of the surgical approach, the resection, and the subsequent reconstruction (as required). Generally, this covers any neurolysis, arthrotomy, synovectomy, joint stabilisation, ligamentous stabilisation or reconstruction, tendon transfer of any kind, use of any arthroscopic procedure, osteotomy or osteectomy (with or without bone grafting and/or internal fixation), bone grafting (with or without internal fixation), arthroplasty, arthrodesis, internal fixation by any technique,

rhizolysis, laminectomy, or spinal fixation, fusion or grafting. Items that may be co-claimed with bone grafting, internal fixation or soft tissue reconstruction are identified below.

- △ There are some contexts in which it is appropriate to co-claim separate items for additional procedures.
 - A bone graft harvesting item number may be used in conjunction with item numbers 50206, 50209, 50215, 50218, 50221 and 50224.
 - An internal fixation item number may be used in conjunction with item numbers 50206 and 50209 but not with other item numbers within this group.
 - A second surgeon may claim additional items used in soft-tissue reconstruction associated with tumour resections undertaken using items 50212, 50215, 50218, 50221, 50224, 50233, 50236 and 50239. Examples include the use of plastic and reconstructive surgical flaps; vascular surgical reconstructions; general surgical involvement in abdominal, pelvic and sacral resections; and spinal stabilisation undertaken by a surgeon who did not perform the resection.
- △ Histological proof of either the benign, the aggressive benign or the malignant nature of the tumour must be obtained to claim for these items.
- △ Definitions of terms used in descriptors are as follows:
 - Intra-lesional excision: Piecemeal removal of a tumour – suitable for benign tumours.
 - Marginal resection: Removal of a tumour in one piece around the growing edge of the lesion – suitable for most benign soft tissue tumours and some low-grade malignant lesions.
 - Wide surgical resection: Removal of ‘normal’ tissue around the lesion, which may involve the adjacent joint, and appropriate reconstruction. This may involve vascular resection and reconstruction, bone and joint resection and reconstruction (fusion/arthroplasty with a static or moving prosthesis, and with or without an autograft or allograft) – suitable for most malignant tumours.

4.5.2 General surgical operation

Table 21: Item introduction table for item 30241

Item	Descriptor	Schedule fee	Volume of services FY2014/15	Total benefits FY2014/15	Services 5-year-average annual growth
30241	Bone tumour, innocent, excision of, not being a service to which another item in this Group applies. (Anaes.) (Assist.)	\$356	188	\$41,383	0%

Recommendation 15

- △ Delete item.

Rationale

- △ The service covered by this item is not considered part of contemporary practice. This item is not required by orthopaedic surgeons and the Committee believes that this item may be being used inappropriately by other subspecialties. To illustrate, 50 per cent of services for this item were billed by plastic and reconstructive surgeons.^{xxxi}

4.5.3 Cysts

Table 22: Item introduction table for item 47900

Item number	Descriptor	Schedule fee	Volume of services FY2014/15	Total benefits FY2014/15	Services 5-year-average annual growth
47900	Bone cyst, injection into or aspiration of. (Anaes.)	\$170	98	\$13,026	25%

Recommendation 16

- △ Change the item descriptor and the item categorisation so that it appears in the paediatric section of the MBS.
 - Specify that the procedure is for unicameral bone cysts.
 - The proposed item descriptor is as follows:
 - Unicameral bone cyst, injection into or aspiration of. (Anaes.)
- △ Create an explanatory note to explain that this item is primarily paediatric.
 - The proposed explanatory note is as follows:
 - *This item is for the treatment of unicameral bone cysts and is not to be used for the treatment of other cystic lesions of bone such as geodes, subchondral cysts, arthritis associated cysts, or cysts associated with anterior cruciate ligament grafts.*

Rationale

- △ The Committee noted that this item should primarily be used for paediatric patients, as unicameral bone cysts are predominantly a childhood condition. However, demographic data indicated that 95 per cent of services were claimed by consumers aged 25 or older, with the largest demographic aged 55 to 64.^{xxxii} While the Committee acknowledges it may be appropriate to use this item in adult patients in some circumstances, the high rate of use of in older patients suggests the item may be being inappropriately used, such as to treat geodes or subchondral cysts related to osteoarthritis. By specifying that the item is for unicameral cysts, moving the item to the paediatric section of the MBS and adding an explanatory note, the Committee hopes to clarify the appropriate use of this item.

4.5.4 Diagnostic biopsies

Table 23: Item introduction table for items 50200 and 50201

Item number	Descriptor	Schedule fee	Volume of services FY2014/15	Total benefits FY2014/15	Services 5-year-average annual growth
50200	Aggressive or potentially malignant bone or deep soft tissue tumour, biopsy of. (not including aftercare) (Anaes.)	\$188	1,486	\$201,289	13%
50201	Aggressive or potentially malignant bone or deep soft tissue tumour, involving neurovascular structures, open biopsy of. (not including aftercare) (Anaes.) (Assist.)	\$330	252	\$50,222	13%

Recommendation 17

- △ Change the descriptors and add explanatory notes for these items.
 - Remove the word ‘deep’ from both descriptors.
 - Specify the type of biopsy performed:
 - In the descriptor for item 50200, add the words ‘core needle.’
 - In the descriptor for item 50201, replace ‘open biopsy’ with ‘incisional biopsy.’
 - Limit claiming of the items by a single provider for a single patient to twice in any 12-month period.
 - Limit co-claiming with specialist consultation items 104 and 105.
 - The proposed item descriptors are as follows:
 - Item 50200: Aggressive or potentially malignant bone or soft tissue tumour, core needle biopsy of (not including aftercare), payable only twice per provider for a single patient in any 12-month period. (Anaes.)
 - Item 50201: Aggressive or potentially malignant bone or soft tissue tumour, incisional biopsy of (not including aftercare), payable only twice per provider for a single patient in any 12-month period. (Anaes.) (Assist.)
 - The explanatory note is as follows:
 - *Histological proof of either the benign, the aggressive benign, or the malignant nature of the process should be obtained. Histological proof may be obtained in conjunction with the items 50203, 50206 or 50209.*

Rationale

- △ Changes to these items reflect the difference between the two biopsy procedures, provide clarity and create complete medical services.
- △ The term ‘deep’ has been removed from the descriptors because it is ambiguous and has no clinical meaning.
- △ Item claiming by a single provider for a single patient has been limited to twice in any 12-month period to prevent inappropriate claiming. Repeat claiming data indicated that a small group of patients received two or more services in a single year (4 per cent of services for item 50200 and 5 per cent for item 50201).^{xxxiii} The Committee expressed concern about repeat claims in a single

year. However to account for rare instances where a second biopsy is required, the Committee decided to limit the item to two services per patient by the same provider per year. If clinicians have twice been unable to successfully conduct a biopsy, it is inappropriate for them to attempt a biopsy a third time.

- △ Requiring proof of the benign, the aggressive benign or the malignant nature of the tumour will improve patient outcomes.

4.5.5 Benign mass lesions – excision item

Table 24: Item introduction table for item 47936

Item number	Descriptor	Schedule fee	Volume of services FY2014/15	Total benefits FY2014/15	Services 5-year-average annual growth
47936	Large exostosis (greater than 20mm growth above bone), excision of. (Anaes.) (Assist.)	\$254	460	\$54,576	-6%

Recommendation 18

- △ Consolidate with item 50426.

Rationale

- △ The term ‘exostosis’ is ambiguous in the context of bone tumours and does not provide appropriate guidance regarding its use. The Committee was concerned that the item may be co-claimed inappropriately with other procedures. Among item 47936 episodes, 13 per cent were co-claimed with item 30111 (excision of a large bursa) and 12 per cent were co-claimed with item 49703 (ankle arthroscopic surgery).^{xxxiv} Some of these services would have been inappropriate.
- △ More specific items provide better guidance to clinicians. Where appropriate, clinicians will claim the changed item 50426 for osteochondroma, including in the context of removal of hereditary multiple exostoses (see Recommendation 157).

4.5.6 Neoplastic mass lesions – intralesional or marginal excision items

Table 25: Item introduction table for items 50203, 50206, and 50209

Item number	Descriptor	Schedule fee	Volume of services FY2014/15	Total benefits FY2014/15	Services 5-year-average annual growth
50203	Bone or malignant deep soft tissue tumour, lesional or marginal excision of. (Anaes.), (Assist.)	\$414	226	\$56,128	4%
50206	Bone tumour, lesional or marginal excision of, combined with any 1 of: liquid nitrogen freezing, autograft, allograft or cementation. (Anaes.), (Assist.)	\$612	162	\$64,138	1%
50209	Bone tumour, lesional or marginal excision of, combined with any 2 or more of: liquid nitrogen freezing, autograft, allograft or cementation. (Anaes.), (Assist.)	\$753	81	\$38,534	15%

Recommendation 19

- △ Change the descriptors and add explanatory notes.

- Clarify the descriptors by describing the approach to surgical resection and the complexity of the procedure.
- For item 50203, remove the requirement that the tumour be malignant and the term ‘deep’.
- For items 50206 and 50209, remove references to the use of liquid nitrogen freezing.
- The proposed item descriptors are as follows:
 - Item 50203: Bone or soft tissue tumour, intralesional or marginal excision of. (Anaes.) (Assist.)
 - Item 50206: Bone tumour, intralesional or marginal excision of, combined with any 1 of autograft, allograft, or cementation. (Anaes.) (Assist.)
 - Item 50209: Bone tumour, intralesional or marginal excision of, combined any 2 of autograft, allograft, or cementation. (Anaes.) (Assist.)
- The proposed explanatory notes are as follows:
 - *Items 50203, 50206 and 50209: Histological proof of either the benign, the aggressive benign, or the malignant nature of the process should be obtained. It may be obtained at the time of the procedure (e.g. by intraoperative frozen section analysis of the tumour tissue).*
 - *Item 50203: The item includes all aspects of the surgical approach, the resection, and the subsequent reconstruction (as required). The resection of a tumour and associated reconstruction includes any neurolysis, arthrotomy, synovectomy, joint stabilisation, ligamentous stabilisation or reconstruction, tendon transfer of any kind, use of any arthroscopic procedure, osteotomy or osteectomy (with or without bone grafting and/ or internal fixation), bone grafting (with or without internal fixation), arthroplasty, arthrodesis, internal fixation by any technique, rhizolysis, laminectomy, or spinal fixation, fusion or grafting.*
 - *Items 50206 and 50209: The item includes all aspects of the surgical approach, the resection, and the subsequent reconstruction (as required). The resection of a tumour and associated reconstruction includes any neurolysis, arthrotomy, synovectomy, joint stabilisation, ligamentous stabilisation or reconstruction, tendon transfer of any kind, use of any arthroscopic procedure, osteotomy or osteectomy, arthroplasty, arthrodesis, rhizolysis, laminectomy, and spinal fixation, fusion or grafting. Internal fixation items may be co-claimed where appropriate.*

Rationale

This recommendation focuses on modernising the MBS and ensuring that item descriptors and explanatory notes reflect current clinical practice. It is based on the following.

- △ For ease of use and item completeness, the three item numbers were restructured to reflect a three-tiered service: basic, complex and more complex procedures in the realm of intralesional and marginal surgical resection of tumours.
- △ The requirement that item 50203 only be used for malignant tumours has been removed because the orthopaedic section of the MBS does not currently contain an item for excision of benign soft tissue tumours. Currently surgeons use general surgical item 31350 (removal of benign soft tissue tumours, excluding tumours of skin, cartilage and bone). The term ‘deep’ has been removed because it is ambiguous and has no clinical meaning.
- △ Liquid nitrogen is infrequently used and rarely forms part of the excision process. It is not part of the reconstructive process.

△ The explanatory notes clarify the parts of the procedure that are included in the items.

Table 26: Item introduction table for items 50227 and 50230

Item number	Descriptor	Schedule fee	Volume of services FY2014/15	Total benefits FY2014/15	Services 5-year-average annual growth
50227	Malignant bone tumour, enbloc resection of, with massive anatomic specific allograft or autograft, with or without prosthetic replacement. (Anaes.) (Assist.)	\$3,295	17	\$42,013	-1%
50230	Benign tumour, resection of, requiring anatomic specific allograft, with or without internal fixation. (Anaes.) (Assist.)	\$1,695	3	\$3,813	-16%

Recommendation 20

△ Consolidate with items 50206, 50209, 50215, 50218 and 50224.

Rationale

- △ Different reconstruction techniques do not require different item numbers because they all have similar levels of surgical complexity.
- △ The services provided by item numbers 50227 and 50230 are covered by items 50206, 50209, 50215, 50218 and 50224.

4.5.7 Neoplastic mass lesions – wide excision items

Table 27: Item introduction table for items 50212, 50215, 50218, 50221 and 50224

Item number	Descriptor	Schedule fee	Volume of services FY2014/15	Total benefits FY2014/15	Services 5-year-average annual growth
50212	Malignant or aggressive soft tissue tumour affecting the long bones of leg or arm, enbloc resection of, with compartmental or wide excision of soft tissue, without reconstruction. (Anaes.) (Assist.)	\$1,648	181	\$219,036	8%
50215	Malignant or aggressive soft tissue tumour affecting the long bones of leg or arm, enbloc resection of, with compartmental or wide excision of soft tissue, with intercalary reconstruction. (prosthesis, allograft or autograft) (Anaes.) (Assist.)	\$2,071	15	\$26,408	-4%
50218	Malignant tumour or long bone, enbloc resection of, with replacement or arthrodesis of adjacent joint, with synovectomy if performed. (Anaes.) (Assist.)	\$2,730	82	\$166,891	2%
50221	Malignant or aggressive soft tissue tumour of pelvis, sacrum, or spine; or scapula and shoulder, enbloc resection of. (Anaes.) (Assist.)	\$2,542	169	\$313,512	6%
50224	Malignant or aggressive soft tissue of pelvis, sacrum, or spine; or scapula and shoulder enbloc resection of,	\$2,824	40	\$82,394	0%

Item number	Descriptor	Schedule fee	Volume of services FY2014/15	Total benefits FY2014/15	Services 5-year-average annual growth
	reconstruction by prosthesis, allograft or autograft. (Anaes.) (Assist.)				

Recommendation 21

- △ Change the descriptors and add explanatory notes.
 - Clarify the descriptors by describing the approach to surgical resection and removing specific references to the anatomical site.
 - Remove the references to the scapula and shoulder from items 50221 and 50224.
- △ The proposed item descriptors are as follows:
 - Item 50212: Malignant or aggressive bone and / or soft tissue tumour affecting a limb, trunk or scapula, wide excision of. (Anaes.) (Assist.)
 - Item 50215: Malignant or aggressive bone and / or soft tissue tumour, wide excision of, with intercalary reconstruction of bone by any technique (prosthesis, allograft or autograft). (Anaes.) (Assist.)
 - Item 50218: Malignant or aggressive bone and / or soft tissue tumour, wide excision of with reconstruction and / or replacement or arthrodesis of adjacent joint by any technique. (Anaes.) (Assist.)
 - Item 50221: Malignant or aggressive bone and / or soft tissue tumour of pelvis, sacrum, or spine, wide excision of, without reconstruction. (Anaes.) (Assist.)
 - Item 50224: Malignant or aggressive bone and / or soft tissue tumour of pelvis, sacrum or spine, wide excision of, with reconstruction of bone defect and / or joint(s) by any technique. (Anaes.) (Assist.)
 - The proposed explanatory notes are as follows:
 - *Items: 50212, 50215, 50218, 50221 and 50224: The histological diagnosis of the aggressive or malignant nature of the tumour should have been previously documented.*
 - *Item 50212: The item includes all aspects of the surgical approach, the resection, and the subsequent reconstruction by the same surgeon (as required). The resection of a tumour and associated reconstruction includes any bony or soft tissue procedures. A second surgeon may claim additional items used in soft-tissue reconstruction associated with tumour resections.*
 - *Items 50215, 50218, 50221 and 50224: The item includes all aspects of the surgical approach, the resection, and the subsequent reconstruction by the same surgeon (as required). The resection of a tumour and associated reconstruction includes any bony or soft tissue procedures, except for bone grafting items which may be co-claimed where appropriate. A second surgeon may claim additional items used in soft-tissue reconstruction associated with tumour resections.*

Rationale

This recommendation focuses on modernising the MBS and ensuring that item descriptors and explanatory notes reflect the range of complexity associated with current clinical practice. It is based on the following.

- △ The item descriptors have been restructured to better reflect the complexity associated with each item by reference to the specifics of the procedure involved.
- △ The proposed **new items** also reflect the range of anatomical sites at which these tumours can occur, such as in the trunk, foot or hand.

4.5.8 Neoplastic mass lesions – amputation items

Table 28: Item introduction table for items 50233, 50236 and 50239

Item number	Descriptor	Schedule fee	Volume of services FY2014/15	Total benefits FY2014/15	Services 5-year-average annual growth
50233	Malignant tumour, amputation for, hemipelvectomy or interscapulo-thoracic. (Anaes.) (Assist.)	\$2,165	3	\$4,872	-6%
50236	Malignant tumour, amputation for, hip disarticulation, shoulder disarticulation or proximal third femur. (Anaes.) (Assist.)	\$1,695	5	\$6,355	-9%
50239	Malignant tumour, amputation for, not being a service to which another item in this Group applies. (Anaes.) (Assist.)	\$1,130	19	\$15,665	3%

Recommendation 22

- △ Change the descriptors and add explanatory notes.
 - Specify that the procedure is indicated for aggressive bone and soft tissue tumours.
 - Clarify the anatomical site of the amputation.
- △ The proposed item descriptors are as follows:
 - Item 50233: Malignant or aggressive bone and / or soft tissue tumour, treatment by hindquarter or forequarter amputation. (Anaes.) (Assist.)
 - Item 50236: Malignant or aggressive bone and / or soft tissue tumour, treatment by hip disarticulation, shoulder disarticulation or amputation through the proximal one third of the femur. (Anaes.) (Assist.)
 - Item 50239: Malignant or aggressive bone and / or soft tissue tumour, treatment by amputation not covered by items 50233 and 50236. (Anaes.) (Assist.)
- △ The proposed explanatory notes are as follows:
 - *The histological diagnosis of the aggressive or malignant nature of the tumour should have been previously documented.*
 - *The item includes all aspects of the surgical approach, the resection, and the subsequent reconstruction by the same surgeon (as required). The resection of a tumour and associated reconstruction includes any bony or soft tissue procedures. A second surgeon may claim additional items used in soft-tissue reconstruction associated with tumour resections.*

Rationale

This recommendation focuses on modernising the MBS and ensuring that item descriptors and explanatory notes reflect current clinical practice. It is based on the following.

- △ Changes have been made to these items to better reflect modern clinical practice.
- △ The term ‘aggressive’ has been added to the descriptors to reflect the fact that this treatment is appropriate for some benign tumours (for example, giant cell tumours in long bones or a desmoid tumour in soft tissue), which can be destructive.

4.5.9 *New items for revision procedures associated with neoplastic mass lesions - wide excision items*

Recommendation 23

- △ Create **new items** for revision procedures.
- △ Create an item for endoprosthesis replacement.
 - The proposed item descriptor is as follows:
 - Item 502XX: Endoprosthesis replacement, previously undertaken for procedures covered by items 50218 or 50224, revision of, involving rebushing, or patella resurfacing or polyethylene exchange or similar, not requiring removal of prosthesis from bone. (Anaes.) (Assist)
- △ Create an item for revision procedures relating to en bloc resections.
 - Item 502XY: Reconstructive procedure, any type, previously undertaken for procedures covered under items 50215, 50218, 50224, revision of, by any technique or combination thereof. (Anaes.) (Assist.)

Rationale

- △ The need to revise previous reconstructive procedures to treat malignant or aggressive bone tumours is increasing because an increasing number of limb-sparing procedures are performed and the survival rates for these patients are improving.
- △ There is a gap in the MBS with regard to this service. At present, revision joint replacement item numbers are used, but these do not adequately reflect the risk or complexity of the procedure.

5. Knee surgery

5.1 Introductory material

The Committee established the Knee Working Group to review and make recommendations for 60 MBS items, representing 118,173 services and \$79.9 million in benefits paid in FY2014–15.

The Committee’s recommendations for knee surgery items form the remainder of this section. In line with the recommendations for other orthopaedics items, many of the Committee’s recommendations for knee items seek to clarify item descriptors, describe services in a contemporary manner and create a logical relationship between items that cover similar services (such as knee arthroplasty).

In addition, the Committee closely considered the clinical value of knee arthroscopy, which is the most commonly performed orthopaedic procedure, with approximately 57,000 services provided through the MBS in FY2014–15. In particular, the Committee sought to address the concern that these procedures have limited (or no) clinical benefit in most patients with uncomplicated osteoarthritis. The Committee has made recommendations that align MBS funding with recent evidence, such as that reflected in the October 2016 *Position statement from the Australian Knee Society on arthroscopic surgery of the knee, including reference to the presence of osteoarthritis or degenerative joint disease*.

5.2 Knee surgery

Table 29: Item introduction table for item 49500

Item	Descriptor	Schedule fee	Volume of services FY2014/15	Total benefits FY2014/15	Services 5-year-average annual growth
49500	Knee, arthrotomy of, involving 1 or more of; capsular release, biopsy or lavage, or removal of loose body or foreign body. (Anaes.) (Assist.)	\$377	1,082	\$195,565	3%

Recommendation 24

△ No change.

Rationale

△ The Committee agreed that this item is a required and clinically relevant treatment.

Table 30: Item introduction table for items 49503 and 49506

Item	Descriptor	Schedule fee	Volume of services FY2014/15	Total benefits FY2014/15	Services 5-year-average annual growth
49503	Knee, partial or total meniscectomy of, repair of collateral or cruciate ligament, patellectomy of, chondroplasty of, osteoplasty of, patellofemoral stabilisation or single transfer of ligament or tendon (not being a service to which another item in this Group applies) – any 1 procedure. (Anaes.) (Assist.)	\$490	229	\$60,265	-5%
49506	Knee, partial or total meniscectomy of, repair of collateral or cruciate ligament, patellectomy of, chondroplasty of, osteoplasty of, patellofemoral stabilisation or single transfer of ligament or tendon (not being a service to which another item in this Group applies) – any 2 or more procedures. (Anaes.) (Assist.)	\$734	352	\$166,217	-2%

Recommendation 25

- △ Items 49503 and 49506: Change the descriptors:
- Update the terminology to reflect modern clinical practice and clarify the components of the procedure.
 - Replace the terms ‘chondroplasty’ and ‘osteoplasty’ with the following phrase: ‘repair or replacement of chondral or osteochondral surface’.
 - Remove the term ‘patellofemoral stabilisation’.
 - The proposed descriptor for item 49503 is as follows:
 - Knee, arthrotomy of; requiring: meniscal surgery, repair of collateral or cruciate ligament, patellectomy, single transfer of ligament or tendon, or repair or replacement of chondral or osteochondral surface (excluding prosthetic replacement and not being a service to which another item in this Group applies) – any 1 procedure. (Anaes.) (Assist.)
 - The Committee’s intention is that a provider must perform (as a mandatory component of the procedure) at least one of the following: meniscal surgery, repair of collateral or cruciate ligament, patellectomy, single transfer of ligament or tendon, or repair or replacement of chondral or osteochondral surface.
 - The proposed descriptor for item 49506 is as follows:
 - Knee arthrotomy of; requiring: meniscal surgery, repair of collateral or cruciate ligament, patellectomy, single transfer of ligament or tendon, and/or repair or replacement of chondral or osteochondral surface (excluding prosthetic replacement and not being a service to which another item in this Group applies) – any 2 or more procedures. (Anaes.) (Assist.)
 - The Committee’s intention is that a provider must perform (as a mandatory component of the procedure) at least two of the following: meniscal surgery, repair of collateral or cruciate ligament, patellectomy, single transfer of ligament or tendon, and/or repair or replacement of chondral or osteochondral surface.

Rationale

This recommendation focuses on modernising the MBS. It is based on the following.

- △ The updated descriptors clarify appropriate use of this item.
- △ The phrase ‘repair or replacement of chondral or osteochondral surface’ more accurately describes the procedure.
- △ Patello-femoral stabilisation procedures are covered under item 49564 and have therefore been removed from these items.

Table 31: Item introduction table for item 49509

Item	Descriptor	Schedule fee	Volume of services FY2014/15	Total benefits FY2014/15	Services 5-year-average annual growth
49509	Knee, total synovectomy or arthrodesis with synovectomy if performed. (Anaes.) (Assist.)	\$753	2,008	\$623,236	16%

Recommendation 26

- △ Change the descriptor:
 - Clarify that the service must be an open procedure.

- Specify the appropriate clinical conditions in which synovectomy can be co-claimed with arthroplasty.
- Remove the term ‘arthrodesis’.
- The proposed item descriptor is as follows:
 - Knee, total open synovectomy. Not to be used in conjunction with arthroplasty except in the presence of traumatic inflammatory, post-traumatic or post-infective arthropathy. (Anaes.) (Assist.)
 - The intention of the Committee is that this item generally cannot be co-claimed with arthroplasty. The item can be only claimed with arthroplasty in cases of traumatic inflammatory arthropathy or post-traumatic or post-infective disorders.

Rationale

This recommendation focuses on ensuring that the MBS reflects current clinical practice. It is based on the following.

- △ Changes have been made to this item to better reflect modern clinical practice.
- △ In most patients with osteoarthritis who undergo arthroplasty, synovectomy is an inherent part of the procedure and should not be claimed separately. The recommended change to the item descriptor will prevent co-claiming of synovectomy in conjunction with arthroplasty without inflammatory arthropathy or post-infection or post-traumatic disorders.
- △ The procedure is more complex for patients with post-traumatic inflammatory arthropathy, or with post-infection or post-traumatic disorders. In these cases, synovectomy can be co-claimed with arthroplasty.
- △ Arthrodesis is covered by item 49512.

Table 32: Item introduction table for item 49515

Item	Descriptor	Schedule fee	Volume of services FY2014/15	Total benefits FY2014/15	Services 5-year-average annual growth
49515	Knee, removal of prosthesis, cemented or uncemented, including associated cement, as the first stage of a 2 stage procedure. (Anaes.) (Assist.)	\$847	115	\$71,513	-1%

Recommendation 27

- △ Change the descriptor and the item categorisation.
 - Specify that the item includes insertion of a spacer, if performed.
 - Recategorise the item so that it sits closer to related items (for example, following item 49527: Knee, total replacement arthroplasty of, revision procedure, including removal of prosthesis).
 - The proposed item descriptor is as follows:
 - Knee, removal of prosthesis, cemented or uncemented, including associated cement, as the first stage of a 2 stage procedure, including, if required, insertion of spacer. (Anaes.) (Assist.)

Rationale

This recommendation focuses on ensuring that the MBS reflects current clinical practice. It is based on the following.

- △ The proposed descriptor reflects current clinical practice and clarifies that this item should be used for the insertion of a space (rather than revision surgery items).
- △ Moving the item number so that it is grouped with similar procedures will make the MBS more user-friendly.

Table 33: Item introduction table for item 49517

Item	Descriptor	Schedule fee	Volume of services FY2014/15	Total benefits FY2014/15	Services 5-year-average annual growth
49517	Knee, hemiarthroplasty of. (Anaes.) (Assist.)	\$1,206	1,715	\$1,500,940	-5%

Recommendation 28

- △ Split this item into two items: one for unilateral unicompartmental arthroplasty and one for bilateral unicompartmental arthroplasty.
- △ In the item descriptors:
 - Specify the anatomical site at which the procedure is being performed.
 - Replace ‘hemiarthroplasty’ with ‘unicompartmental arthroplasty’.
 - The proposed item descriptors are as follows:
 - Item 49517: Knee, unicompartmental arthroplasty of femur and proximal tibia. (Anaes.) (Assist.)
 - Item 495XX: Knee, bilateral unicompartmental arthroplasty of femur and proximal tibia. (Anaes.) (Assist.)
- △ The Committee recommended aligning the schedule fee ratio for unilateral and bilateral procedures with the ratio for items 49518 and 49519 (175 per cent).

Rationale

This recommendation focuses on ensuring that MBS items provide rebates for high-value services and that item descriptors accurately describe the surgical procedure being performed. It is based on the following.

- △ The word ‘hemiarthroplasty’ has been replaced with ‘unicompartmental arthroplasty’ to better describe contemporary practice (one compartment of the joint needs to be replaced). The changes also preserve clinical choice by not specifying use of a hemicap.
- △ Reference to the anatomical site clarifies when this item can be used, such as preventing the use of this item if resurfacing devices are used rather than unicompartmental arthroplasty.
- △ At present, the MBS does not include an item for simultaneous bilateral unicompartmental arthroplasty procedures. The lack of a bilateral item may incentivise some providers to perform two separate operations over different days. The new bilateral item seeks to reduce this incentive.
- △ Bilateral procedures for total knee replacements currently provide rebates to patients at 175 per cent of the amount provided for the primary procedure. The Committee recommended setting the fee for the unilateral/bilateral unicompartmental arthroplasty items at the same ratio as for

unilateral and bilateral total knee replacements. This reflects the fact that bilateral procedures are two major procedures that involve increased risks and require redraping, a second set of instruments and re-scrubbing.

5.3 Knee replacement

Table 34: Item introduction table for items 49518, 49519, 49521 and 49524

Item	Descriptor	Schedule fee	Volume of services FY2014/15	Total benefits FY2014/15	Services 5-year-average annual growth
49518	Knee, total replacement arthroplasty of. (Anaes.) (Assist.)	\$1,318	24,321	\$24,008,062	7%
49519	Knee, total replacement arthroplasty of, including associated minor grafting, if performed – bilateral. (Anaes.) (Assist.)	\$2,315	2,068	\$3,582,285	11%
49521	Knee, total replacement arthroplasty of, requiring major bone grafting to femur or tibia, including obtaining of graft. (Anaes.) (Assist.)	\$1,601	2,467	\$2,955,598	12%
49524	Knee, total replacement arthroplasty of, requiring major bone grafting to femur and tibia, including obtaining of graft. (Anaes.) (Assist.)	\$1,883	458	\$640,547	10%

Recommendation 29

△ Item 49518: Change the descriptor.

- Clarify the item by indicating the complexity of the procedure through the use of revision components rather than bone grafting.
- Clarify that the item includes revision of patello-femoral joint replacement to total knee replacement, patellar resurfacing, and bone grafting, if performed. Exclude co-claiming with the bone graft table.
- The proposed item descriptor is as follows:
 - Knee, total replacement arthroplasty of, inclusive of, if performed, revision of patello-femoral joint replacement to total knee replacement, and patellar resurfacing. Not to be claimed in conjunction with any bone graft items. (Anaes.) (Assist.)
 - The intention of the Committee is that revision of patello-femoral joint replacement to total knee replacement, patella resurfacing and bone grafting are optional components of the procedure. Bone grafting item cannot be separately claimed.

△ Item 49519: Change the descriptor.

- Clarify the item by indicating the complexity of the procedure through the use of revision components rather than bone grafting.
- Clarify that the item includes patella resurfacing and bone grafting, if performed. Exclude co-claiming with the bone graft table.
- The proposed item descriptor is as follows:
 - Knee, total replacement arthroplasty of, inclusive of patellar resurfacing, if performed – bilateral. Not to be claimed in conjunction with any bone graft items. (Anaes.) (Assist.)
- The intention of the Committee is that patella resurfacing and bone grafting are optional components of the procedure. The bone grafting item cannot be separately claimed.

- Although item 49519 is the bilateral version of item 49518, the Committee intentionally did not reference revision of patello-femoral joint replacement to total knee replacement in item 49519 because this is not performed in a bilateral surgery.

△ Item 49521: Change the descriptor.

- Clarify the item by indicating the complexity of the procedure through the use of revision components rather than bone grafting.
- Clarify that the item must involve the use of revision components to the femur or tibia.
- Clarify that the item includes ligament reconstruction, patellar resurfacing, and bone grafting, if performed. Exclude co-claiming with the bone graft table.
- The proposed item descriptor is as follows:
 - Knee, complex primary arthroplasty of, requiring revision components to femur or tibia. Inclusive of ligament reconstruction and patellar resurfacing, if performed. Not to be claimed in conjunction with any bone graft items. (Anaes.) (Assist.)
- The intention of the Committee is that use of revision components to either the femur or the tibia is a mandatory component of the procedure.

△ Item 49524: Change the descriptor.

- Clarify the item by indicating the complexity of the procedure through the use of revision components rather than bone grafting
- Clarify that the item must involve the use of revision components to the femur and tibia.
- Clarify that the item includes ligament reconstruction, patellar resurfacing, and bone grafting, if performed. Exclude co-claiming with the bone graft table
- The proposed item descriptor is as follows:
 - Knee, complex primary arthroplasty of, requiring revision components to femur and tibia. Inclusive of ligament reconstruction and patellar resurfacing if performed. Not to be claimed in conjunction with any bone graft items (Anaes.) (Assist.)
- The intention of the Committee is that use of revision components to both the femur and the tibia is a mandatory component of the procedure.

Rationale

This recommendation focuses on better reflecting the range of complexity associated with knee replacement procedures. It is based on the following.

- △ The Committee noted variation across clinicians in terms of which items are co-claimed for knee replacement arthroplasty. The updated item descriptors clarify which procedures are included within each item and therefore do not need to be claimed separately. This will make it easier for clinicians to know what items to use, and for patients to compare clinicians.
- △ The proposed descriptors also seek to more accurately describe the complexity of the procedures. In the current descriptors, this is done through references to bone graft. However, the distinction between ‘major’ and ‘minor’ bone grafting is unclear and may be misinterpreted, and the terms are not accurate indicators of complexity. Complexity will now be based on the use of revision components.

5.4 Knee replacement items (revision)

Table 35: Item introduction table for items 49527, 49530 and 49533

Item	Descriptor	Schedule fee	Volume of services FY2014/15	Total benefits FY2014/15	Services 5-year-average annual growth
49527	Knee, total replacement arthroplasty of, revision procedure, including removal of prosthesis (Anaes.) (Assist.)	\$1,601	1,506	\$1,790,472	7%
49530	Knee, total replacement arthroplasty of, revision procedure, requiring bone grafting to femur or tibia, including obtaining of graft and including removal of prosthesis (Anaes.) (Assist.)	\$1,977	373	\$550,827	5%
49533	Knee, total replacement arthroplasty of, revision procedure, requiring bone grafting to both femur and tibia, including obtaining of graft and including removal of prosthesis (Anaes.) (Assist.)	\$2,260	446	\$751,970	9%

Recommendation 30

△ Item 49527: Change the descriptor.

- Clarify that the item should be used for minor revision procedures, including exchange of polyethylene component (including uni), and/or insertion of patellar component.
- Exclude co-claiming with the bone graft table and other knee items.
- This item is intended to cover minor revision procedures. For this reason, the Committee recommended adjusting the schedule fee down because the described procedure is now simpler and easier. The Committee recommended a schedule fee that is similar to the fee for item 49518. It also recommended reallocating savings generated through the fee adjustment to item 49533.
- The proposed item descriptor is as follows:
 - Knee, minor revision of total or partial replacement, exchange of polyethylene component (including uni), and/or insertion of patellar component. Not to be claimed with bone graft or other knee items within this Group. (Anaes.) (Assist.)

△ Item 49530: Change the descriptor.

- Clarify that the item requires exchange of either femoral or tibial component and should not be used for revision of unicompartmental with unicompartmental implants.
- Clarify that the procedures includes patellar resurfacing, if performed. The procedure also includes bone grafting, if performed.
- Exclude co-claiming with the bone graft table and other knee items.
- The Committee recommended retaining the existing fee for this item.
- The proposed item descriptor is as follows:
 - Knee, revision of total or partial replacement, specifically exchange of either femoral or tibial component. Excluding revision of unicompartmental with unicompartmental implants. Inclusive of patellar resurfacing if performed. Not to be claimed in conjunction with bone graft or other knee items within this Group. (Anaes.) (Assist.)

△ Item 49533: Change the descriptor.

- Clarify that the item requires exchange of both the femoral and tibial components and should not be used for revision of unicompartmental implants with unicompartmental implants.
 - Clarify that the procedures includes patellar resurfacing, if performed. The procedure also includes bone grafting, if performed.
 - Exclude co-claiming with the bone graft table and other knee items.
 - The Committee recommended increasing the schedule fee for this item to reflect the increased complexity. It also recommended that the schedule fee increase should take into account the decrease in the schedule fee for item 49527, but that it should not exceed \$3,000.
 - The proposed item descriptor is as follows:
 - Knee, revision of total or partial replacement, specifically exchange of femoral and tibial components. Excluding revision of unicompartmental with unicompartmental implants. Inclusive of patellar resurfacing if performed. Not to be claimed in conjunction with other bone graft or knee items within this Group. (Anaes.) (Assist.)
- △ Create a **new item** for revision of unicompartmental arthroplasty with unicompartmental components.
- The proposed item descriptor is as follows:
 - Item 495XZ: Knee, revision of unicompartmental arthroplasty, femoral and/or tibial components with unicompartmental implants- femoral and/or tibial implants. Not to be claimed with bone graft or other knee items within this group. (Anaes.) (Assist.)

Rationale

This recommendation focuses on better reflecting the range of complexity associated with knee replacement procedures and ensuring that rebates are appropriately distributed. It is based on the following.

- △ The **new items** seek to more accurately describe the complexity of the procedures. In the current items, this is done through references to bone graft. However, the distinction between ‘major’ and ‘minor’ bone grafting is unclear and may be misinterpreted, and the terms are not accurate indicators of complexity. Complexity will now be based on the components being revised.
- △ The recommended fee changes are based on the complexity of the procedure. The Committee recommended reallocating the savings generated through the reduction of the item 49527 schedule fee in order to increase the schedule fee for item 49533. The schedule fee for item 49533 should not exceed \$3,000 because this would not accurately reflect the complexity of the procedure.
- △ The **new items** clarify that patellar resurfacing (if performed) is part of items 49530 and 49533.
- △ Although data from the National Joint Replacement Registry suggests that replacement of uni with uni is not best practice,^{xxxv} the Committee agreed that the procedure may be appropriate in some circumstances and it has therefore been retained.

Table 36: Item introduction table for item 49534

Item	Descriptor	Schedule fee	Volume of services FY2014/15	Total benefits FY2014/15	Services 5-year-average annual growth
49534	Knee, patello-femoral joint of, total replacement arthroplasty as a primary procedure (Anaes.) (Assist.)	\$450	150	\$38,627	3%

Recommendation 31

- △ Change the descriptor.
 - Replace ‘total replacement arthroplasty’ with ‘replacement of patella and trochlea’.
 - The proposed item descriptor is as follows:
 - Knee, patello-femoral joint, replacement of patella and trochlea, as a primary procedure. (Anaes.) (Assist.)
- △ Include the following explanatory note:
 - Item 49534 is intended to be used only following failed non-operative treatment, as per the Royal Australian College of General Practitioners 2007 *Referral for joint replacement: a management guide for health providers*.

Rationale

This recommendation focuses on modernising the MBS. It is based on the following.

- △ The Committee considered whether item 49534 represents modern clinical practice and determined that it may be appropriate in cases of failed non-operative treatment. An explanatory note has been included to reflect this.
- △ The proposed item descriptor better describes the procedure. Replacement of the patello-femoral joint only involves partial replacement of the knee joint. The phrase ‘total replacement arthroplasty’ is more applicable to items 49518 to 49524.

5.5 Knee repair or reconstruction items

Recommendation 32

- △ Change the title of this subgroup of items from ‘Knee’ to ‘Knee repair or reconstruction items’.

Rationale

- △ This title reflects the items in this section. Repair is reattachment of a displaced structure and reconstruction is modifying underlying anatomy.

Table 37: Item introduction table for items 49536, 49539 and 49542

Item	Descriptor	Schedule fee	Volume of services FY2014/15	Total benefits FY2014/15	Services 5-year-average annual growth
49536	Knee, repair or reconstruction of, for chronic instability (open or arthroscopic, or both) involving either cruciate or collateral ligaments, including notchplasty when performed, not being a service associated with any other arthroscopic procedure of the knee (Anaes.) (Assist.)	\$941	622	\$412,832	-2%

Item	Descriptor	Schedule fee	Volume of services FY2014/15	Total benefits FY2014/15	Services 5-year-average annual growth
49539	Knee, reconstructive surgery of cruciate ligament or ligaments (open or arthroscopic, or both), including notchplasty when performed and surgery to other internal derangements, not being a service to which another item in this Group applies or a service associated with any other arthroscopic procedure of the knee (Anaes.) (Assist.)	\$941	1,172	\$822,852	-3%
49542	Knee, reconstructive surgery of cruciate ligament or ligaments (open or arthroscopic, or both), including notchplasty, meniscus repair, extracapsular procedure and debridement when performed, not being a service associated with any other arthroscopic procedure of the knee (Anaes.) (Assist.)	\$1,318	8,537	\$8,413,300	4%

Recommendation 33

- △ Restructure the knee ligament repair or reconstruction items.
- △ Introduce an explanatory note to explain the intended use of these items:
 - The proposed explanatory note is as follows:
 - *These items are intended to cover all knee ligament repair and reconstruction procedures and associated intra-articular surgery, including (but not limited to), meniscal surgery, notchplasty, chondroplasty and removal of loose bodies. Repair is reattachment of a displaced structure and reconstruction is surgery that modifies or augments underlying anatomy. Each item is intended to cover all aspects of the surgery. In rare circumstances, patients may require additional osteotomy or patello-femoral stabilisation and in these instances relevant item numbers can also be claimed.*
 - *It is anticipated that most surgeries will be covered under items 49536 or 49542. A **new item** has been developed for complex multi-ligament surgery. It is anticipated that this **new item** would be appropriate for less than 2 per cent of knee ligament surgery.*
- △ Item 49536: Change the descriptor.
 - Clarify that item applies to ligament repair by removing the words ‘reconstruction’ and ‘for chronic instability’.
 - Clarify that the item includes any associated intra-articular knee surgery.
 - The proposed item descriptor is as follows:
 - Open and/or arthroscopic repair of either cruciate or collateral ligaments, or reconstruction of collateral ligament or ligaments, including, where performed, any associated intra-articular knee surgery, not being a service associated with any other arthroscopic procedure of the knee. (Anaes.) (Assist.)
- △ Items 49539 and 49542: Consolidate items under item 49542 and change the descriptor for item 49542.
 - Replace ‘cruciate ligament or ligaments’ with ‘anterior cruciate ligament or posterior cruciate ligament’.
 - Clarify that the item includes graft harvest, donor site repair, meniscal repair, collateral ligament repair and associated intraarticular procedures.
 - The proposed item descriptor is as follows:

- Open and/or arthroscopic reconstruction of either anterior cruciate ligament or posterior cruciate ligament, including where performed, graft harvest and donor site repair, meniscal repair, collateral ligament repair, extra-articular tenodesis, and any other associated intraarticular surgery, not being a service associated with any other arthroscopic procedure of the knee. (Anaes.) (Assist.)
- △ Create a **new item** for multi-ligament knee reconstruction.
 - The proposed item descriptor is as follows:
 - 495XY: Open and/or arthroscopic reconstruction of two or more cruciate or collateral ligaments of the knee, including, where performed, any ligament repair, graft harvest donor site repair, meniscal repair and any other associated intraarticular surgery, not being a service associated with any other arthroscopic procedure of the knee. (Anaes.) (Assist.)
 - The intention of the Committee is that the phrase ‘including graft harvest’ covers tendon transfer. This item cannot be co-claimed with item 47966 (tendon or ligament transfer) or its replacement services.

Rationale

This recommendation focuses on modernising the MBS and ensuring that item descriptors accurately describe the surgical procedure being performed. It is based on increasing levels of complexity of ligament repair, single ligament reconstruction and multiple ligament reconstruction or repairs.

- △ The current descriptors do not clearly indicate the circumstances in which it is appropriate to claim each item. The amended descriptors clarify the appropriate use of these items for repair or reconstruction and reflect the range of complexity associated with these procedures. The proposed descriptors also clarify the components included in the procedure to better guide appropriate use.
- △ There is currently no item for multiligament reconstructions. The proposed item is a complete medical service and cannot be co-claimed with item 47666 (tendon or ligament transfer). This addresses the small subset of item 49542 episodes in which item 47966 is co-claimed (currently 3 per cent).^{xxxvi}

5.6 Knee arthrodesis

Table 38: Item introduction table for item 49512 and 49545

Item	Descriptor	Schedule fee	Volume of services FY2014/15	Total benefits FY2014/15	Services 5-year-average annual growth
49512	Knee, arthrodesis of, with synovectomy if performed, with removal of prosthesis (Anaes.) (Assist.)	\$1,083	18	\$14,079	1%
49545	Knee, revision arthrodesis of, with synovectomy if performed (Anaes.) (Assist.)	\$753	4	\$1,695	32%

Recommendation 34

- △ Items 49512 and 49545: consolidate items and change the descriptor for item 49512.
 - Change the descriptor for item 49512 so that it covers both primary and revision arthrodesis.

- The Committee recommended a schedule fee that is equivalent to item 49518 (total knee replacement) or item 49318 (total hip replacement) to reflect the complexity of this procedure.
- Remove ‘synovectomy’ and ‘removal of prosthesis’ from the descriptor and replace them with ‘inclusive of any method of arthrodesis’.
- The proposed item descriptor is as follows:
 - Knee, primary or revision arthrodesis of, inclusive of method of arthrodesis. (Anaes.) (Assist.)

Rationale

- △ Including the phrase ‘primary or revision arthrodesis’ clarifies the types of procedure covered by this item and makes the MBS more user-friendly.
- △ The components of this procedure (previously synovectomy and removal of prosthesis) have been broadened to include all inherent parts of the procedure. In addition to synovectomy and removal of the prosthesis, the changes clarify that all methods of arthrodesis, including application of external fixation, are part of the procedure.

5.7 Knee revision procedures (other)

Recommendation 35

- △ Change the title of this MBS sub-group from ‘Knee revision procedures (other)’ to ‘Knee revision procedures of patello-femoral stabilisation or tibiofemoral soft tissue reconstruction’.

Rationale

- △ This title better identifies the procedures covered in this sub-section.

Table 39: Item introduction table for items 49548 and 49551

Item	Descriptor	Schedule fee	Volume of services FY2014/15	Total benefits FY2014/15	Services 5-year-average annual growth
49548	Knee, revision of patello-femoral stabilisation (Anaes.) (Assist.)	\$941	67	\$44,746	-9%
49551	Knee, revision of procedures to which item 49536, 49539 or 49542 applies (Anaes.) (Assist.)	\$1,318	944	\$916,262	4%

Recommendation 36

- △ No change.

Rationale

- △ The Committee did not identify any concerns regarding safety, access, value or contemporary best practice that required a change to these items.

Table 40: Item introduction table for item 49554

Item	Descriptor	Schedule fee	Volume of services FY2014/15	Total benefits FY2014/15	Services 5-year-average annual growth
49554	Knee, revision of total replacement of, by anatomic specific allograft of tibia or femur (Anaes.) (Assist.)	\$1,883	11	\$15,534	-6%

Recommendation 37

- △ Change the descriptor.
 - Specify that the item cannot be co-claimed with the proposed bone graft table.
 - The proposed item descriptor is as follows:
 - Knee, revision of total replacement of, by anatomic specific allograft of tibia or femur. Not to be claimed in conjunction with any bone graft items. (Anaes.) (Assist.)
- △ Move the item to the ‘Knee replacement items (revision)’ sub-section with items 49527, 49530 and 49533.

Rationale

This recommendation focuses on modernising the MBS. It is based on the following.

- △ Item 49554 describes a complete medical service. The restriction on co-claiming with the bone graft table clarifies the appropriate use of this item and the proposed bone grafting items.
- △ Moving the item number so that it is grouped with similar procedures will make the MBS more user-friendly.

5.8 Knee arthroscopy items

The Committee recommended restructuring the knee arthroscopy items to address the concern that these procedures have limited (or no) clinical benefit in most patients with uncomplicated osteoarthritis. The nine proposed **new items** identify the specific components of each procedure and are divided into three tiers of complexity.

Table 41: Item introduction table for items 49557, 49558, 49559, 49560, 49561, 49562 and 49563

Item	Descriptor	Schedule fee	Volume of services FY2014/15	Total benefits FY2014/15	Services 5-year-average annual growth
49557	Knee, diagnostic arthroscopy of (including biopsy, simple trimming of meniscal margin or plica) - not being a service associated with autologous chondrocyte implantation or matrix-induced autologous chondrocyte implantation or any other arthroscopic procedure of the knee region (Anaes.) (Assist.)	\$273	719	\$114,882	-9%
49558	Knee, arthroscopic surgery of, involving 1 or more of: debridement, osteoplasty or chondroplasty - not associated with any other arthroscopic procedure of the knee region (Anaes.) (Assist.)	\$273	1,044	\$191,933	-9%
49559	Knee, arthroscopic surgery of, involving chondroplasty requiring multiple drilling or carbon fibre (or similar) implant; including any associated debridement or oestoplasty - not associated with any other arthroscopic procedure of the knee region (Anaes.) (Assist.)	\$409	155	\$44,672	-4%
49560	Knee, arthroscopic surgery of, involving 1 or more of: partial or total meniscectomy, removal of loose body or lateral release – not being a service associated with any other arthroscopic procedure of the knee region (Anaes.) (Assist.)	\$552	3,611	\$1,441,746	-6%
49561	Knee, arthroscopic surgery of, involving 1 or more of: partial or total meniscectomy, removal of loose body or lateral release; where the procedure includes associated debridement, osteoplasty or chondroplasty – not associated with any other	\$674	46,566	\$22,927,577	0%

Item	Descriptor	Schedule fee	Volume of services FY2014/15	Total benefits FY2014/15	Services 5-year-average annual growth
	arthroscopic procedure of the knee region (Anaes.) (Assist.)				
49562	Knee, arthroscopic surgery of, involving 1 or more of: partial or total meniscectomy, removal of loose body or lateral release; where the procedure includes chondroplasty requiring multiple drilling or carbon fibre (or similar) implant and associated debridement or osteoplasty – not associated with any other arthroscopic procedure of the knee region (Anaes.) (Assist.)	\$736	3,947	\$2,117,585	3%
49563	Knee, arthroscopic surgery of, involving 1 or more of: meniscus repair; osteochondral graft; or chondral graft (excluding autologous chondrocyte implantation or matrix-induced autologous chondrocyte implantation) –not associated with any other arthroscopic procedure of the knee region (Anaes.) (Assist.)	\$797	1,312	\$776,112	6%

Recommendation 38

- △ Replace the existing knee arthroscopy items with nine **new items**, organised into three tiers based on complexity.
- △ Ensure that only one item can be claimed for each procedure. This item must be for the most complex procedure undertaken and cannot be claimed in conjunction with any other knee arthroscopy item for same knee.
- △ Add explanatory notes on knee arthroscopy for treatment of uncomplicated osteoarthritis for all knee arthroscopy items. The explanatory notes for knee arthroscopy items are as follows:
 - *Only a single arthroscopy item for each procedure may be utilised per knee. This item must be for the most complex procedure undertaken and must not be utilised in conjunction with any other knee arthroscopy item.*
 - *Osteoarthritis is a progressive disease involving structural and compositional changes of the whole joint. Multiple clinical trials have demonstrated that knee arthroscopic procedures have no clinically meaningful benefit in patients with uncomplicated osteoarthritis. Uncomplicated osteoarthritis is defined as a circumstance where the patient’s symptoms or illness are not due to obstructive atraumatic chondral, meniscal or chondral lesions, or repairable menisci, sepsis, neoplasia or inflammatory disorders. For patients with uncomplicated osteoarthritis, arthroscopy should only be performed in patients with surgeon-confirmed obstructive symptoms (locked or locking knee), or where the identified pathology is atraumatic chondral, meniscal or chondral lesions that are causative of the symptoms. Patient selection for knee arthroscopy in the presence of osteoarthritis should conform to the October 2016 Position statement from the Australian Knee Society on arthroscopic surgery of the knee, including reference to the presence of osteoarthritis or degenerative joint disease, or such standards that supersede these.*
 - Complexity tier one contains one item. The Committee recommended a schedule fee for this item that is equivalent to item 49557.
 - The proposed item descriptor is as follows:
 - Item 495AA: Diagnostic knee arthroscopy where diagnosis is uncertain. Inclusive of, if performed, biopsy and lavage. Refer to AOA guidelines for appropriate use. (Anaes.) (Assist.)

- The proposed item descriptors are as follows:
 - Item 495AB: Knee, arthroscopic partial meniscectomy for atraumatic meniscus tear. Not to be used in cases of uncomplicated osteoarthritis. Refer to AOA guidelines for appropriate use. (Anaes.) (Assist.)
 - Item 495AC: Knee, arthroscopic removal of loose body or bodies. Refer to AOA guidelines for appropriate use. (Anaes.) (Assist.)
 - Item 49AD: Knee, arthroscopic reparative surgery for chondral lesion. Inclusive of, if performed, microfracture and/or microdrilling. Not to be combined with chondral graft or osteochondral grafts. Refer to AOA guidelines for appropriate use. (Anaes.) (Assist.)
 - The Committee’s intention is that this **new item** for arthroscopic reparative surgery for chondral lesion can be co-claimed with proximal tibial or distal femoral osteotomy (see Recommendation 47).
 - Item 495AE: Knee, arthroscopic release soft tissue, lateral release or osteoplasty. Not to be combined with patello-femoral joint stabilisation. Refer to AOA guidelines for appropriate use. (Anaes.) (Assist.)
 - Item 495AF: Knee, arthroscopic partial meniscectomy for traumatic meniscus tear. Refer to AOA guidelines for appropriate use. (Anaes.) (Assist.)
- The proposed item descriptors are as follows:
 - Item 495AG: Knee, arthroscopic meniscal repair. Refer to AOA guidelines for appropriate use. (Anaes.) (Assist.)
 - Item 495AH: Knee, arthroscopic chondral graft, osteochondral graft or meniscal graft. Refer to AOA guidelines for appropriate use. (Anaes.) (Assist.)
 - Item 495AI: Knee, arthroscopic synovectomy for inflammatory arthropathy, neoplasia, infective post-traumatic arthropathy, post-surgical arthropathy. Not to be used in cases of uncomplicated osteoarthritis. Refer to AOA guidelines for appropriate use. (Anaes.) (Assist.)

Rationale

This recommendation focuses on modernising the MBS and ensuring that MBS items provide rebates for high-value services. It is based on the following.

- △ The Committee noted that knee arthroscopies are a high-volume service, accounting for approximately 57,000 services in FY2014 – 15—over 10 per cent of the 514,000 services reimbursed under the items it reviewed.
- △ The Committee also recognised that the indications and contra-indications for knee arthroscopy have become increasingly well defined in recent years. In particular, recent evidence suggests that:
 - Knee arthroscopy should not be used for uncomplicated osteoarthritis (except where a patient has a surgeon-confirmed locked or locking knee).
 - Arthroscopic partial meniscectomy should not be used for atraumatic non-obstructive meniscus tears.

This evolving evidence is reflected in guidelines such as the Australian Orthopaedic Association’s *Position statement from the Australian Knee Society on arthroscopic surgery of the knee, including reference to the presence of osteoarthritis or degenerative joint disease*

(AOA Guide), which details the appropriate use of arthroscopy based on current clinical evidence.

- △ MBS data suggests that clinical practice is changing in line with this evolving evidence: service volumes for knee arthroscopy declined by 8 per cent per year between FY2011–12 and FY2015–16. The Committee agreed that this reflects a positive change in practice, but it also noted that wide variations in service volumes persist between states, which could indicate that not all practice aligns with the current evidence. This presents an opportunity for improvement.
- △ In light of this, the Committee recommended (1) expanding knee arthroscopy items into three remuneration tiers based on complexity, and (2) creating a number of items within each remuneration tier that specify the clinical indication that necessitated the procedure. The proposed new structure and item descriptors will improve clinical practice by:
 - Providing clinical guidance on the use of arthroscopy for uncomplicated osteoarthritis in the item descriptors and explanatory notes, and specifying that arthroscopy for uncomplicated osteoarthritis will not be reimbursed.
 - Providing clinical guidance on the use of arthroscopic partial meniscectomy for atraumatic non-obstructive meniscus tears through explicit exclusions in the item descriptors.
 - Generating data on the prevalence of specific types of procedure within complexity tiers in order to:
 - Facilitate auditing and ensure that practice aligns with the current evidence (for example, partial meniscectomies outside the AOA Guides).
 - Help professional bodies improve education for surgeons regarding appropriate use of knee arthroscopy.
- △ The Committee did consider adopting a simpler structure, with just three items reflecting the three tiers of complexity. However, it ultimately agreed that enabling the collection of rigorous data on the specific indications associated with knee arthroscopies would lead to improved clinical practice by facilitating targeted auditing and education. This can only be achieved by including multiple items within each complexity tier that specify the indication that necessitated the procedure.
- △ The Committee recommended that the Department of Health review usage of the arthroscopy items 12 to 24 months after implementation in order to determine whether the recommended changes are achieving their intended outcomes. The Committee expects 5 per cent of services to be reimbursed under tier one, 80 per cent to be reimbursed under tier two and 15 per cent to be reimbursed under tier three.
- △ The AOA Guidelines will be updated on a regular basis to reflect new clinical research.

Table 42: Item introduction table for items 49564, 49566 and 49569

Item	Descriptor	Schedule fee	Volume of services FY2014/15	Total benefits FY2014/15	Services 5-year-average annual growth
49564	Knee, patello-femoral stabilisation of, combined arthroscopic and open procedure, including lateral release, medial capsulorrhaphy and tendon transfer, not being a service associated with any other arthroscopic procedure of the knee (Anaes.) (Assist.)	\$919	1,246	\$839,797	3%
49566	Knee, arthroscopic total synovectomy of, not being a service associated with any other arthroscopic procedure of the knee (Anaes.) (Assist.)	\$753	1,423	\$784,968	3%

Item	Descriptor	Schedule fee	Volume of services FY2014/15	Total benefits FY2014/15	Services 5-year-average annual growth
49569	Knee, mobilisation for post-traumatic stiffness, by multiple muscle or tendon release (quadricepsplasty) (Anaes.) (Assist.)	\$753	145	\$56,094	1%

Recommendation 39

- △ Item 49564: Change the descriptor.
 - Specify the included elements of the procedure.
 - The proposed item descriptor is as follows:
 - Knee, patello-femoral stabilisation of, combined arthroscopic and open procedure, including soft tissue reconstruction and tendon transfer; or tibial tuberosity transfer with bone graft and internal fixation. Not being a service associated with any other arthroscopic procedure of the knee. (Anaes.) (Assist.)
 - The intention of the Committee is that the item one of either soft tissue reconstruction and tendon transfer, or tibial tuberosity transfer with associated bone graft and internal fixation.
- △ Create a **new item** for patello-femoral reconstruction.
 - Specify the greater complexity of knee stabilisation procedures that require patello-femoral reconstruction.
 - The Committee recommended basing the schedule fee for this item on item 49564 and item 48421 for osteotomy and osteectomy.
 - The proposed item descriptor is as follows:
 - Item 495AJ: Knee, patello-femoral reconstruction of, combined arthroscopic and open procedure, requiring both soft tissue reconstruction and tibial tuberosity transfer, including, if performed, bone graft, internal fixation or trochleoplasty. Not being a service associated with any other arthroscopic procedure of the knee. (Anaes.) (Assist.)
- △ Item 49566: Replace with **new item** for arthroscopic synovectomy (Recommendation 40, item 495AI).
- △ Item 49569: No change.

Rationale

This recommendation focuses on modernising the MBS and creating complete medical services. It is based on the following.

- △ The Committee agreed that the current items do not reflect the varying levels of complexity involved in these procedures. The **new item** for patello-femoral reconstruction creates a complete medical service. Previously, clinicians would bill item 49564 for patello-femoral stabilisation and item 48421 for osteotomy or osteectomy. Among item 49564 services, 14 per cent were co-claimed with item 48421.^{xxxvii}
- △ If a **new item** for arthroscopic synovectomy is created (see Recommendation 40, item 495AI) item 49566 can be deleted. Having a single location for all knee arthroscopy items will make the MBS more user-friendly.

- △ The Committee did not identify any concerns regarding safety, access, value or contemporary best practice that required a change to items 49569.

5.9 Fracture items

Table 43: Item introduction table for items 47534, 47537, 47543, 47546, 47549, 47552, 47555 and 47558

Item	Descriptor	Schedule fee	Volume of services FY2014/15	Total benefits FY2014/15	Services 5-year-average annual growth
47534	Femur, condylar region of, treatment of intra-articular (T-shaped condylar) fracture of, requiring internal fixation, with or without internal fixation of 1 or more osteochondral fragments. (Anaes.) (Assist.)	\$1,083	159	\$125,952	4%
47537	Femur, condylar region of, treatment of fracture of, requiring internal fixation of 1 or more osteochondral fragments, not being a service associated with a service to which item 47534 applies. (Anaes.) (Assist.)	\$433	87	\$17,748	7%
47543	Tibia, plateau of, treatment of medial or lateral fracture of, not being a service to which item 47546 or 47549 applies. (Anaes.)	\$226	330	\$61,220	3%
47546	Tibia, plateau of, treatment of medial or lateral fracture of, by closed reduction. (Anaes.)	\$339	29	\$7,621	-2%
47549	Tibia, plateau of, treatment of medial or lateral fracture of, by open reduction. (Anaes.) (Assist.)	\$452	291	\$64,733	2%
47552	Tibia, plateau of, treatment of both medial and lateral fractures of, not being a service to which item 47555 or 47558 applies. (Anaes.) (Assist.)	\$377	23	\$6,769	3%
47555	Tibia, plateau of, treatment of both medial and lateral fractures of, by closed reduction. (Anaes.)	\$565	11	\$4,237	2%
47558	Tibia, plateau of, treatment of both medial and lateral fractures of, by open reduction. (Anaes.) (Assist.)	\$753	144	\$74,760	4%

Recommendation 40

- △ Item 47534, 47537, 47543, 47546, 47552 and 47555: No change.
- △ Item 47549: Change the descriptor.
 - Specify that the procedure includes internal fixation, arthrotomy and meniscal repair
 - The Committee recommended increasing the schedule fee to reflect the inclusion of meniscal repair, which adds additional complexity.
 - The proposed item descriptor is as follows:
 - Tibia, plateau of, treatment of medial or lateral fracture of, by open reduction and internal fixation, including, where performed, arthrotomy and meniscal repair. (Anaes.) (Assist.)
- △ Create a **new item** for treatment of medial and/or lateral tibial plateau fractures.
 - The proposed item descriptor is as follows:
 - Item 475ZA: Tibia, plateau of, treatment of medial and/or lateral tibial plateau fractures, with the application of a bridging external fixator. (Anaes.) (Assist.)
- △ Item 47558: Change the descriptor.

- The Committee recommended increasing the schedule fee to reflect the inclusion of meniscal repair, which adds additional complexity.
- The proposed item descriptor is as follows:
 - Tibia, plateau of, treatment of medial and lateral fracture of, by open reduction and internal fixation, including, where performed, arthrotomy and meniscal repair. (Anaes.) (Assist.)

Rationale

This recommendation focuses on modernising the MBS and ensuring that it reflects current clinical practice. It is based on the following.

- △ Items 47534, 47537, 47543, 47546, 47552 and 47555:
 - The Committee did not identify any concerns regarding safety, access, value or contemporary best practice that required a change to these items.
- △ Items 47549 and 47558:
 - Changes to these items clarify that internal fixation and arthrotomy are part of the procedure and cannot be claimed separately. This will make it easier for clinicians to determine which items to use, and for consumers to compare clinicians.
- △ The Committee recommended increasing the schedule fee for items 47549 and 47558 because meniscal repair is now included in the item descriptor.
- △ The proposed item for the treatment of medial and/or lateral tibial plateau fractures reflects the increased complexity and time and resources required to apply an external fixator and creates a complete medical service.

Table 44: Item introduction table for items 47561, 47564 and 47567

Item	Descriptor	Schedule Fee	Volume of services FY2014/15	Total benefits FY2014/15	Services 5-year-average annual growth
47561	Tibia, shaft of, treatment of fracture of, by cast immobilisation, not being a service to which item 47564, 47567, 47570 or 47573 applies (Anaes.)	\$273	732	\$164,868	-2%
47564	Tibia, shaft of, treatment of fracture of, by closed reduction, with or without treatment of fibular fracture (Anaes.)	\$410	129	\$39,328	-6%
47567	Tibia, shaft of, treatment of intra-articular fracture of, by closed reduction, with or without treatment of fibular fracture (Anaes.) (Assist.)	\$475	28	\$9,260	-5%

Recommendation 41

- △ Items 47561, 47564 and 47567: Consolidate under single item 475ZB
 - The proposed item descriptor is as follows:
 - Item 475ZB: Tibia, proximal, distal or shaft of, treatment by closed reduction with or without treatment of fibula fracture. (Anaes.) (Assist.)

Rationale

- △ Separate items are not required for different methods of treatment. Consolidating these items will simplify the MBS.

Table 45: Item introduction table for items 47565, 47566, 47570, 47573 and 47576

Item	Descriptor	Schedule Fee	Volume of services FY2014/15	Total benefits FY2014/15	Services 5-year-average annual growth
47565	Tibia, shaft of, treatment of fracture of, by internal fixation or external fixation (Anaes.) (Assist.)	\$712	242	\$116,194	7%
47566	Tibia, shaft of, treatment of fracture of, by intramedullary fixation and cross fixation (Anaes.) (Assist.)	\$908	422	\$284,648	4%
47570	Tibia, shaft of, treatment of fracture of, by open reduction, with or without treatment of fibular fracture (Anaes.) (Assist.)	\$546	45	\$15,869	13%
47573	Tibia, shaft of, treatment of intra-articular fracture of, by open reduction, with or without treatment of fibular fracture (Anaes.) (Assist.)	\$683	240	\$108,473	2%
47576	Fibula, treatment of fracture of (Anaes.)	\$113	2159	\$201,780	-2%

Recommendation 42

- △ Items 47565, 47566, 47570: No change.
- △ Item 47573: Change the descriptor.
 - Clarify that the item applies to proximal or distal intra-articular fractures.
 - Clarify that the item includes arthrotomy or arthroscopy at fracture site, washout of joint, removal of loose fragments or intervening soft tissue, and capsule repair, if performed.
 - Clarify that the item should not be used for treatment of medial malleolus fracture to distal tibia.
 - The proposed item descriptor is as follows:
 - Tibia, shaft of, treatment of proximal or distal intra-articular fracture by open reduction, with or without treatment of fibula fracture. Inclusive of, if performed: arthrotomy or arthroscopy at fracture site, washout of joint, removal of loose fragments or intervening soft tissue, and capsule repair, not to be used for medial malleolus fracture to distal tibia. (Anaes.) (Assist.)
- △ Item 47576: Delete item.

Rationale

- △ Items 47565, 47566 and 47570:
 - The Committee did not identify any concerns regarding safety, access, value or contemporary best practice that required changes to these items.
- △ Item 47573:
 - The changes clarify the included components of the procedure and ensure consistency with foot and ankle items.
- △ Item 47576:
 - This item is no longer required because it can be incorporated into tibial shaft items where appropriate, or treated as part of a consultation.

Recommendation 43

Table 46: Item introduction table for items 47579, 47582 and 47585

Item	Descriptor	Schedule Fee	Volume of services FY2014/15	Total benefits FY2014/15	Services 5-year-average annual growth
47579	Patella, treatment of fracture of, not being a service to which item 47582 or 47585 applies (Anaes.)	\$160	301	\$38,387	2%
47582	Patella, treatment of fracture of, by excision of patella or pole with reattachment of tendon (Anaes.) (Assist.)	\$330	29	\$4,629	1%
47585	Patella, treatment of fracture of, by internal fixation (Anaes.) (Assist.)	\$424	434	\$116,989	7%

Recommendation 44

- △ Restructure the items from the least complex to the most complex. The items should be structured in the following order: 47579, 47585, 47582.
- △ Item 47579: No change.
- △ Item 47582: Change the descriptor.
 - Clarify that the item applies to proximal and distal fractures.
 - Clarify the descriptor by requiring the procedure to include open reduction and internal fixation as well as arthrotomy, removal of loose fragments, repair of the quadriceps tendon or patella tendon, excision of patella pole with reattachment of the tendon and stabilisation of the patellofemoral joint, if performed.
 - The proposed item descriptor is as follows:
 - Patella fracture, proximal or distal, treatment by open reduction and internal fixation, inclusive of, if performed, arthrotomy, removal of loose fragments, repair of the quadriceps tendon or patella tendon, excision of patella pole with reattachment of the tendon and stabilisation of the patellofemoral joint. (Anaes.) (Assist.)
- △ Item 47585: Change the descriptor to specify that items 47585 and 47579 cannot be co-claimed.
 - The Committee recommended increasing the schedule fee for this item to account for the inclusion of bone grafting in the item, which was previously co-claimed.
 - The proposed item descriptor is as follows:
 - Patella, treatment of fracture of, by internal fixation and including bone grafting, if performed. Cannot be co-claimed with items 47582 and 47579. (Anaes.) (Assist.)

Rationale

- △ Item 47579:
 - The Committee did not identify any concerns regarding safety, access, value or contemporary best practice that required a change to item 47579.
- △ Item 47582:
 - Changes to the descriptor clarify the components that (if performed) are considered part of the procedure: open reduction, internal fixation, arthrotomy, removal of loose fragments, repair of the quadriceps tendon or patella tendon, and stabilisation of the patellofemoral

joint. This confirms that the item is a complete medical service and provides greater clarity for consumers and clinicians.

Table 47: Item introduction table for items 47588 and 47591

Item	Descriptor	Schedule Fee	Volume of services FY2014/15	Total benefits FY2014/15	Services 5-year-average annual growth
47588	Knee joint, treatment of fracture of, by internal fixation of intra-articular fractures of femoral condylar or tibial articular surfaces and requiring repair or reconstruction of 1 or more ligaments. (Anaes.) (Assist.)	\$1,318	153	\$148,980	12%
47591	Knee joint, treatment of fracture of, by internal fixation of intra-articular fractures of femoral and tibial articular surfaces and requiring repair or reconstruction of 1 or more ligaments. (Anaes.) (Assist.)	\$1,601	12	\$14,406	8%

Recommendation 45

- △ Items 47588 and 47591: No change.
 - The Committee noted that it is appropriate to co-claim these items with ligament injury items 49503 and 49506.
- △ Create two **new items** for acute traumatic chondral injury to distal femoral and/or proximal tibial articular surfaces. The proposed item descriptors are as follows:
 - Item 475XZ:
 - Knee, acute traumatic chondral injury to distal femoral or proximal tibial articular surfaces, by repair, and/or reconstruction, utilising chondral or osteochondral implants/transfers. (Anaes.) (Assist.)
 - Item 475AA:
 - Knee, acute traumatic chondral injury to distal femoral and proximal tibial articular surfaces, by repair and/or reconstruction, utilising chondral or osteochondral implants or transfers. (Anaes.) (Assist.)

Rationale

This recommendation focuses on ensuring that MBS items provide rebates for high-value services and reflect current clinical practice. It is based on the following.

- △ Items 47588 and 47591:
 - The Committee did not identify any concerns regarding safety, access, value or contemporary best practice that required changes to these items.
- △ **New items** for acute traumatic chondral injury to distal femoral and/or proximal tibial articular surfaces:
 - Items 475XZ and 475AA are required to reflect current clinical practice for treating acute chondral or osteochondral injury. At present, these procedures are not well described, which leads to inconsistent billing practices.

5.10 Dislocation items

Table 48: Item introduction table for items 47054, 47057 and 47060

Item	Descriptor	Schedule Fee	Volume of services FY2014/15	Total benefits FY2014/15	Services 5-year-average annual growth
47054	Knee, treatment of dislocation of, by closed reduction (Anaes.) (Assist.)	\$325	30	\$6,508	7%
47057	Patella, treatment of dislocation of, by closed reduction (Anaes.)	\$127	89	\$9,812	0%
47060	Patella, treatment of dislocation of, by open reduction (Anaes.)	\$170	3	\$191	-

Recommendation 46

- △ Item 47054: Change the descriptor.
 - Clarify that the procedure includes application of an external fixator.
 - The proposed item descriptor is as follows:
 - Knee, treatment of dislocation of, by closed reduction, inclusive of, if performed, application of external fixator. (Anaes.) (Assist.)
- △ Item 47057: No change.
- △ Item 47060: Change the descriptor.
 - Specify that a surgical assistant is permitted for this procedure.
 - The proposed item descriptor is as follows:
 - Patella, treatment of dislocation of, by open reduction. (Anaes.) (Assist.)

Rationale

This recommendation focuses on ensuring that MBS items provide rebates for high-value services and reflect current clinical practice. It is based on the following.

- △ Item 47054:
 - The proposed descriptor recognises that the application of an external fixator (where performed) is an inherent part of the procedure.
- △ Item 47057:
 - The Committee did not identify any concerns regarding safety, access, value or contemporary best practice that required a change to item 47057.
- △ Item 47060:
 - Adding '(Assist.)' to this descriptor recognises that the item covers a complex procedure that may require an assistant. The Committee noted that open reduction for dislocation of the patella is rarely required and the severity of the condition may require an assistant.

5.11 Osteotomy and osteectomy items

Table 49: Item introduction table for items 48418 and 48421

Item	Descriptor	Schedule fee	Volume of services FY2014/15	Total benefits FY2014/15	Services 5-year-average annual growth
48418	Tibia, osteotomy or osteectomy of, excluding services to which items 47933 or 47936 apply (Anaes.) (Assist.)	\$631	1,691	\$622,643	8%
48421	Tibia, osteotomy or osteectomy of, with internal fixation, and excluding services to which items 47933 or 47936 apply (Anaes.) (Assist.)	\$800	1,150	\$571,069	1%

Recommendation 47

- △ Item 48418: Replace item with a specific item for osteotomy of the distal tibia.
- △ Item 48421: Change the descriptor.
 - Remove the reference to osteectomy and better define the anatomical site and purpose of the procedure.
 - The Committee recommended increasing the schedule fee for this item so that it is similar to the schedule fee for procedure 49564 (knee patello-femoral stabilisation).
 - The proposed item descriptor is as follows:
 - Proximal tibial osteotomy to alter lower limb alignment and/or rotation. Includes internal and external fixation. (Anaes.) (Assist.)
 - The Committee notes that it is appropriate to co-claim this item with the bone graft table.
- △ Create a **new item** for distal femoral osteotomy.
 - The Committee recommended a schedule fee for this item that is similar to the schedule fee for item 48427 (femoral osteotomy with internal fixation).
 - The proposed item descriptor is as follows:
 - Item 484KA: Distal femoral osteotomy to alter lower limb alignment and/or rotation Includes internal and external fixation. (Anaes.) (Assist.)
 - The Committee noted that it is appropriate to co-claim this item with the bone graft table.

Rationale

This recommendation focuses on modernising the MBS and ensuring that items provide rebates for high-value services and reflect current clinical practice. It is based on the following.

- △ Item 48418:
 - The Committee has recommended removing ‘osteectomy’ from all items (see Recommendation 2). Item 48418 is no longer required as fixation is required for this type of osteotomy procedure. Previous services under this item were most likely for osteectomy (now removed from the item).
 - Note that a new osteotomy item specific to the foot and ankle has been recommended (see Recommendation 117).
- △ Item 48421:

- As per Recommendation 2, the term ‘osteotomy’ has been removed from all items.
- The purpose of the procedure (to alter lower limb alignment and/or rotation) has been included so that items reflect complete medical services where possible. Tibial osteotomy is currently being claimed in conjunction with other procedures. For example, of episodes involving item 48421, 28 per cent were co-claimed with item 49561 (knee arthroscopic surgery) and 15 per cent were co-claimed with item 49564 (patello-femoral stabilisation).^{xxxviii} The changes aim to reduce inappropriate co-claiming and define tibial or femoral osteotomy solely as a procedure for correcting alignment or rotation of the limb.
- The Committee recommended increasing the schedule fee to encourage joint preservation procedures rather than joint replacement where clinically appropriate. At 1 per cent, average annual rate of growth for this item between 2010 and 2015 is below the population growth rate of 1.3 per cent and the growth rate for orthopaedics services at 3.2 per cent.^{xxxix} The procedure is complex, requiring pre-operative n-plating and work to isolate the osteotomy site to prevent artery and nerve damage. In younger patients in particular, this can delay the need for joint replacement by 10 to 15 years.

△ A **new item** for distal femoral osteotomy is required to account for the small and specific number of clinical instances which warrant an osteotomy.

5.12 Amputation items

Table 50: Item introduction table for items 44367 and 44376

Item	Descriptor	Schedule fee	Volume of services FY2014/15	Total benefits FY2014/15	Services 5-year-average annual growth
44367	Amputation through thigh, at knee or below knee (Anaes.) (Assist.)	\$522	370	\$143,230	2%
44376	Amputation stump, reamputation of, to provide adequate skin and muscle cover (Assist.)	75% of the original amputation fee	7	\$1,928	-3%

Recommendation 48

△ Items 44367 and 44376: No change.

Rationale

This recommendation focuses on ensuring that MBS items provide rebates for high-value services. It is based on the following.

△ The Committee did not identify any concerns regarding safety, access, value or contemporary best practice that required changes to items 44367 and 44376.

5.13 New items for cysts around the knee

Recommendation 49

△ Create two **new items** for cysts around the knee.

- The proposed item descriptors are as follows:
 - Item 44XXX: Open excision of large cyst or bursa around the knee – pre-patellar, infrapatellar, popliteal as an isolated procedure. (Anaes.) (Assist.)

- Item 44XXY: Excision of ganglion or small cyst around the knee (such as meniscal cysts and cruciate ganglions), open or arthroscopic. Not to be claimed with any other service in this Group. (Anaes.) (Assist.)
- The intention of the Committee is that this is an independent procedure and cannot be claimed with other surgical operations (T8). In particular, the item cannot be claimed with additional arthroscopy items. Meniscal and cruciate ganglions are examples of the types of cysts that this item would be used for.

Rationale

This recommendation focuses on modernising the MBS and ensuring that items provide rebates for high-value services and reflect current clinical practice. It is based on the following.

- △ Two **new items** are required to account for the deletion of item 30111 and changes to item 30107 (for large and small bursae). Creating specific items for around the knee prevents gaps from appearing in the MBS and preserves patient access.

6. Hand and wrist surgery

6.1 Introduction

The Hand and Wrist Working Group was set up by the Committee to review 150 MBS items, representing approximately 103,000 services and approximately \$20 million in benefits paid in FY2014–15. After considering a range of possibilities, the Committee decided to take an approach that would both simplify and modernise the MBS. The following principles (in addition to the Review's general principles, see Section 1.3) underpinned the Committee's approach:

1. Modernise and simplify the current schedule.
2. Clarify items to support appropriate use.
3. Address access gaps.

6.2 Current problems

The Committee observed three main problems with the current structure and descriptors for hand and wrist items: (1) the overall structure is not logical and current item descriptors are unclear, leading to inappropriate billing practices; (2) the current structure does not differentiate clearly between elective and trauma (emergency) surgery, which exacerbates the problem of co-claiming multiple items; and (3) current items do not reflect contemporary clinical practice. Each of these problems is discussed in more detail below.

- △ MBS hand and wrist items do not follow a clear structure. Items for these procedures are claimed from across the MBS, and the distribution of the items follows no logical order. As a result, the MBS is difficult for consumers and clinicians to navigate. This can lead to multiple items being inappropriately billed for single procedures, as well as inconsistencies in clinician billing practices. For example, the Committee believes that items 39330 (neurolysis), 48400 or 46396 (osteectomy), 30023 (wound debridement), 46336 (synovectomy joint) and 46339 (synovectomy tendons) may be being billed inappropriately.
- △ The current MBS structure does not clearly differentiate between elective and trauma (emergency) procedures. This has two effects. Firstly, clinicians are able to bill for services using items designed for both elective and trauma cases in a single episode, which is inappropriate because it duplicates MBS reimbursement. Secondly, the MBS does not account for the differences between elective and trauma surgeries. This can lead to variation in billing behaviour. In the hand and wrist, surgery in an elective context is more amenable to procedure-specific descriptors that create complete medical services. In contrast, trauma surgery may require claiming of multiple items, especially for surgery affecting multiple digits or a specific region.
- △ The current item descriptors do not reflect contemporary clinical practice. For example, newer techniques and procedures that are now commonly used are not listed, and common diagnoses or interventions are not clearly described. These gaps in the MBS, combined with a lack of clarity in some item descriptors, have led to inconsistent billing practices. For example, some clinicians 'unbundle' a procedure and claim separate items for each component of the procedure. This risks variation in clinician billing, increasing out-of-pocket costs for consumers and increasing the overall cost of the MBS. This variation in billing practices is particularly prevalent in elective hand and wrist surgery, which makes it difficult for consumers to compare across clinicians.

6.3 General principles and key recommendations

The Committee identified three principles to guide its review of items. These are listed below, along with the key recommendations that are relevant to each principle.

△ Aim to simplify the current schedule.

- The Committee recommended separating hand and wrist surgery into elective and trauma sections.
- The Committee recommended a structure that prevents elective items from being claimed with trauma items. However, it recognised that there are exceptions to this principle and in these situations items have been duplicated in both the elective and trauma sections.
- The Committee noted that it is important that clinicians have opportunities to identify instances where appropriate co-claiming between the elective and trauma sections has been inadvertently excluded. This should form part of the Taskforce’s ongoing review process.

△ Aim to restrict inappropriate co-claiming.

- Where possible, the Committee recommended changes to item descriptors in order to create complete medical services. Using the phrase ‘inclusive of, if performed,’ descriptors now specify the components included in a procedure in order to provide greater clarity to clinicians regarding how these items should be used, and to prevent inappropriate co-claiming.
- The Committee recommended rebating bone grafting (when clinically necessary and performed) using a separate item from a specific bone graft section (Recommendation 1). Although the Committee attempted to create complete medical services in most cases, the various situations in which bone grafting may be required meant that this was not possible without unduly increasing the number of items in the MBS. The Committee acknowledged that schedule fee adjustments may be required where bone grafting has been removed from existing items.
- The Committee noted that clinicians may occasionally claim items from other T8 (Surgical Operations) groups, namely reconstructive and microsurgical procedures and procedures performed in cases of trauma. Specific hand and wrist items have been created if hand surgeons are predominantly responsible for a procedure.

△ Aim to address possible and actual access gaps.

- The Committee recommended including provision for an assistant in most hand and wrist items to reflect the complexity of procedures. Hand and wrist surgery involves difficult anatomical dissection around nerves, vessels and tendons, often through relatively small incisions. In order to undertake safe and correct surgery, surgical assistance is required. Careful retraction by an assistant reduces risk to the patient and promotes better consumer outcomes. At present, many items do not allow for an assistant. For example, single-digit item 46348 (the primary procedure for flexor synovectomy) does not allow for an assistant, but an ‘Assist’ is included for two-digit item 46351. This distinction is not logical, given that these items cover the same procedure, just done once or twice.

6.4 Definitions

The Committee provided these definitions to promote appropriate use of the MBS. It recommended including these definitions in explanatory notes attached to relevant items.

- △ Ray: From the tip of the digit to proximal metacarpal base of that digit, including phalanges and metacarpal.

- △ Index ray: First web in Dupuytren contracture releases is considered part of the index ray.
- △ Flexor tendon: A tendon on the volar aspect of the digits, hand or wrist.
 - Treatment of only two flexors can be claimed per digit/ray.
 - The two slips of flexor digitorum superficialis (FDS) inserting to the middle phalanx are not to be claimed as two tendons and are to be billed as part of the single FDS tendon.
- △ Primary: Acute injury and first management of a pathology.
- △ Secondary: Delayed or subsequent to primary treatment, or occurring after normal expected relevant tissue healing time.
- △ Arterial graft: Harvesting of graft, inseting and anastomosis of both ends of graft.
- △ Nerve graft: Harvesting of graft, inseting and neurorrhaphy at both ends of graft.
- △ Tendon graft: Harvesting of graft, inseting and tensioning of graft and tendon weave/repair at both ends of graft.
- △ Transcarpal amputation: Includes the hand through the radiocarpal, midcarpal or carpometacarpal joints.
- △ Wrist joint: Includes radiocarpal, midcarpal and radioulnar joints, which are not to be billed independently.
- △ Z-plasty: Raising, transfer, inseting and suturing of both components (flaps) of the Z-plasty procedure.

6.5 Structure and co-claiming restrictions

- △ The Committee recommended introducing co-claiming restrictions between elective and trauma items, with specific exceptions for items that may be used in both elective and trauma contexts.
- △ The tables below identify groups of items and the co-claiming rules that should be applied to each.
- △ Items in the elective list cannot be co-claimed with items in the trauma list. Similarly, items in the trauma list cannot be co-claimed with items in the elective list.
- △ Items that can be used in either an elective or trauma context are listed in the third column. Co-claiming restrictions between the elective and trauma tables do not apply to these items. The descriptors for these items identify that these items as for 'elective or trauma'.
- △ The Committee has also clarified descriptors to reflect the distinction between elective and trauma procedures. For example, the term 'reconstruction' is used for a late secondary procedure and the phrase 'exploration and repair' refers to an acute traumatic condition. This is intended to ensure consistency in the use of 'reconstruction' for elective procedures and the use of 'repair' for traumatic procedures.
- △ The Committee has chosen not to apply any co-claiming rules to item 39333 (brachial plexus) or the microvascular surgery items 45500, 45501, 45502, 45503, 45504 and 45505 as these items may be used by surgeons from other subspecialties.

Table 51: Application of co-claiming rules to hand and wrist items

Elective		Trauma		Elective or trauma	
44328	Amputation hand, through forearm...	47024	Radioulnar joint, dislocation of, by closed reduction...	44325	Amputation hand, transcarpal
46464	Amputation supernumerary complete digit...	47027	Radioulnar joint, dislocation of, by open reduction...	46465	Amputation digit, 1...
50396	Amputation, congenital abnormalities...	47042	Interphalangeal or metacarpophalangeal joint, dislocation of, by closed reduction...	46468	Amputation digit, 2...
50399	Forearm, radial aplasia or dysplasia...	47045	Interphalangeal or metacarpophalangeal joint, dislocation of, by open reduction...	46471	Amputation digit, 3...
46399	Osteotomy phalanx or metacarpal...	47381	Radius or ulna, shaft of, fracture of, by closed reduction...	46474	Amputation digit, 4...
464XX	Phalanx or metacarpal, non-union...	47384	Radius or ulna, shaft of, fracture of, by open reduction...	46477	Amputation digit, 5...
464XY	Resection of metacarpal boss...	47385	Radius or ulna, shaft of, fracture of, with dislocation, by closed reduction...	46480	Amputation, ray...
463XX	Dupuytren contracture, percutaneous fasciotomy by needle or chemical method...	47387	Distal or shafts of radius and/or ulna, cast immobilisation...	46483	Amputation, revision of stump...
46372	Dupuytren contracture, fasciectomy for, by any incisions...	47390	Radius and ulna, shafts of, fracture of, by closed reduction...	46300	Interphalangeal joint or metacarpophalangeal joint, arthrodesis...
46375	Dupuytren contracture, fasciectomy for, by any incisions, 2...	47393	Radius and ulna, shafts of, fracture of, by open reduction...	46309	Interphalangeal joint or metacarpophalangeal joint arthroplasty, 1...
46378	Dupuytren contracture, fasciectomy for, by any incisions, 3 or more...	47348	Carpus (excluding scaphoid), fracture of, by cast immobilisation...	46312	Interphalangeal joint or metacarpophalangeal joint arthroplasty, 2...
46381	Interphalangeal joint release...	47354	Carpal scaphoid, fracture of by cast immobilisation only...	46315	Interphalangeal joint or metacarpophalangeal joint arthroplasty, 3...
46387	Dupuytren contracture, recurrence, 1...	47357	Carpal scaphoid, fracture of, by open reduction...	46318	Interphalangeal joint or metacarpophalangeal joint arthroplasty, 4...
46390	Dupuytren contracture, recurrence, 2...	47030	Carpus, or carpus on radius and ulna, or carpometacarpal joint, dislocation of, by closed reduction...	46321	Interphalangeal joint or metacarpophalangeal joint arthroplasty, 5...
46393	Dupuytren contracture, recurrence, 3 or more...	47033	Carpus, or carpus on radius and ulna, or carpometacarpal joint, dislocation of, by open reduction....	463AI	Interphalangeal joint or metacarpophalangeal joint - volar plate or soft tissue interposition arthroplasty...

Elective		Trauma		Elective or trauma	
46513	Nail of finger or thumb, removal of...	47351	Carpus (excluding scaphoid), treatment of fracture of, by open reduction and internal fixation...	46330	Interphalangeal or metacarpophalangeal joint, ligamentous or capsular repair or reconstruction...
46528	Nail, ingrowing of finger or thumb, wedge resection...	47301	Phalanx, middle or proximal, fracture of, by closed reduction...	46333	Interphalangeal or metacarpophalangeal joint, ligamentous or capsular repair or reconstruction with graft...
46531	Nail, ingrowing of finger or thumb, partial resection...	47304	Metacarpal, fracture of, by closed reduction...	39315	Nerve trunk, nerve graft to...
46534	Nail germinal matrix, complete ablation...	47307	Phalanx or metacarpal, fracture of, by closed reduction with percutaneous K wire fixation...	39318	Cutaneous nerve, nerve graft...
46489	Nail bed, secondary reconstruction of nail bed deformity...	47310	Phalanx or metacarpal, fracture of, by open reduction with internal fixation...	46408	Tendon reconstruction...
46495	Ganglion or mucous cyst of interphalangeal, metacarpophalangeal or carpometacarpal joint...	47313	Phalanx or metacarpal, intra articular fracture of, by closed reduction...	46411	Flexor tendon pulley reconstruction...
46498	Ganglion of flexor sheath, excision of...	47316	Phalanx or metacarpal, intra articular fracture of, by open reduction...	46414	Artificial tendon prosthesis...
46500	Ganglion of dorsal wrist joint, excision of...	47319	Middle phalanx, proximal end, intra articular fracture of, by open reduction with fixation...	46417	Tendon transfer...
46501	Ganglion of volar wrist joint, excision of...	46438	Mallet finger, closed pin fixation of...	46303	Carpometacarpal joint, arthrodesis of...
46502	Recurrent ganglion of dorsal wrist, excision of...	46441	Mallet finger, open reduction of...	463AH	Carpal bone replacement or resection arthroplasty...
46503	Recurrent ganglion of volar wrist...	46426	Flexor tendon, proximal to A1 pulley, primary repair of...	39321	Nerve, transposition of...
46519	Drainage of midpalmar, thenar or hypothenar spaces or dorsum of hand...	46432	Flexor tendon, distal to A1 pulley, primary repair of...	39300	Nerve, digital or cutaneous, primary repair...
46522	Flexor tendon sheath of finger or thumb, open operation for and drainage of infection...	46420	Extensor tendon, primary repair of...	39331	Carpal tunnel release...
46525	Pulp space infection...	39306	Nerve trunk, primary repair of...	393AB	Ulnar nerve decompression at elbow...
46336	Synovectomy of interphalangeal, metacarpophalangeal or carpometacarpal joint...	393CA	Nerve trunk, reconstruction of...	492AA	Soft tissue stabilisation of distal radioulnar joint...
463AC	Excision of rheumatoid nodules...	393CB	Nerve, digital or cutaneous, reconstruction of...	49200	Wrist, complete arthrodesis of...

Elective		Trauma		Elective or trauma	
46339	Synovectomy of digital flexor tendons at wrist level...	46486	Nail bed, accurate repair of acute nail bed laceration...	49203	Wrist, partial arthrodesis of...
463AD	Synovectomy of digital extensor tendons at wrist level...	46486	Nail bed, accurate repair of acute nail bed laceration...	49215	Wrist, open reconstruction of single or multiple ligaments or capsules...
463AE	Synovectomy of wrist flexor or extensor tendons, one or more compartments...			49221	Wrist, arthroscopic surgery of...
463AF	Synovectomy of wrist flexor or extensor tendons, one or more compartments...			49227	Wrist or distal radioulnar joint, arthroscopic pinning of osteochondral fragment...
46348	Flexor tenosynovectomy, distal to lumbrical origin, 1...				
46351	Flexor tenosynovectomy, distal to lumbrical origin, 2...				
46351	Flexor tenosynovectomy, distal to lumbrical origin, 3...				
46357	Flexor tenosynovectomy, distal to lumbrical origin, 4...				
46360	Flexor tenosynovectomy, distal to lumbrical origin, 5...				
463AG	Digital sympathectomy...				
463AJ	Interphalangeal joint or metacarpophalangeal joint, revision procedure, prosthetic replacement arthroplasty ...				
46444	Boutonniere deformity, reconstruction of...				
46492	Contracture of joint of hand, flexor or extensor...				
393AA	Ulnar nerve decompression at elbow or wrist...				
393AD	Radial, median, ulnar nerve or branches of, decompression in the forearm...				
393AE	Carpal tunnel release revision...				
393AF	Ulnar nerve decompression at elbow...				

Elective		Trauma		Elective or trauma	
39303	Delayed repair of cutaneous and digital nerve...				
39309	Nerve trunk, delayed repair of...				
39312	Nerve trunk, internal (interfascicular), neurolysis of...				
39324	Neurectomy or removal of tumour or neuroma from superficial peripheral nerve....				
39327	Neurectomy, neurotomy or removal of tumour from deep peripheral or cranial nerve....				
393AG	Neurectomy, neurotomy or removal of tumour from deep peripheral nerve, upper limb surgery...				
393AH	Neurolysis of radial, median or ulnar nerve trunk nerve in the forearm or arm....				
46504	Neurovascular island flap...				
46507	Digit or ray, transposition or transfer of...				
46510	Macrodactyly, surgical reduction of enlarged elements...				
46363	Trigger finger release for stenosing tenosynovitis...				
463AK	De Quervain's release....				
46423	Delayed extensor tendon repair...				
464AA	Delayed flexor tendon repair...				
46450	Extensor tendon, tenolysis...				
46453	Flexor tendon tenolysis...				
46456	Finger, percutaneous tenotomy of...				
46342	Distal radioulnar joint or carpometacarpal joint or joints, synovectomy of...				
492XX	Sauve-Kapandji procedure...				
46345	Distal radioulnar joint, resection arthroplasty...				

Elective		Trauma		Elective or trauma	
49209	Wrist or radioulnar joint, total replacement arthroplasty of...				
49210	Wrist, total replacement arthroplasty of, revision procedure...				
49206	Wrist, proximal row carpectomy...				
49212	Wrist or distal radioulnar joint, arthrotomy, for infection...				
49218	Wrist, diagnostic arthroscopy of...				
49224	Wrist, arthroscopic osteoplasty...				
492AB	Small joint, carpometacarpal of thumb or joint of digit, diagnostic arthroscopy of...				
492AC	Small joint, carpometacarpal of thumb or joint of digit, arthroscopic procedure...				
492AD	Excision of pisiform...				

Table 52: Items for which no co-claiming rules are recommended

No co-claiming rules recommended	
45500	Microvascular repair using microsurgical techniques, with restoration of continuity of artery or vein of distal extremity or digit (Anaes.) (Assist.)
45501	Microvascular anastomosis of artery, for re-implantation of limb or digit...
45502	Microvascular anastomosis of vein, for re-implantation of limb or digit...
45503	Micro-arterial or micro-venous graft...
45504	Microvascular anastomosis of artery, for free transfer of tissue...
45505	Microvascular anastomosis of vein, for free transfer of tissue...
39333	Brachial plexus...

Items discussed in other sections of the Orthopaedics Clinical Committee Report (that is, items listed outside of the hand and wrist surgery section), are similarly unaffected by co-claiming restrictions for hand and wrist items.

6.6 Elective section

6.6.1 Amputation items

Table 53: Item introduction table for items 44325, 44328, 46464, 46465, 46468, 46471, 47474, 46477, 46480, 46483, 50396 and 50399

Item	Descriptor	Schedule fee	Volume of services FY2014/15	Total benefits FY2014/15	Services 5-year-average annual growth
44325	Hand, midcarpal or transmetacarpal, amputation of. (Anaes.) (Assist.)	\$296	5	\$1,061	-16%
44328	Hand, forearm or through arm, amputation of. (Anaes.) (Assist.)	\$356	5	\$1,210	38%
46464	Amputation of a supernumerary complete digit. (Anaes.)	\$226	74	\$9,479	5%
46465	Amputation of single digit, proximal to nail bed, involving section of bone or joint and requiring soft tissue cover. (Anaes.)	\$226	222	\$28,427	1%
46468	Amputation of 2 digits, proximal to nail bed, involving section of bone or joint and requiring soft tissue cover. (Anaes.) (Assist.)	\$395	20	\$5,332	11%
46471	Amputation of 3 digits, proximal to nail bed, involving section of bone or joint and requiring soft tissue cover. (Anaes.) (Assist.)	\$564	8	\$3,461	22%
46474	Amputation of 4 digits, proximal to nail bed, involving section of bone or joint and requiring soft tissue cover. (Anaes.) (Assist.)	\$733	1	\$550	0%
46477	Amputation of 5 digits, proximal to nail bed, involving section of bone or joint and requiring soft tissue cover. (Anaes.) (Assist.)	\$903	1	\$677	-
46480	Amputation of single digit, proximal to nail bed, involving section of bone or joint and requiring soft tissue cover, including metacarpal. (Anaes.) (Assist.)	\$376	61	\$13,992	6%
46483	Revision of amputation stump to provide adequate soft tissue cover. (Anaes.) (Assist.)	\$301	74	\$13,244	1%
50396	Hand, congenital abnormalities or duplication of digits, amputation or splitting of phalanx or phalanges, with ligament or joint reconstruction. (Anaes.) (Assist.)	\$465	39	\$6,969	-6%
50399	Forearm, radial aplasia or dysplasia (radial club hand), centralisation or radialisation of. (Anaes.) (Assist.)	\$922	-	-	-100%

Recommendation 50

- △ Item 44325: Change the descriptor.
 - Clarify the descriptor by replacing ‘midcarpal or transmetacarpal’ with ‘transcarpal.’
 - This item can be used in both elective and trauma contexts (Section 6.7.3)
 - The proposed item descriptor is as follows:
 - Amputation of hand, transcarpal, elective or trauma. (Anaes.) (Assist.)
- △ Item 44328: Change the descriptor.

- Clarify the descriptor by removing the reference to the arm and including the phrase ‘proximal to wrist.’
- The proposed item descriptor is as follows:
 - Amputation of hand, proximal to wrist, through forearm. (Anaes.) (Assist.)
- △ Item 46464: Change the descriptor.
 - Specify that the item allows for a surgical assistant by adding the term ‘(Assist.).’
 - The proposed item descriptor is as follows:
 - Amputation of a supernumerary complete digit. (Anaes.) (Assist.)
- △ Items 46465, 46468, 46471, 46474 and 46477: Change the descriptors.
 - Specify that the items allow for a surgical assistant by adding the term ‘(Assist.)’ to item 46465 (amputation of a single digit).
 - Clarify the descriptors by changing ‘proximal to nail bed’ to ‘distal to metacarpal head.’
 - Specify that resection of bone, neuroma and skin cover with local flaps is included, if performed.
 - These items can be used in both elective and trauma contexts (Section 6.7.3).
 - The proposed item descriptors are as follows:
 - Item 46465: Amputation digit, distal to metacarpal head. Inclusive of, if performed: resection of bone, neuroma and skin cover with local flaps, 1 ray, elective or trauma. (Anaes.) (Assist.)
 - Item 46468: Amputation digit, distal to metacarpal head. Inclusive of, if performed: resection of bone, neuroma and skin cover with local flaps, 2 rays, elective or trauma. (Anaes.) (Assist.)
 - Item 46471: Amputation digit, distal to metacarpal head. Inclusive of, if performed: resection of bone, neuroma and skin cover with local flaps, 3 rays, elective or trauma. (Anaes.) (Assist.)
 - Item 46474: Amputation digit, distal to metacarpal head. Inclusive of, if performed: resection of bone, neuroma and skin cover with local flaps, 4 rays, elective or trauma. (Anaes.) (Assist.)
 - Item 46477: Amputation digit, distal to metacarpal head. Inclusive of, if performed: resection of bone, neuroma and skin cover with local flaps, 5 rays, elective or trauma. (Anaes.) (Assist.)
- △ Item 46480: Change the descriptor.
 - Clarify the descriptor by removing ‘single digit’ and adding ‘ray of hand.’
 - Remove ‘involving section of bone or joint and requiring soft tissue cover, including metacarpal.’
 - Specify that resection of bone, neuroma and skin cover with local or homodigital flaps is included, if performed.
 - This item can be used in both elective and trauma contexts (Section 6.7.3)
 - The proposed item descriptor is as follows:

- Amputation, ray of hand. Inclusive of, if performed: resection of bone, neuromas and skin cover or recontouring with local flaps, per ray, elective or trauma. (Anaes.) (Assist.)
- △ Item 46483: Change the descriptor.
 - Clarify that bone shortening, excision of a neuroma and removal of nail bed remnants are included, if performed.
 - This item can be used in both elective and trauma contexts (Section 6.7.3)
 - The proposed item descriptor is as follows:
 - Amputation, revision of stump to provide adequate cover, inclusive of, if performed: bone shortening, excision of neuroma, and nail bed remnants, elective or trauma. (Anaes.) (Assist.)
- △ Item 50396: Change the descriptor.
 - Clarify the descriptor by removing the word ‘phalanx’ and adding ‘hand or foot’.
 - Relocate this item from the Limb Lengthening and Deformity Correction subgroup to the Hand and Wrist subgroup.
 - The proposed item descriptor is as follows:
 - Amputation of congenital abnormalities or duplication of digits (hand or foot), inclusive of, if performed: splitting of phalanges, ligament or joint reconstruction. (Anaes.) (Assist.)
- △ Item 50399: No change to the item descriptor.
 - Relocate this item from the Limb Lengthening and Deformity Correction subgroup to the Hand and Wrist subgroup.

Rationale

This recommendation focuses on modernising the MBS and ensuring that MBS items provide rebates for high-value services. It is based on the following.

- △ Item 44325 and 44328:
 - Changes to this item better describe the anatomical location of the amputation.
- △ Item 46464:
 - Surgical assistance is required to undertake safe and accurate surgery in the difficult anatomical region of the hand. This surgery is mostly performed in children or infants, who have very small anatomical structures. Careful retraction by an assistant reduces risk to the patient and supports better outcomes.
- △ Item 46465, 46468, 46471, 46474 and 46477:
 - Changes to these descriptors better reflect the complexity of contemporary clinical practice and allow for a surgical assistant. To undertake safe and accurate surgery in the difficult anatomical region of the hand, surgical assistance is required. Careful retraction by an assistant reduces risk to the patient and promotes better outcomes.
- △ Items 46480 and 46483:
 - Changes to these items clarify what is considered an inherent part of the surgery. This makes it easier for clinicians to determine which items to use.
- △ Item 50396:

- The relocation of this item modernises the MBS.
- The changes to the descriptor more accurately reflect the procedure and clarify that this item can also be used by foot surgeons.

△ Item 50399:

- The relocation of this item modernises the MBS.
- The Committee did not identify any concerns regarding safety, access, value or contemporary best practice that required a change to the descriptor for item 50399.

6.6.2 Bone procedures

Table 54: Item introduction table for items 46396, 46399, 46402 and 46405

Item	Descriptor	Schedule fee	Volume of services FY2014/15	Total benefits FY2014/15	Services 5-year-average annual growth
46396	Phalanx or metacarpal of the hand, osteotomy or osteectomy of, and excluding services to which item 47933 or 47936 apply. (Anaes.) (Assist.)	\$330	918	\$138,952	14%
46399	Phalanx or metacarpal of the hand, osteotomy of, with internal fixation. (Anaes.) (Assist.)	\$518	277	\$92,262	0%
46402	Phalanx or metacarpal, bone grafting of, for pseudarthrosis (non-union), including obtaining of graft material. (Anaes.) (Assist.)	\$518	8	\$2,609	-4%
46405	Phalanx or metacarpal, bone grafting of, for pseudarthrosis (non-union), involving internal fixation and including obtaining of graft material. (Anaes.) (Assist.)	\$632	33	\$15,094	2%

Recommendation 51

△ Item 46396: Consolidate with item 46399.

△ Item 46399: Change the descriptor.

- Clarify the descriptor by adding the term ‘per bone.’
- The proposed item descriptor is as follows:
 - Osteotomy of, phalanx or metacarpal of the hand, with internal fixation, per bone. (Anaes.) (Assist.)

△ Items 46402 and 46405: Consolidate items under single item 464XX.

- Remove the reference to bone grafting.
- The intention of the Committee is that item 464XX can be co-claimed with the bone graft section.
- The proposed item descriptor is as follows:
 - Item 464XX: Phalanx or metacarpal, operative treatment of non-union, requiring internal fixation. (Anaes.) (Assist.)

△ Create a **new item** for resection of metacarpal boss.

- The Committee recommended a schedule fee that is comparable to item 46396 (osteotomy of phalanx).
- The proposed item descriptor is as follows:
 - Item 464XY: Resection of metacarpal boss. Inclusive of, if performed: excision of associated ganglion and synovectomy if required. (Anaes.) (Assist.)

Rationale

This recommendation focuses on modernising the MBS and ensuring that MBS items provide rebates for high-value services. It is based on the following.

△ Item 46396:

- Item 46396 is not required as osteotomy of the phalanx and metacarpal requires internal fixation and would be covered under item 46399 (osteotomy with internal fixation). Previous services provided under this item were likely osteotomies which will no longer receive separate MBS rebates.

△ Item 46399:

- Adding the term ‘per bone’ to the descriptor clarifies the appropriate use of this item.

△ Items 46402 and 46405:

- These items have been consolidated under **new item** 464XX because they cover similar surgical methods that result in the same clinical outcome. This reduces the number of items in the MBS and simplifies the schedule.
- The references to bone grafting have been removed from the descriptor for item 464XX because it can be used in combination with the bone graft section, which better accounts for the range of complexity associated with bone grafting. The Committee noted that removing the reference to bone grafting in the primary item may necessitate a change to the schedule fee. Removing the reference to bone grafting is only recommended if the proposed bone graft items are adopted. If they are not adopted, the Committee recommended leaving the reference to bone graft in the item descriptor for 464XX.

△ **New item** for resection of metacarpal boss:

- There is currently no specific MBS item for surgical resection of a metacarpal boss. A metacarpal boss (or more accurately carpometacarpal boss) is a bony exostosis and associated ganglion occurring as a result of degenerative or developmental changes in the carpometacarpal joint of the hand, usually in the second or third carpometacarpal joint. It is a painful condition and requires resection of part of the joint and the exostosis. The Committee agreed that it is likely that clinicians most often claim item 46396 (osteotomy) as the primary item for this surgery, which is recommended for deletion. It is also highly probable that clinicians claim multiple item numbers when performing this surgery, leading to inconsistent claiming. The **new item** reflects a complete medical service and addresses a potential gap created by the deletion of item 46396.
- This surgery includes removal of associated ganglion, small osteotomy to remove boss and closure of the incision. It is similar to performing an osteotomy of the phalanx (item 46396) in terms of complexity. For this reason, the Committee recommended a schedule fee similar to item 46396.

6.6.3 Dupuytren disease

Table 55: Item introduction table for items 46366, 46369, 46372, 46375, 46378, 46381, 46384, 46387, 46390 and 46393

Item	Descriptor	Schedule fee	Volume of services FY2014/15	Total benefits FY2014/15	Services 5-year-average annual growth
46366	Dupuytren's contracture, subcutaneous fasciotomy for - each hand (Anaes.)	\$128	679	\$120,330	13%
46369	Dupuytren's contracture, palmar fasciectomy for - 1 hand (Anaes.)	\$211	578	\$43,123	8%
46372	Dupuytren's contracture, fasciectomy for, from 1 ray, including dissection of nerves - 1 hand. (Anaes.) (Assist.)	\$428	1813	\$539,632	2%
46375	Dupuytren's contracture, fasciectomy for, from 2 rays, including dissection of nerves - 1 hand. (Anaes.) (Assist.)	\$508	1182	\$427,626	3%
46378	Dupuytren's contracture, fasciectomy for, from 3 or more rays, including dissection of nerves - 1 hand. (Anaes.) (Assist.)	\$677	574	\$277,669	0%
46381	Inter-phalangeal joint, joint capsule release when performed in conjunction with operation for Dupuytren's contracture - each procedure. (Anaes.) (Assist.)	\$301	1315	\$137,344	4%
46384	Z plasty (or similar local flap procedure) when performed in conjunction with operation for Dupuytren's contracture - 1 such procedure. (Anaes.) (Assist.)	\$301	7597	\$567,951	1%
46387	Dupuytren's contracture, fasciectomy for, from 1 ray, including dissection of nerves - operation for recurrence in that ray. (Anaes.) (Assist.)	\$621	315	\$138,627	4%
46390	Dupuytren's contracture, fasciectomy for, from 2 rays, including dissection of nerves - operation for recurrence in those rays. (Anaes.) (Assist.)	\$828	160	\$93,525	3%
46393	Dupuytren's contracture, fasciectomy for, from 3 or more rays, including dissection of nerves - operation for recurrence in those rays. (Anaes.) (Assist.)	\$959	113	\$80,427	0%

Recommendation 52

- △ Items 46366 and 46369: Consolidate services under single item 463XX.
- Specify that this surgery can be performed ‘by needle or chemical method.’
 - Clarify that the descriptor includes immediate or delayed manipulation and local or regional nerve block, if performed.
 - Clarify the descriptor by changing ‘each hand’ to ‘per ray.’
 - The proposed item descriptor is as follows:
 - Item 463XX: Dupuytren contracture, percutaneous fasciotomy by needle or chemical method, inclusive of, if performed: immediate or delayed manipulation, local or regional nerve block, per ray. (Anaes.)

- △ Items 46372, 46375 and 46378: Change the descriptors and add two **new items** for four and five rays.
 - Clarify the descriptors by adding ‘by any incisions’.
 - Specify that the descriptor includes dissection of nerves.
 - The proposed item descriptors are follows:
 - Item 46372: Dupuytren contracture, fasciectomy for, inclusive of, if performed, dissection of nerves, 1 ray. (Anaes.) (Assist.)
 - Item 46375: Dupuytren contracture, fasciectomy for. Inclusive of, if performed, dissection of nerves, 2 rays. (Anaes.) (Assist.)
 - Item 46378: Dupuytren contracture, fasciectomy for. Inclusive of, if performed, dissection of nerves, 3 rays. (Anaes.) (Assist.)
 - Item 4637A: Dupuytren contracture, fasciectomy for. Inclusive of, if performed, dissection of nerves, 4 rays. (Anaes.) (Assist.)
 - Item 4637B: Dupuytren contracture, fasciectomy for. Inclusive of, if performed, dissection of nerves, 5 rays. (Anaes.) (Assist.)
- △ Item 46381: Change the descriptor.
 - Remove the reference to ‘capsule release.’
 - Add the words ‘each joint.’
 - The proposed item descriptor is as follows:
 - Interphalangeal joint release, open procedure, when performed in conjunction with operation for Dupuytren contracture - each joint. (Anaes.) (Assist.)
- △ Item 46384: no change.
- △ Items 46387, 46390 and 46393: Change the descriptors and add two **new items** for four and five rays.
 - Specify that the descriptors include dissection of nerves, and neurolysis.
 - The proposed item descriptors are as follows:
 - Item 46387: Dupuytren contracture, fasciectomy for, operation for recurrence in that ray. Inclusive of, if performed: dissection of nerves, and neurolysis, 1 ray. (Anaes.) (Assist.)
 - Item 46390: Dupuytren contracture, fasciectomy for, operation for recurrence in that ray. Inclusive of, if performed: dissection of nerves, and neurolysis, 2 rays. (Anaes.) (Assist.)
 - Item 46393: Dupuytren contracture, fasciectomy for, operation for recurrence in that ray. Inclusive of, if performed: dissection of nerves, and neurolysis, 3 rays. (Anaes.) (Assist.)
 - Item 4639A: Dupuytren contracture, fasciectomy for, operation for recurrence in that ray. Inclusive of, if performed: dissection of nerves, and neurolysis, 4 rays. (Anaes.) (Assist.)
 - Item 4639B: Dupuytren contracture, fasciectomy for, operation for recurrence in that ray. Inclusive of, if performed: dissection of nerves, and neurolysis, 5 rays. (Anaes.) (Assist.)

Rationale

This recommendation focuses on modernising the MBS and ensuring that MBS items accurately describe contemporary surgical practice. It is based on the following.

- △ Consolidating items 46366 and 46369 into **new item** 463XX:
 - This change reflects current surgical practice by removing the distinction between subcutaneous and palmar fasciotomy.
 - The Committee noted that although using collagenase injections for treatment of Dupuytren disease has been standard practice for approximately 10 years, collagenase is not currently listed on the PBS and the procedure will require MSAC approval. Like other injections, the service has been considered part of a consultation. The Committee recommended that an application be submitted to MSAC, noting that a sponsor is required to submit the application.
 -
- △ Items 46372, 46375, 46378, 4637A and 4637B:
 - Changes to these item descriptors provide a more accurate and complete description of the surgery performed. This makes it easier for clinicians to determine which items to use.
 - Items for four and five rays are required for consistency across the MBS and to appropriately reimburse procedures across multiple digits, which can be regarded as separate operations.
- △ Item 46381:
 - Changes to this item descriptor better reflect contemporary clinical practice.
 - The Committee has chosen to retain this item rather than incorporate it into the Dupuytren items because joint release is not an inherent part of fasciectomy to treat Dupuytren contracture. For example, in FY2014-15 item 46381 was claimed in 20 per cent of episodes involving item 46372 (fasciectomy for Dupuytren contracture, 1 ray). When required, joint release adds complexity to the surgery and increases the duration of post-operative follow-up. For this reason, it cannot be combined as a complete medical service and should remain a separate item.
- △ Item 46384:
 - The Committee considered incorporating Z plasties into Dupuytren items but ultimately did not identify any concerns regarding safety, access, value or contemporary best practice that required a change to item 46384.
 - The Committee has defined the term ‘Z plasty’ for greater clarity (see Definitions section).
- △ Items 46387, 46390, 46393, 4639A and 4639B:
 - Changes to these item descriptors provide more accurate and complete descriptions of the surgery performed. This makes it easier for clinicians to determine which items to use.
 - Items for four and five rays are required for consistency across the MBS and to appropriately reimburse procedures across multiple digits, which can be regarded as separate operations.

6.6.4 *Fingernail procedures*

Table 56: Item introduction table for items 46513, 46516, 46528, 46531, 46534 and 46489

Item	Descriptor	Schedule fee	Volume of services FY2014/15	Total benefits FY2014/15	Services 5-year-average annual growth
46513	Digital nail of finger or thumb, removal of, not being a service to which item 46516 applies. (Anaes.)	\$57	2557	\$120,501	0%
46516	Digital nail of finger or thumb, removal of, in the operating theatre of a hospital. (Anaes.)	\$113	917	\$31,432	12%

Item	Descriptor	Schedule fee	Volume of services FY2014/15	Total benefits FY2014/15	Services 5-year-average annual growth
46528	Ingrowing nail of finger or thumb, wedge resection for, including removal of segment of nail, unguis fold and portion of the nail bed. (Anaes.)	\$170	969	\$133,995	-3%
46531	Ingrowing nail of finger or thumb, partial resection of nail, including phenolisation but not including excision of nail bed. (Anaes.)	\$85	371	\$26,054	-1%
46534	Nail plate injury or deformity, radical excision of nail germinal matrix. (Anaes.)	\$236	234	\$31,159	3%
46489	Nail bed, secondary exploration and accurate repair of nail bed deformity using magnification, undertaken in the operating theatre of a hospital. (Anaes.) (Assist.)	\$263	123	\$15,517	4%

Recommendation 53

- △ Items 46513 and 46516: Consolidate items under item 46513 and change the descriptor for item 46513 to reflect this.
 - Remove the word ‘digital’ and the reference to item 46516.
 - Clarify that this item can be claimed in either an in-patient or outpatient setting.
 - The proposed item descriptor is as follows:
 - Nail of finger or thumb, removal of. (Anaes.)
- △ Item 46528: Change the descriptor.
 - Specify that the removal of the segment of nail and unguis fold, and excision and partial ablation of the germinal matrix are mandatory components of the procedure. Phenolisation, if performed, is a part of the procedure and a separate item cannot be claimed.
 - The proposed item descriptor is as follows:
 - Nail, ingrowing of finger or thumb, wedge resection for, including and requiring removal of segment of nail, unguis fold, excision and partial ablation of germinal matrix, and including, if performed, phenolisation. (Anaes.)
- △ Item 46531: Change the descriptor.
 - Remove the phrase ‘not including excision of nail bed.’
 - Clarify that phenolisation is a mandatory component of the procedure.
 - The proposed item descriptor is as follows:
 - Nail, ingrowing of finger or thumb, partial resection of nail, including and requiring phenolisation. (Anaes.)
- △ Item 46534: Change the descriptor.
 - Clarify the descriptor by replacing the phrase ‘radical excision’ with ‘complete ablation.’
 - Remove the words ‘plate injury or deformity.’
 - Specify that this surgery must be performed in the operating theatre of a hospital.
 - Specify that the surgery includes a surgical assistant by adding the term ‘(Assist.)’
 - The proposed item descriptor is as follows:

- Nail germinal matrix, complete ablation of, performed in the operating theatre of a hospital. (Anaes.) (Assist.)

△ Item 46489: Change the descriptor.

- Clarify the descriptor by replacing ‘exploration and accurate repair’ with ‘reconstruction.’
- Specify that this surgery must be performed in the operating theatre of a hospital.
- Specify that the item includes removal of the nail, if performed.
- Introduce a co-claiming restriction with item 46513 (removal of nail of the finger or thumb).
- The proposed item descriptor is as follows:
 - Nail bed, secondary reconstruction of nail bed deformity using magnification, undertaken in the operating theatre of a hospital, inclusive of, if performed, removal of nail, not to be claimed with item 46513. (Anaes.) (Assist.)
- Create an explanatory note to define ‘reconstruction’.
- The proposed explanatory note is as follows:
 - *‘Reconstruction’ refers to a late secondary procedure.*

Rationale

This recommendation focuses on modernising the MBS and ensuring that MBS items provide rebates for high-value services. It is based on the following.

△ Item 46513 and item 46516:

- Item 46516 is a minor procedure that can be claimed under item 46513. Changes to the item descriptor for item 46513 account for this deletion and provide a more accurate and complete description of the surgery performed.

△ Item 46528:

- Changes to this item descriptor provide a more accurate and complete description of the procedure (covering all the steps of a routine surgery) that better reflects contemporary clinical practice.
- Including the phrase ‘inclusive of, if performed,’ clarifies that removal of the segment of nail, unguis fold and portion of the nail bed are components of the procedure and should not be claimed separately.

△ Item 46531:

- The changes to this descriptor provide a more accurate and complete description of the procedure (covering all the steps of a routine surgery) that better reflects contemporary clinical practice. Phenolisation is required as a part of this item to reduce the chance of the nail regrowing and provide good postoperative analgesia.

△ Item 46534:

- The changes to this descriptor provide a more accurate and complete description of the procedure (covering all the steps of a routine surgery) that better reflects contemporary clinical practice.
- The proposed descriptor better reflects the complexity of contemporary clinical practice and allows for a surgical assistant. To undertake safe and correct surgery in the difficult

anatomical region of the hand, surgical assistance is required. Careful retraction by an assistant reduces risk to the patient and promotes better outcomes.

△ Item 46489:

- Changes to this descriptor clarify that this is an elective procedure. In this circumstance, the term ‘reconstruction’ is used for a late secondary procedure and the phrase ‘exploration and repair’ refers to an acute traumatic condition. This recommended change to the wording is intended to ensure consistency in the use of ‘reconstruction’ for elective procedures and the use of ‘repair’ for traumatic procedures.
- The proposed descriptor specifies what is included in the procedure and prevents potentially inappropriate co-claiming. In FY2014–15, item 46489 was co-claimed with item 46516 (removal of nail of finger or thumb), in 30 per cent of episodes.^{xl} This is an inherent part of item 46489 and should not be co-claimed. The co-claiming restriction has been applied to item 46513 to reflect the consolidation of item 46516 into item 46513.

6.6.5 Ganglion procedures

Table 57: Item introduction table for items 46494, 46495, 46498, 46500, 46501, 46502 and 46503

Item	Descriptor	Schedule fee	Volume of services FY2014/15	Total benefits FY2014/15	Services 5-year-average annual growth
46494	Ganglion of hand, excision of, not being a service associated with a service to which another item in this Group applies. (Anaes.)	\$220	372	\$56,200	2%
46495	Ganglion or mucous cyst of distal digit, excision of, not being a service associated with a service to which item 30106 or 30107 applies. (Anaes.)	\$203	2237	\$215,527	3%
46498	Ganglion of flexor tendon sheath, excision of, not being a service associated with a service to which item 30106 or 30107 applies. (Anaes.)	\$220	644	\$88,380	1%
46500	Ganglion of dorsal wrist joint, excision of, not being a service associated with a service to which item 30106 or 30107 applies. (Anaes.) (Assist.)	\$263	1183	\$194,877	-1%
46501	Ganglion of volar wrist joint, excision of, not being a service associated with a service to which item 30106 or 30107 applies. (Anaes.) (Assist.)	\$329	860	\$182,013	2%
46502	Recurrent ganglion of dorsal wrist joint, excision of, not being a service associated with a service to which item 30106 or 30107 applies. (Anaes.) (Assist.)	\$303	124	\$24,592	3%
46503	Recurrent ganglion of volar wrist joint, excision of, not being a service associated with a service to which item 30106 or 30107 applies. (Anaes.) (Assist.)	\$378	67	\$17,327	-4%

Recommendation 54

△ Items 46494 and 46495: Consolidate items and change the descriptor for item 46495.

- Specify that the surgery allows a surgical assistant by adding the term ‘(Assist.),’ and that it requires ‘complete excision’ and must be performed in the operating theatre of a hospital.
- In addition to items 30106 and 30107, the intention of the Committee is that this item should not be co-claimed with items 46336 or 46396.

- Clarify the descriptor by changing ‘distal digit’ to ‘interphalangeal, metacarpophalangeal or carpometacarpal joint.’
 - Specify that arthrotomy, synovectomy, osteophyte resections and skin closure by any local method are included in this item, if performed.
 - The proposed item descriptor is as follows:
 - Ganglion or mucous cyst of interphalangeal, metacarpophalangeal or carpometacarpal joint, complete excision of, performed in operating theatre of a hospital. Inclusive of, if performed: arthrotomy, synovectomy, osteophyte resections and skin closure by any method. Per joint. Not being a service associated with a service to which item 30106, 30107, 46336 or 46396 applies. (Anaes.) (Assist.)
- △ Item 46498: Change the descriptor.
- Specify that the surgery includes a surgical assistant by adding the term ‘(Assist.),’ and that it includes flexor tenosynovectomy, sheath excision, and skin closure by any method.
 - In addition to items 30106 and 30107, the intention of the Committee is that this item should not be co-claimed with item 46363.
 - The proposed item descriptor is as follows:
 - Ganglion of flexor sheath, excision of. Inclusive of, if performed: flexor tenosynovectomy, sheath excision, and skin closure by any method. Not being a service associated with a service to which item 30106, 30107 or 46363 applies. (Anaes.) (Assist.)
- △ Item 46500: Change the descriptor.
- Specify that the procedure includes wrist joint arthrotomy, synovectomy and any capsular/ligament repair, if performed.
 - The proposed item descriptor is as follows:
 - Ganglion of dorsal wrist joint, excision of. Inclusive of, if performed: wrist joint arthrotomy, synovectomy and any capsular/ligament repair. Not being a service associated with a service to which item 30106 or 30107 applies. (Anaes.) (Assist.)
- △ Item 46501: Change the descriptor.
- Specify that the procedure includes wrist joint arthrotomy, synovectomy and any capsular/ligament repair, if performed.
 - In addition to items 30106 and 30107, the intention of the Committee is that this item cannot be claimed with item 46325 (carpal bone replacement or resection arthroplasty).
 - The proposed item descriptor is as follows:
 - Ganglion of volar wrist joint, excision of. Inclusive of, if performed: wrist joint arthrotomy, synovectomy and any capsular/ligament repair. Not being a service associated with a service to which item 30106, 30107 or 46325 applies. (Anaes.) (Assist.)
- △ Item 46502: Change the descriptor.
- Specify that the procedure includes wrist joint arthrotomy, synovectomy and any capsular/ligament repair, if performed.
 - The Committee recommended a schedule fee that is 150 per cent of the schedule fee for item 46500 in order to account for the increased difficulty of repeat surgery.
 - The proposed item descriptor is as follows:

- Recurrent ganglion of dorsal wrist, excision of. Inclusive of, if performed: wrist joint arthrotomy, synovectomy and any capsular/ligament repair. (Anaes.) (Assist.)

△ Item 46503: Change the descriptor.

- Specify that the procedure includes wrist joint arthrotomy, synovectomy and any capsular/ligament repair, if performed.
- The proposed item descriptor is as follows:
 - Recurrent ganglion of volar wrist. Inclusive of, if performed: wrist joint arthrotomy, synovectomy and any capsular/ligament repair, not being a service associated with a service to which item 30106 or 30107 applies. (Anaes.) (Assist.)

Rationale

This recommendation focuses on modernising the MBS and ensuring that MBS items provide rebates for high-value care. It is based on the following.

△ Item 46494:

- This item is recommended for deletion because it is not an independent procedure and can be claimed under item 46395.
- It is expected that all of the service volume from item 46494 will be covered by item 46395.

△ Items 46494 and 46495:

- The items should be consolidated to simplify the MBS. Services previously billed under item 46494 will be covered by item 46395.
- Changing the item descriptor to specify the anatomical location provides greater clarity to clinicians regarding how the item should be used.
- Allowing for a surgical assistant supports improved patient outcomes. Surgical assistance is required to undertake safe and correct surgery in the difficult anatomical region of the hand. Careful retraction by an assistant reduces risk to the patient.
- The proposed descriptor specifies what is included in the procedure, which is intended to prevent inappropriate co-claiming. In FY2014–15, item 46495 was co-claimed with item 46336 (synovectomy) in 14 per cent of episodes and item 46396 (osteotomy) in 11 per cent of episodes.^{xii} These items are inherent parts of item 46495 and should not be co-claimed.

△ Items 46498:

- Changes to these items reflect the complexity of contemporary clinical practice. Including co-claiming restrictions also provides greater clarity to clinicians regarding how the items should be used.
- Allowing for a surgical assistant supports improved patient outcomes. Surgical assistance is required to undertake safe and correct surgery in the difficult anatomical region of the hand. Careful retraction by an assistant reduces risk to the patient.

△ Item 46500:

- Changes to this descriptor provide a more accurate and complete description of the procedure, covering all the steps of a routine surgery.

△ Items 46501, 46502 and 46503:

- Changes to the descriptors clarify inclusions and remove co-claiming restrictions. As a result, the descriptors provide more accurate and complete descriptions of the procedures (covering all the steps of a routine surgery) that better reflect contemporary clinical practice.

6.6.6 Infections

Table 58: Item introduction table for items 46459, 46462, 46519, 46522 and 46525

Item	Descriptor	Schedule fee	Volume of services FY2014/15	Total benefits FY2014/15	Services 5-year-average annual growth
46459	Operation for osteomyelitis on distal phalanx. (Anaes.)	\$188	26	\$2,757	8%
46462	Operation for osteomyelitis on middle or proximal phalanx, metacarpal or carpus. (Anaes.) (Assist.)	\$301	23	\$3,440	-5%
46519	Middle palmar, thenar or hypothenar spaces of hand, drainage of. (excluding aftercare) (Anaes.)	\$141	18	\$1,087	1%
46522	Flexor tendon sheath of finger or thumb - open operation and drainage for infection. (Anaes.) (Assist.)	\$421	368	\$105,141	13%
46525	Pulp space infection, paronychia of hand, incision for, when performed in an operating theatre of a hospital, not being a service to which another item in this Group applies. (excluding after-care) (Anaes.)	\$57	510	\$24,129	-5%

Recommendation 55

- △ Items 46459 and 46462: Consolidate with osteomyelitis and septic arthritis items (Section 4.4.11).
- △ Item 46519: Change the descriptor.
 - Specify that the item can be used for the dorsum (back) of the hand.
 - The proposed item descriptor is as follows:
 - Drainage of midpalmar, thenar or hypothenar spaces or dorsum of hand. (excluding aftercare) (Anaes.) (Assist.)
- △ Item 46522: Change the descriptor.
 - Specify that this item can be claimed ‘per digit,’ and that the descriptor includes synovectomy and tenolysis.
 - The proposed item descriptor is as follows:
 - Flexor tendon sheath of finger or thumb, open operation for and drainage of infection, per digit. Inclusive of, if performed: synovectomy and tenolysis. (Anaes.) (Assist.)
- △ Item 46525: No change.

Rationale

This recommendation focuses on simplifying and modernising the MBS. It is based on the following.

- △ Items 46459 and 46462:
 - These items are no longer required due to recommended changes to the general orthopaedic items for osteomyelitis and septic arthritis.

- This change assumes that all surgeries previously claimed under items 46459 and 46462 will be claimed under these new general orthopaedic items (Section 4.4.11).

△ Items 46519 and 46522:

- Changes to these descriptors provide more accurate and complete descriptions of the procedures (covering all the steps of a routine surgery) that better reflect contemporary clinical practice.
- There is currently no item for draining an infection on the dorsum of the hand. Adding ‘dorsum’ to this descriptor removes the need for a **new item** number and discourages inappropriate use of other items (most likely item 46519, which is closest in description).

- △ The Committee retained the exclusion for aftercare because infection management requires regular review, medication or treatment changes, and in some cases repeat surgery.

△ Items 46525:

- The Committee did not identify any concerns regarding safety, access, value or contemporary best practice that required a change to item 46525.

6.6.7 Inflammatory arthritis

Table 59: Item introduction table for items 46336, 46339, 46348, 46351, 46354, 46357 and 46360

Item	Descriptor	Schedule fee	Volume of services FY2014/15	Total benefits FY2014/15	Services 5-year-average annual growth
46336	Inter-phalangeal joint or metacarpophalangeal joint, synovectomy, capsulectomy or debridement of, not being a service associated with any other procedure related to that joint. (Anaes.) (Assist.)	\$263	964	\$136,991	3%
46339	Extensor tendons or flexor tendons of hand or wrist, synovectomy of. (Anaes.) (Assist.)	\$466	2804	\$874,923	7%
46348	Digit, synovectomy of flexor tendon or tendons - 1 digit. (Anaes.)	\$244	596	\$91,405	4%
46351	Digit, synovectomy of flexor tendon or tendons - 2 digits. (Anaes.) (Assist.)	\$365	102	\$24,683	-5%
46354	Digit, synovectomy of flexor tendon or tendons - 3 digits. (Anaes.) (Assist.)	\$489	40	\$14,476	4%
46357	Digit, synovectomy of flexor tendon or tendons - 4 digits. (Anaes.) (Assist.)	\$609	41	\$17,362	-8%
46360	Digit, synovectomy of flexor tendon or tendons - 5 digits. (Anaes.) (Assist.)	\$733	17	\$9,075	-7%

Recommendation 56

△ Item 46336: Change the descriptor.

- Specify that synovectomy is a mandatory part of the procedure and that a separate item for capsulectomy, debridement and tendon or ligament realignment cannot be claimed.
- Clarify that the item must be performed as an independent procedure.
- Add the words ‘carpometacarpal joint’ and ‘ligament and tendon realignment.’

- The proposed item descriptor is as follows:
 - Synovectomy of interphalangeal, metacarpophalangeal or carpometacarpal joint. Inclusive of, if performed: capsulectomy, debridement of, ligament and tendon realignment as an independent procedure, per joint. (Anaes.) (Assist.)
- △ Create a **new item** for excision of rheumatoid nodules.
 - The Committee recommended a schedule fee similar to item 46336 (synovectomy of interphalangeal, metacarpophalangeal or carpometacarpal joint), which is of equivalent surgical complexity (because nodules often arise or are associated with joint synovium and a procedure similar to joint synovectomy is required).
 - The proposed item descriptor is as follows:
 - Item 463AC: Excision of rheumatoid nodules, per lesion. (Anaes.) (Assist.)
- △ Item 46339: Change the descriptor.
 - Specify that this descriptor is for flexor tendons (as opposed to extensor); includes flexor tenolysis and release of median nerve and carpal tunnel; and can only be claimed once per procedure.
 - Specify that this item should be used for ‘extensive synovitis.’
 - Specify that this item cannot be co-claimed with items 39331 or 39330.
 - The proposed item descriptor is as follows:
 - Synovectomy of digital flexor tendons at wrist level for clinician-assessed inflammatory arthritis. Inclusive of, if performed: associated flexor tenolysis and release of median nerve and carpal tunnel, not being a service associated with a service to which item 39331 or 39330 applies, can only be claimed once per operation. (Anaes.) (Assist.)
 - It is the intention of the Committee that this item cannot be claimed with item 39331 (carpal tunnel release) or item 39330 (neurolysis).
- △ Create a **new item** for synovectomy of digital extensor tendons.
 - Specify that this item is for extensor tendons (as opposed to flexor); includes extensor tenolysis, tenoplasty, removal of tendon nodules and reconstruction of extensor retinaculum; and can only be claimed once per procedure.
 - Specify that this item cannot be co-claimed with items 39331 or 39330.
 - The Committee recommended a schedule fee that is equivalent to item 46339, which is of equivalent surgical complexity.
 - The proposed item descriptor is as follows:
 - Item 463AD: Synovectomy of digital extensor tendons at wrist level for clinician-assessed inflammatory arthritis. Inclusive of, if performed: associated extensor tenolysis, tenoplasty and removal of tendon nodules and associated reconstruction extensor retinaculum, when performed, not being a service associated with a service to which item 39331 or 39330 applies, can only be claimed once per operation. (Anaes.) (Assist.)
- △ Create a **new item** for synovectomy of flexor or extensor tendons of the wrist for inflammatory arthritis.

- Specify that this descriptor is for extensor tendons as opposed to flexor tendons, and that it includes extensor tenolysis, tenoplasty, and removal of tendon nodules and reconstruction of extensor retinaculum.
 - Specify that the clinical indication for this item is inflammatory arthritis.
 - The Committee recommended a schedule fee that is approximately 15 per cent less than item 46339 (synovectomy of digital flexor tendons at wrist level) and closer to item 46348 (flexor tenosynovectomy, distal to lumbrical origin), to reflect the relative surgical complexity of these services.
 - The proposed item descriptor is as follows:
 - Item 463AE: Synovectomy of wrist flexor or extensor tendons, one or more compartments, for clinician-assessed inflammatory arthritis. Inclusive of, if performed: associated reconstruction flexor or extensor retinaculum and tenoplasty/tenolysis and removal of tendon nodules. (Anaes.) (Assist.)
- △ Create a **new item** for synovectomy of flexor or extensor tendons of the wrist for non-inflammatory or post-traumatic synovitis.
- Specify that this descriptor is for extensor tendons or flexor tendons, and that it includes extensor tenolysis, tenoplasty, and removal of tendon nodules and reconstruction of extensor retinaculum.
 - Specify that the clinical indication for this item is non-inflammatory or post-traumatic synovitis.
 - The Committee recommended a schedule fee that is closer to the schedule fee for item 47381 (closed reduction of radius or ulna fracture).
 - The proposed item descriptor is as follows:
 - Item 463AF: Synovectomy of wrist flexor or extensor tendons, one or more compartments, for non-inflammatory or post traumatic synovitis. Inclusive of, if performed: associated reconstruction flexor or extensor retinaculum and tenoplasty/tenolysis and removal of tendon nodules. (Anaes.) (Assist.)
- △ Items 46348, 46351, 46354, 46357 and 46360: Change the descriptors.
- Replace the reference to ‘digit’ with ‘ray’ and add ‘distal to lumbrical origin’.
 - Clarify that flexor tenosynovectomy is a mandatory component of the procedure, and that a separate item for tenolysis, tenoplasty or removal of intratendinous nodules cannot be claimed.
 - Specify that item 46363 (open operation on tendon sheath of hand or wrist for stenosing tenovaginitis) cannot be co-claimed.
 - Specify that item 46348 allows for a surgical assistant by adding the term ‘(Assist.)’
 - The proposed item descriptors are as follows:
 - Item 46348: Flexor tenosynovectomy, distal to lumbrical origin. Inclusive of, if performed: tenolysis, tenoplasty and removal of intratendinous nodules. Not to be used with 46363 – 1 ray. (Anaes.) (Assist.)
 - Item 46351: Flexor tenosynovectomy, distal to lumbrical origin. Inclusive of, if performed: tenolysis, tenoplasty and removal of intratendinous nodules. Not to be used with 46363 – 2 rays. (Anaes.) (Assist.)

- Item 46354: Flexor tenosynovectomy, distal to lumbrical origin. Inclusive of, if performed: tenolysis, tenoplasty and removal of intratendinous nodules. Not to be used with 46363 – 3 rays. (Anaes.) (Assist.)
- Item 46357: Flexor tenosynovectomy, distal to lumbrical origin. Inclusive of, if performed: tenolysis, tenoplasty and removal of intratendinous nodules. Not to be used with 46363 – 4 rays. (Anaes.) (Assist.)
- Item 46560: Flexor tenosynovectomy, distal to lumbrical origin. Inclusive of, if performed: tenolysis, tenoplasty and removal of intratendinous nodules. Not to be used with 46363 – 5 rays. (Anaes.) (Assist.)

△ Create a **new item** for digital sympathectomy.

- The Committee recommended a schedule fee for this item that is equivalent to item 46339 (synovectomy of extensor or flexor tendons of the hand or wrist), to reflect the similar surgical technique (microscopic technique) and length of procedure.
- The proposed item descriptor is as follows:
 - 463AG: Digital sympathectomy, using microsurgical techniques, per digit and/or palmar arch, radial and/or ulnar arteries. (Anaes.)(Assist.)

Rationale

This recommendation focuses on modernising the MBS and ensuring that MBS items provide rebates for high-value care. It is based on the following.

△ Item 46336:

- Specifying that the item must be performed ‘as an independent procedure’ will also prevent inappropriate co-claiming. For example, in FY2014 - 15 item 46336 was co-claimed with item 46495 (excision of a ganglion or mucous of distal digit) in 34 per cent of episodes.^{xiii}
- Changes to the item descriptor also clarify the appropriate use of this item by specifying that it is for synovectomy and includes capsulectomy, debridement of, ligament and tendon realignment, if performed.

△ **New item** for rheumatoid nodules:

- There is currently no specific MBS item for the excision of rheumatoid nodules. This is a common procedure, and the Committee agreed that it is likely billed under item 31350 (benign tumor of soft tissue). The **new item** appropriately describes the procedure and reflects a complete medical service.
- The Committee recommended a schedule fee that is equivalent to item 46336 (synovectomy of the inter-phalangeal or metacarpophalangeal joints) because rheumatoid nodules often arise or are associated with joint synovium and the procedure is similar to joint synovectomy.

△ Item 46339:

- The Committee agreed that the descriptor for item 46339 (tenosynovectomy) was too ambiguous, resulting in inappropriate co-claiming. In FY2014–15, for example, item 46339 was claimed with item 39311 (carpal tunnel release) in 30 per cent of episodes, item 39330 (neurolysis) in 25 per cent of episodes and item 46363 (synovectomy) in 19 per cent of episodes.^{xiii}

- The proposed descriptor for item 46339 and the descriptors for the three **new items** (463AD, 463AE and 463AF; see below) use clear and specific wording that supports appropriate claiming. The changes also provide better guidance regarding the appropriate use of items for tenosynovectomy.

△ **New items** for synovectomy of flexor or extensor tendons of the wrist:

- The creation of three **new items** (463AD, 463AE and 463AF) for flexor or extensor tendons of the wrist reflect the above changes to item 46339 and support appropriate co-claiming of MBS items in the management of tenosynovectomy.

△ Items 46348–46360:

- Changes to the descriptors for items 46348–46360 provide more accurate and complete descriptions of the procedures (covering all the steps of routine surgeries) that better reflect contemporary clinical practice and terminology.
- Provision for an assistant is required for item 46348 because this procedure involves difficult anatomical dissection around nerves, vessels and tendons. Careful retraction by an assistant reduces risk to the patient and supports improved consumer outcomes.

△ **New item** for digital sympathectomy:

- There is currently no item for digital sympathectomy in the MBS. Although the Committee expects low service volumes, this procedure is required in current practice and should be clearly accounted for in the MBS.

6.6.8 Joint procedures

Table 60: Item introduction table for items 46300, 46303, 46306, 46307, 46309, 46312, 46315, 46318, 46321, 46324, 46325, 46444, 46447 and 46492

Item	Descriptor	Schedule fee	Volume of services FY2014/15	Total benefits FY2014/15	Services 5-year-average annual growth
46300	Inter-phalangeal joint or metacarpophalangeal joint, arthrodesis of, with synovectomy if performed. (Anaes.) (Assist.)	\$338	861	\$145,260	4%
46303	Carpometacarpal joint, arthrodesis of, with synovectomy if performed. (Anaes.) (Assist.)	\$376	79	\$16,865	-1%
46306	Inter-phalangeal joint or metacarpophalangeal joint - interposition arthroplasty of and including tendon transfers or realignment on the 1 ray. (Anaes.) (Assist.)	\$527	36	\$13,552	-6%
46307	Interphalangeal joint or metacarpophalangeal joint - volar plate arthroplasty for traumatic deformity including tendon transfers or realignment on the 1 ray. (Anaes.) (Assist.)	\$527	116	\$41,013	-8%
46309	Interphalangeal joint or metacarpophalangeal joint, total replacement arthroplasty or hemiarthroplasty of, including associated synovectomy, tendon transfer or realignment - 1 joint. (Anaes.) (Assist.)	\$527	416	\$155,145	4%
46312	Interphalangeal joint or metacarpophalangeal joint, total replacement arthroplasty or hemiarthroplasty of, including associated synovectomy, tendon transfer or realignment - 2 joints (Anaes.) (Assist.)	\$677	91	\$44,517	6%

Item	Descriptor	Schedule fee	Volume of services FY2014/15	Total benefits FY2014/15	Services 5-year-average annual growth
46315	Interphalangeal joint or metacarpophalangeal joint, total replacement arthroplasty or hemiarthroplasty of, including associated synovectomy, tendon transfer or realignment - 3 joints. (Anaes.) (Assist.)	\$903	11	\$7,324	-7%
46318	Interphalangeal joint or metacarpophalangeal joint, total replacement arthroplasty or hemiarthroplasty of, including associated synovectomy, tendon transfer or realignment - 4 joints. (Anaes.) (Assist.)	\$1,128	26	\$21,774	-15%
46321	Interphalangeal joint or metacarpophalangeal joint, total replacement arthroplasty or hemiarthroplasty of, including associated synovectomy, tendon transfer or realignment - 5 or more joints. (Anaes.) (Assist.)	\$1,354	2	\$2,031	0%
46324	Carpal bone replacement arthroplasty including associated tendon transfer or realignment when performed. (Anaes.) (Assist.)	\$807	118	\$67,784	3%
46325	Carpal bone replacement or resection arthroplasty using adjacent tendon or other soft tissue including associated tendon transfer or realignment when performed. (Anaes.) (Assist.)	\$843	1724	\$1,053,857	3%
46327	Inter-phalangeal joint or metacarpophalangeal joint, arthrotomy of. (Anaes.)	\$203	677	\$53,438	4%
46330	Inter-phalangeal joint or metacarpophalangeal joint, ligamentous or capsular repair with or without arthrotomy. (Anaes.) (Assist.)	\$346	837	\$161,034	-1%
46333	Inter-phalangeal joint or metacarpophalangeal joint, ligamentous repair of, using free tissue graft or implant. (Anaes.) (Assist.)	\$564	464	\$178,433	7%
46444	Boutonniere deformity without joint contracture, reconstruction of. (Anaes.) (Assist.)	\$489	25	\$8,528	-5%
46447	Boutonniere deformity with joint contracture, reconstruction of. (Anaes.) (Assist.)	\$609	38	\$15,565	-1%
46492	Contracture of digits of hand, flexor or extensor, correction of, involving tissues deeper than skin and subcutaneous tissue. (Anaes.) (Assist.)	\$361	261	\$38,398	2%

Recommendation 57

△ Item 46300: Change the descriptor.

- Specify that joint debridement, if performed, is a component of this surgery and a separate item cannot be claimed.
- The Committee recommended a schedule fee review for this item, given the time and surgical complexity involved (compared to proximal interphalangeal and metacarpophalangeal joint fusion in the thumb).
- Clarify that this item can be claimed in both an elective or trauma context.
- The proposed item descriptor is as follows:
 - Inter-phalangeal joint or metacarpophalangeal joint, arthrodesis of. Inclusive of, if performed: synovectomy and joint debridement, elective or trauma. (Anaes.) (Assist.)

△ Item 46303: Change the descriptor.

- Specify that joint debridement, if performed, is a component of this surgery and a separate item cannot be claimed.
 - Allow the item to be claimed in both elective and trauma contexts.
 - The Committee recommended increasing the schedule fee so that it is greater than the schedule fee for item 46300 (arthrodesis of inter-phalangeal or metacarpophalangeal joints), recognising that the procedure involves greater surgical complexity. The proposed item descriptor is as follows:
 - Carpometacarpal joint, arthrodesis of, inclusive of, if performed: synovectomy and joint debridement, elective or trauma. (Anaes.) (Assist.)
- △ Items 46306 and 46307: Consolidate services under single item 463AH.
- Specify that this procedure can be claimed per joint.
 - Allow the item to be claimed in both elective and trauma contexts.
 - The proposed item descriptor is as follows:
 - Item 463AH: Interphalangeal joint or metacarpophalangeal joint - volar plate or soft tissue interposition arthroplasty. Inclusive of, if performed: tendon transfers or realignment, per joint, elective or trauma. (Anaes.) (Assist.)
- △ Items 46309, 46312, 46315, 46318 and 46321: Change the descriptors.
- Specify that these procedures include prosthetic replacement as a mandatory component of the procedure, and that separate items for synovectomy, tendon transfer, realignment or ligament reconstruction cannot be claimed.
 - Clarify that these items can be claimed in both elective and trauma contexts.
 - See also Section 6.7.4 in the trauma section.
 - The proposed item descriptors are as follows:
 - 46309: Interphalangeal joint or metacarpophalangeal joint, prosthetic replacement arthroplasty or hemiarthroplasty of. Inclusive of, if performed: associated synovectomy, tendon transfer, realignment and ligament reconstruction, 1 joint, elective or trauma. (Anaes.) (Assist.)
 - 46312: Interphalangeal joint or metacarpophalangeal joint, prosthetic replacement arthroplasty or hemiarthroplasty of. Inclusive of, if performed: associated synovectomy, tendon transfer, realignment and ligament reconstruction, 2 joints, elective or trauma. (Anaes.) (Assist.)
 - 46315: Interphalangeal joint or metacarpophalangeal joint, prosthetic replacement arthroplasty or hemiarthroplasty of. Inclusive of, if performed: associated synovectomy, tendon transfer, realignment and ligament reconstruction, 3 joints, elective or trauma. (Anaes.) (Assist.)
 - 46318: Interphalangeal joint or metacarpophalangeal joint, prosthetic replacement arthroplasty or hemiarthroplasty of. Inclusive of, if performed: associated synovectomy, tendon transfer, realignment and ligament reconstruction, 4 joints, elective or trauma. (Anaes.) (Assist.)
 - 46321: Interphalangeal joint or metacarpophalangeal joint, prosthetic replacement arthroplasty or hemiarthroplasty of. Inclusive of, if performed: associated synovectomy, tendon transfer, realignment and ligament reconstruction, 5 joints, elective or trauma. (Anaes.) (Assist.)

- △ Items 46324 and 46325: Consolidate services under single item 463AI.
 - Specify that using one or all of the adjacent tendon, soft tissue or prosthesis is a mandatory component of the procedure, and that tendon transfer, tendon harvest or realignment, if performed, are components of the procedure and a separate item cannot be claimed.
 - Allow the item to be claimed in both elective and trauma contexts.
 - The proposed item descriptor is as follows:
 - 463AI: Carpal bone replacement or resection arthroplasty using adjacent tendon, soft tissue or prosthesis. Inclusive of, if performed: associated tendon transfer, tendon harvest or realignment when performed, elective or trauma. (Anaes.) (Assist.)
- △ Item 46327: Consolidate item into other items in this section (items 46324-46492).
- △ Create a **new item** for interphalangeal joint or metacarpophalangeal joint revision procedures.
 - This item is an elective procedure and should not be duplicated in the trauma section.
 - The Committee recommended a schedule fee for this item that is 150 per cent of the schedule fee for item 46309 in order to account for the increased complexity of repeat surgery.
 - The proposed item descriptor is as follows:
 - Item 463AJ: Interphalangeal joint or metacarpophalangeal joint, revision procedure, prosthetic replacement arthroplasty or hemiarthroplasty of. Inclusive of, if performed: associated synovectomy, tendon transfer or realignment, bone grafting and tendon or ligament reconstruction, per joint. (Anaes.) (Assist.)
- △ Item 46330: Change the descriptor.
 - Specify that this surgery includes ligamentous or capsular reconstruction as a mandatory component, and that a separate item for arthrotomy, synovectomy or joint stabilisation cannot be claimed.
 - Replace the word ‘repair’ with ‘repair or reconstruction.’
 - Clarify that this item can be used in both an elective or trauma context.
 - The proposed item descriptor is as follows:
 - Interphalangeal or metacarpophalangeal joint, ligamentous or capsular repair or reconstruction, inclusive of, if performed arthrotomy, synovectomy or joint stabilisation, per joint, elective or trauma. (Anaes.) (Assist.)
- △ Item 46333: Change the descriptor.
 - Specify that this surgery includes ligamentous or capsular reconstruction with graft as a mandatory component, and that separate items for arthrotomy, synovectomy or joint stabilisation cannot be claimed.
 - Replace the word ‘repair’ with ‘repair or reconstruction.’
 - This item cannot be co-claimed with the bone graft section.
 - Clarify that this item can be claimed in both an elective or trauma context.
 - The proposed item descriptor is as follows:
 - Interphalangeal or metacarpophalangeal joint, ligamentous or capsular repair or reconstruction with graft, using graft or implant, inclusive of, if performed, arthrotomy or

synovectomy or joint stabilisation, per joint. Inclusive of: harvest of graft, elective or trauma. (Anaes.) (Assist.)

- △ Item 46444: Change the descriptor.
 - Specify that tendon transfer or tendon graft harvesting, if performed, are components of this surgery and separate items cannot be claimed.
 - The proposed item descriptor is as follows:
 - Boutonniere deformity, reconstruction of. Inclusive of, if performed: tendon transfer or tendon graft harvesting, per joint. (Anaes.) (Assist.)
- △ Item 46447: Consolidate with items 46444 and 46492.
- △ Item 46492: Change the descriptor.
 - Clarify the descriptor by adding the term 'surgical' and replacing 'digits' with 'joint.'
 - The proposed item descriptor is as follows:
 - Contracture of joint of hand, flexor or extensor, surgical correction of, involving tissues deeper than skin and subcutaneous tissue, per joint. (Anaes.) (Assist.)

Rationale

This recommendation focuses on modernising the MBS and recategorising MBS items into elective and trauma items. It is based on the following.

- △ Item 46300:
 - Changes to this descriptor provide a more accurate and complete description of the procedure (covering all the steps of a routine surgery).
 - While the item will primarily be used in an elective context, the item may be required in trauma cases with significant damage to the joint.
- △ Item 46303:
 - Changes to this descriptor provide a more accurate and complete description of the procedure (covering all the steps of a routine surgery). The description better reflects contemporary clinical practice by including reference to synovectomy and joint stabilisation.
- △ Items 46306 and 46307:
 - These items can be consolidated under item 463AH because they cover similar surgical methods that result in the same clinical outcome, creating a duplication of services. This will reduce the number of items in the MBS and assist in simplifying the schedule.
 - This change assumes that all surgeries previously billed under items 46306 and 46307 will be billed under the new consolidated item 463AH.
- △ Items 46309, 46312, 46315, 46318 and 46321:
 - Including 'inclusive of, if performed: associated synovectomy, tendon transfer, realignment and ligament reconstruction' in the item descriptors provides a more accurate and complete description of the procedure, covering all the steps of routine surgeries.
 - While the items will primarily be used in an elective context, they may be required in trauma cases with significant damage to the joint.
- △ Items 46324 and 46352:

- These items can be consolidated under item 463AI because they cover similar surgical methods that result in the same clinical outcome, creating a duplication of services. This will reduce the number of items in the MBS and assist in simplifying the schedule.

△ Item 46327:

- This item should be consolidated into the items in this section because it is not an independent procedure and can be claimed under the specified items in this section. Arthrotomy is an integral part of all joint procedures and is therefore not required as an individual item.

△ **New item** for interphalangeal joint or metacarpophalangeal joint revision procedures.

- A specific item for revision procedures is required to reflect the increased complexity of these procedures.

△ Item 46330:

- Changes to this descriptor provide a more accurate and complete description of the procedure (covering all the steps of a routine surgery). The description better reflects contemporary clinical practice by including reference to synovectomy and joint stabilisation.

△ Items 46300 and 46333:

- Changes to these descriptors provide more accurate and complete descriptions of the procedures (covering all the steps of routine surgeries) that better reflect contemporary clinical practice.

△ Item 46444:

- Including tendon transfer or tendon graft harvesting in this descriptor provides a more accurate and complete description of the procedure (covering all the steps of a routine surgery) that better reflects contemporary clinical practice.

△ Item 46447:

- This can be claimed under item 46444 (reconstruction of Boutonniere deformity), or item 46492 (surgical correction of contracture of joint of hand) if contracture is present. Removing this item simplifies the MBS.

△ Item 46492:

- Changes to this descriptor more specifically describe contemporary clinical practice.

6.6.9 Nerve compression syndromes

Table 61: Item introduction table for item 39321, 39330 and 39331

Item	Descriptor	Schedule fee	Volume of services FY2014/15	Total benefits FY2014/15	Services 5-year-average annual growth
39321	Nerve, transposition of. (Anaes.) (Assist.)	\$474	1,228	\$332,076	8%
39330	Neurolysis by open operation without transposition, not being a service associated with a service to which item 39321 applies. (Anaes.) (Assist.)	\$277	13,831	\$1,809,090	8%
39331	Carpal tunnel release (division of transverse carpal ligament), by any method. (Anaes.)	\$277	14,981	\$2,749,414	1%

Recommendation 58

- △ Item 39321: Change descriptor.
 - Allow the item to be claimed in both elective and trauma contexts.
 - The proposed item descriptor is as follows:
 - Nerve, transposition of, elective or trauma. (Anaes.) (Assist.)
 - Create an explanatory note to explain the circumstances in which this item can be claimed in trauma contexts:
 - *This item may be claimed in trauma contexts in association with fractures.*
- △ Item 39330: Change descriptor.
 - Restrict co-claiming with the proposed hand and wrist nerve items and proposed item for tarsal tunnel.
 - The proposed item descriptor is as follows:
 - Neurolysis by open operation without transposition, not being a service associated with a service to which items 39321, XXXXX [proposed hand and wrist nerve items] or XXXXX [proposed tarsal tunnel item] apply. (Anaes.) (Assist.)
 - Note that the item descriptor will need to be updated to reflect final item numbers for the proposed hand and wrist nerve items and tarsal tunnel item.
- △ Create two **new items** for ulnar nerve decompression.
 - The proposed item descriptors are as follows:
 - Item 393AA:
 - Ulnar nerve decompression at elbow or wrist (cubital tunnel or Guyon’s canal) without transposition, by any method. Inclusive neurolysis, if performed. (Anaes.) (Assist.)
 - Item 393AB:
 - Ulnar nerve decompression at elbow (cubital tunnel) combined with associated transposition, subcutaneous, submuscular, and/or medial epicondylectomy. Inclusive of, if performed: osteotomy and reconstruction flexor origin and neurolysis, elective or trauma. (Anaes.) (Assist.)
- △ Create a **new item** for decompression of the radial, median and ulnar nerve.
 - The Committee recommended a schedule fee for this item that is equivalent to item 39330 (neurolysis), recognising that it is of equivalent surgical complexity.
 - This item cannot be claimed with trauma items or co-claimed with acute nerve repairs.
 - The proposed item descriptor is as follows:
 - Item 393AC: Radial, median, ulnar nerve or branches of, decompression in the forearm. Inclusive of, if performed: neurolysis. (Anaes.) (Assist.)
- △ Create two **new items** for revision of carpal tunnel or ulnar nerve decompression.
 - The **new item** for revision of carpal tunnel (393AE) should not be duplicated in the trauma section
 - The proposed item descriptors are as follows:

- 393AD: Carpal tunnel release (division of transverse carpal ligament or release median nerve), by any method (open or endoscopic), revision procedure. Inclusive of, if performed: synovectomy and neurolysis if performed. Cannot be used with item 46339. (Anaes.) (Assist.)
- 393AE: Ulnar nerve decompression at elbow (cubital tunnel) without transposition, by any method, revision procedure. Inclusive neurolysis, if performed. (Anaes.) (Assist.)

△ Item 39331: Change the descriptor.

- Specify that the item includes release of the median nerve and both open and endoscopic methods of surgery, and that items for synovectomy and neurolysis cannot be claimed separately.
- Specify that a surgical assistant is permitted by adding the term '(Assist.)'
- Specify that the item cannot be co-claimed with item 46339 (synovectomy of extensor or flexor tendons).
- Allow the item to be claimed in both elective and trauma contexts.
- The proposed item descriptor is as follows:
 - Carpal tunnel release (division of transverse carpal ligament or release median nerve), by any method (open or endoscopic). Inclusive of, if performed: synovectomy and neurolysis. Not being a service to which item 46339 applies, elective or trauma. (Anaes.) (Assist.)
- Create an explanatory note to explain the circumstances in which this item can be claimed in trauma contexts:
 - This item may be claimed in trauma contexts in association with fractures.

Rationale

This recommendation focuses on modernising the MBS and ensuring that MBS items provide rebates for high-value care. It is based on the following.

△ Item 39321

- The Committee did not identify any concerns regarding safety, access, value or contemporary best practice that required a substantive change to item 39321. This item can be claimed in both elective and trauma contexts because it may be required in association with fractures.

△ Item 39330:

- The Committee recommended restricting the use of this item and creating specific items to prevent inappropriate use. Although no single co-claiming combination is strikingly high, the Committee was concerned with the overall frequency and range of procedures with which this item was co-claimed. Of episodes involving item 39330 (neurolysis), 6 per cent of episodes co-claimed item 46339 (synovectomy of extensor or flexor tendons of the hand), 5 per cent co-claimed item 39331 (carpal tunnel release), 4 per cent co-claimed item 46363 (tendon sheath open operation), and 4 per cent co-claimed item 48406 (osteotomy or osteectomy of fibula, radius, ulna, clavicle, scapula (other than acromion), rib, tarsus or carpus).^{xiv} The Committee also suggested that this pattern of claiming exists in WorkCover and Private Health Insurance billing practices. Restricting this item to elective contexts will

prevent inappropriate use in trauma cases where there is no scarring of the nerve on which to perform a neurolysis.

- The Committee anticipates that the hand and wrist surgeries previously claimed under item 39330 will now be claimed under the new ulnar nerve items. Neurolysis of the radial, median or ulnar nerve trunk in the forearm or arm will also be claimed using specific items.
- The Committee considered deleting item 39330 but has retained the item with restrictions for use by other subspecialties.

△ Ulnar nerve items (primary and revision):

- Clinicians are currently claiming an inconsistent mix of existing items when performing ulnar nerve surgeries. To address this, the Committee recommended (1) two new ulnar nerve items, (2) an item for radial, median and ulnar nerve, and (3) two new revision items. The **new items** will provide greater clarity and consistency for consumers.
- Item 393AA: This **new item** for ulnar nerve decompression at the elbow (cubital tunnel) without transposition is required because this item is currently inconsistently billed through items 39330, 39321 and 48412.
- Item 393AB: This **new item** for ulnar nerve decompression at the elbow or wrist combined with associated transposition, subcutaneous, submuscular, and/or medial epicondylectomy is required to more clearly describe a complex procedure. At the elbow, this procedure is currently inconsistently reimbursed through item 39330, co-claimed with items 48412 and 47954. At the wrist, this procedure is currently inconsistently reimbursed through co-claimed items 39330, 39321 and 46339.
- Item 393AC: This **new item** for decompression of the radial, median nerve is required to specify appropriate anatomical landmarks that are consistent with clinical practice. This item should not be co-claimed with items in the recommended trauma section.
- Items 393AD and 393AE: These **new items** for revision of carpal tunnel or ulnar nerve (if the condition recurs) are required to reflect the increased complexity of this procedure. Although indications for completing this procedure are uncommon, these procedures are technically more difficult.

△ Item 39331:

- The Committee was concerned that the descriptor is too broad and does not clearly articulate how the item should be used. For example, of episodes involving item 39331, 6 per cent of episodes co-claimed item 46339 (synovectomy of hand and wrist tendons) and 5% co-claimed item 39330 (neurolysis). The Committee has addressed this by clearly articulating what procedures each item covers, and preventing co-claiming with synovectomy and neurolysis.
- Changes to item 39331 also reflect the complexity of contemporary clinical practice and support improved patient outcomes. Careful retraction by an assistant will reduce risk to the patient.
- This item can be claimed in both elective and trauma contexts because it may be required in association with fractures.

6.6.10 Nerve injuries and other disorders

Table 62: Item introduction table for items 39303, 39309, 39312, 39315, 39318, 39324, 39327 and 39333

Item	Descriptor	Schedule fee	Volume of services FY2014/15	Total benefits FY2014/15	Services 5-year-average annual growth
39303	Cutaneous nerve (including digital nerve), secondary repair of, using microsurgical techniques. (Anaes.) (Assist.)	\$466	94	\$23,600	-1%
39309	Nerve trunk, secondary repair of, using microsurgical techniques. (Anaes.) (Assist.)	\$714	83	\$27,413	18%
39312	Nerve trunk, internal (interfascicular), neurolysis of, using microsurgical techniques. (Anaes.) (Assist.)	\$399	679	\$107,946	9%
39315	Nerve trunk, nerve graft to, (cable graft) including harvesting of nerve graft using microsurgical techniques. (Anaes.) (Assist.)	\$1,030	124	\$60,751	2%
39318	Cutaneous nerve (including digital nerve), nerve graft to, using microsurgical techniques. (Anaes.) (Assist.)	\$639	49	\$17,762	2%
39324	Neurectomy, neurotomy or removal of tumour from superficial peripheral nerve, by open operation. (Anaes.) (Assist.)	\$277	468	\$59,235	3%
39327	Neurectomy, neurotomy or removal of tumour from deep peripheral or cranial nerve, by open operation, not being a service to which item 41575, 41576, 41578 or 41579 applies. (Anaes.) (Assist.)	\$474	1451	\$345,286	8%
39333	Brachial plexus, exploration of, not being a service to which another item in this Group applies. (Anaes.) (Assist.)	\$639	\$17,762	2%	3%

Recommendation 59

△ Item 39303: Change the descriptor.

- Specify that the item includes the cutaneous nerve and digital nerve, and that neurolysis and any transposition of the nerve to facilitate repair cannot be claimed as a separate item.
- Clarify the method of the procedure by removing the phrase ‘secondary repair of.’
- The proposed item descriptor is as follows:
 - Delayed repair of cutaneous and digital nerve, using microsurgical techniques, inclusive of, if performed: neurolysis and any transposition of nerve to facilitate repair. (Anaes.) (Assist.)

△ Item 39309: Change the descriptor.

- Clarify the method for the procedure by replacing ‘secondary’ with ‘delayed.’
- Specify that neurolysis and any nerve transposition to facilitate repair cannot be claimed as a separate item.
- The proposed item descriptor is as follows:
 - Nerve trunk, delayed repair of, using microsurgical techniques. Inclusive of, if performed: neurolysis and any transposition of nerve to facilitate repair, not being a service associated with item 39321. (Anaes.) (Assist.)

△ Item 39312: No change.

- △ Items 39315 and 39318: Change the descriptors.
 - Specify that harvesting of nerve graft, proximal and distal anastomoses of nerve graft and any transposition to facilitate grafting are included in the item, if performed.
 - Clarify that these items can be claimed in both elective and trauma contexts.
 - The proposed item descriptors are as follows:
 - Item 39315: Nerve trunk, nerve graft to, (cable graft) using microsurgical techniques. Inclusive of, if performed: harvesting of nerve graft and proximal and distal anastomoses of nerve graft, and any transposition to facilitate grafting, elective or trauma. (Anaes.) (Assist.)
 - Item 39318: Cutaneous nerve (inclusive of, if performed: digital nerve), nerve graft, using microsurgical techniques Inclusive of, if performed: harvesting of nerve graft and proximal and distal anastomoses of nerve graft, and any transposition to facilitate grafting, elective or trauma. (Anaes.) (Assist.)
- △ Item 39324: Change the descriptor.
 - Remove ‘neurotomy’ and ‘open operation’ from the descriptor.
 - The proposed item descriptor is as follows:
 - Neurectomy or removal of tumour or neuroma from superficial peripheral nerve. (Anaes.) (Assist.)
- △ Item 39327: No change.
- △ Item 39333: No change.
 - The Committee recommended further review by the Neurosurgery Clinical Committee.
- △ Create a **new item** for the removal of a tumour from the deep peripheral nerve, to be located in the Hand and Wrist subgroup of the MBS.
 - The Committee recommended a schedule fee equivalent to item 39327 (neurectomy, neurotomy or removal of tumour from deep peripheral or cranial nerve), which is of equivalent surgical complexity.
 - The proposed item descriptor is as follows:
 - Item 393AG: Neurectomy, neurotomy or removal of tumour from deep peripheral nerve, by open operation, only to be used for upper limb surgery. (Anaes.) (Assist.)
- △ Create a **new item** for neurolysis of the radial, median or ulnar nerve trunk in the forearm or arm.
 - The Committee recommended a schedule fee that is equivalent to items for carpal tunnel or ulnar nerve release, which are of similar surgical complexity.
 - The proposed item descriptor is as follows:
 - Item 393AH: Neurolysis of radial, median or ulnar nerve trunk nerve in the forearm or arm. Not to be combined with other items 39303, 39309, 39312, 39315, 39318, 39324, 39327, and 39333. (Anaes.) (Assist.)

Rationale

This recommendation focuses on modernising the MBS and improving the structure of elective and trauma items. It is based on the following.

- △ This recommendation is separate from the primary nerve repair recommendations covered in the trauma section (Section 6) because delayed repair is an elective procedure that takes place after wound/tissue healing (see Section 4, Definitions).
- △ Items 39303 and 39309:
 - Changes to these descriptors provide more accurate and complete descriptions of the procedures (covering all the steps of routine surgeries) that better reflect contemporary clinical practice.
- △ Item 39312:
 - The Committee did not identify any concerns regarding safety, access, value or contemporary best practice that required a change to item 39312.
- △ Items 39315 and 39318:
 - Changes to these descriptors provide more accurate and complete descriptions of the procedures (covering all the steps of routine surgeries) that better reflect contemporary clinical practice. These items are also able to be claimed in a trauma context (Section 6).

- △ Item 39324:
 - Changes to this descriptor allow clinicians to choose between operation techniques, which reflects contemporary clinical practice.
 - Neurotomy is an independent clinical procedure and is not always performed as a component of item 39324. It should be claimed separately to the removal of the tumour.
- △ Item 39327:
 - The Committee did not identify any concerns regarding safety, access, value or contemporary best practice that required a change to item 39327.
 - However, the Committee recommended a new hand-specific version of item 39327 that replicates item 39327 but removes the reference to the ‘cranial nerve’ (**new item** 393AG; see below).
- △ Item 39333:
 - The Committee recommended that the Neurosurgery Clinical Committee further review this item to ensure that it reflect contemporary clinical practice for nerve procedures. The Orthopaedic Clinical Committee is willing to participate in a joint review of this item, as well as items for new nerve procedures (for example, nerve transfers items).
- △ **New item** for the removal of a tumour from the deep peripheral nerve:
 - The Committee recommended creating a **new item** specifically for hand surgery to deep peripheral nerves (item 393AG). This item is separate from the neurosurgery section numbers.
 - This is a hand-specific version of item 39327, which replicates item 39327 but removes the reference to the ‘cranial nerve.’
- △ **New item** for neurolysis of the radial, median or ulnar nerve trunk in the forearm or arm:
 - This **new item** (393AH) is necessary because the Committee has recommended restricting the use of item 39330. It covers uncommon but appropriate surgical procedures.

6.6.11 Soft tissue/reconstructive procedures

Table 63: Item introduction table for items 46504, 46507 and 46510

Item	Descriptor	Schedule fee	Volume of services FY2014/15	Total benefits FY2014/15	Services 5-year-average annual growth
46504	Neurovascular island flap, for pulp innervation. (Anaes.) (Assist.)	\$1,106	87	\$69,365	-11%
46507	Digit or ray, transposition or transfer of, on vascular pedicle, complete procedure. (Anaes.) (Assist.)	\$1,286	11	\$10,611	-12%
46510	Macroductyly, surgical reduction of enlarged elements - each digit. (Anaes.) (Assist.)	\$351	4	\$921	-18%

Recommendation 60

△ Item 46504: Change the descriptor.

- Specify that the descriptor includes heterodigital and soft tissue cover as mandatory components of the procedure, and that if reconstruction of secondary defect is performed, it is included within this item and cannot be claimed separately.
- The proposed item descriptor is as follows:
 - Neurovascular island flap, heterodigital, for pulp re-innervation and soft tissue cover. Inclusive of, if performed, reconstruction of secondary defect. (Anaes.) (Assist.)

△ Item 46507: Change the descriptor.

- Specify that separate items for tendon rebalancing, nerve transfer and skin closure by any means cannot be claimed.
- The Committee recommended a schedule fee review for item 46507 to reflect the complexity and time required to perform the procedure.
- The proposed item descriptor is as follows:
 - Digit or ray, transposition or transfer of, on vascular pedicle, complete procedure and inclusive of, if performed, tendon rebalancing, nerve transfer and skin closure by any means. (Anaes.) (Assist.)

△ Item 46510: Change the descriptor.

- Specify that separate items for tendon rebalancing, nerve transfer and skin closure by any means cannot be claimed.
- The proposed item descriptor is as follows:
 - Macroductyly, surgical reduction of enlarged elements - each digit and inclusive of, if performed, tendon rebalancing, nerve transfer and skin closure by any means. (Anaes.) (Assist.)

Rationale

This recommendation focuses on modernising the MBS. It is based on the following.

△ Items 46504, 46507 and 46510:

- Changes to these descriptors provide more accurate and complete descriptions of the procedures (covering all the steps of routine surgeries) that better reflect contemporary clinical practice.
- Item 46504: Including ‘reconstruction of secondary defect’ in the descriptor recognises that this is an intrinsic part of the procedure that requires direct closure and a split or full thickness graft. In FY2014-15, of item 46504 episodes, 37 per cent co-claimed item 45451 (free grafting, full thickness) and 28 per cent co-claimed item 46486 (nail bed, secondary reconstruction).^{xiv}

△ The Committee noted that this section will overlap with items in the T8 Plastic subgroup. The Committee recommended that the Plastic and Reconstructive Surgery Clinical Committee provide specific definition of various flaps and indications for use to avoid current inappropriate co-claiming. The Orthopaedic Clinical Committee is willing to assist with this task Plastic and Reconstructive Surgery Clinical Committee, if necessary, rather than duplicating flap surgery items.

6.6.12 Tendon procedures

Table 64: Item introduction table for items 46363, 46408-46417, 46423-46429, 46435, 46450-46456, and 47972

Item	Descriptor	Schedule fee	Volume of services FY2014/15	Total benefits FY2014/15	Services 5-year-average annual growth
46363	Tendon sheath of hand or wrist, open operation on, for stenosing tenovaginitis. (Anaes.)	\$211	7815	\$882,908	3%
46408	Tendon, reconstruction of, by tendon graft. (Anaes.) (Assist.)	\$692	294	\$123,267	7%
46411	Flexor tendon pulley, reconstruction of, by graft. (Anaes.) (Assist.)	\$406	76	\$14,163	1%
46414	Artificial tendon prosthesis, insertion of in preparation for tendon grafting. (Anaes.) (Assist.)	\$526	104	\$29,926	9%
46417	Tendon transfer for restoration of hand function, each transfer. (Anaes.) (Assist.)	\$489	636	\$160,598	2%
46423	Extensor tendon of hand or wrist, secondary repair of, each tendon. (Anaes.) (Assist.)	\$327	236	\$38,106	3%
46429	Flexor tendon of hand or wrist, secondary repair of, proximal to A1 pulley, each tendon. (Anaes.) (Assist.)	\$414	62	\$11,860	0%
46435	Flexor tendon of hand, secondary repair of, distal to A1 pulley, each tendon. (Anaes.) (Assist.)	\$527	124	\$40,781	2%
46450	Extensor tendon, tenolysis of, following tendon injury, repair or graft. (Anaes.)	\$226	692	\$48,270	6%
46453	Flexor tendon, tenolysis of, following tendon injury, repair or graft. (Anaes.) (Assist.)	\$376	779	\$128,493	9%
46456	Finger, percutaneous tenotomy of (Anaes.)	\$98	22	\$901	-17%
47972	Tendon sheath, open operation for tenovaginitis, not being a service to which another item in this Group applies. (Anaes.)	\$211	229	\$23,512	-3%

Recommendation 61

- △ Item 46363: Change the descriptor.
 - Specify that the surgery allows for a surgical assistant by adding the term ‘(Assist.)’
 - Specify that separate items for synovial biopsy or synovectomy, if performed, are components of the procedure and separate items cannot be claimed.
 - Add the words ‘trigger finger release’ and ‘per ray.’
 - The proposed item descriptor is as follows:
 - Trigger finger release for stenosing tenosynovitis, per ray. Inclusive of, if performed: synovial biopsy/synovectomy. (Anaes.) (Assist.)
- △ Create a **new item** for De Quervain’s release.
 - Specify that this item cannot be co-claimed with item 46339.
 - The Committee recommended a schedule fee that is higher than item 46363 (trigger finger release) and approximates item 46351 (synovectomy of flexor tendon or tendons, 2 digits) because it is a more complex surgery with two tendons requiring release.
 - The proposed item descriptor is as follows:
 - Item 463AK: De Quervain’s release. Inclusive of, if performed: any associated synovectomy of both extensor pollicis brevis and abductor pollicis longus tendons and retinaculum reconstruction. Not to be co-claimed with 46339. (Anaes.) (Assist.)
- △ Item 46408: Change the descriptor.
 - Specify that graft harvesting and tenolysis of a tendon are components of the procedure and separate items cannot be claimed.
 - Clarify that this item can be claimed in an elective or trauma context.
 - The proposed item descriptor is as follows:
 - Tendon reconstruction of, by tendon graft. Inclusive of, if performed: graft harvest and tenolysis of tendon to be reconstructed, elective or trauma. (Anaes.) (Assist.)
- △ Item 46411: Change the descriptor.
 - Specify that complete (not partial) reconstruction with graft is a mandatory component of the procedure, that harvest of graft, if performed, is a component of the procedure.
 - Specify that the item can be claimed per pulley.
 - Clarify that this item can be claimed in an elective or trauma context.
 - The proposed item descriptor is as follows:
 - Flexor tendon pulley reconstruction. Complete (not partial) reconstruction with graft. Inclusive of, if performed: harvest of graft. Per pulley, elective or trauma. (Anaes.) (Assist.)
- △ Item 46414: Change the descriptor.
 - Specify that tenolysis is included within the item, if performed.
 - Clarify that this item can be claimed in an elective or trauma context.
 - The proposed item descriptor is as follows:

- Artificial tendon prosthesis, insertion of, in preparation for tendon grafting. Inclusive of, if performed: tenolysis, elective or trauma. (Anaes.) (Assist.)
- △ Item 46417: Change the descriptor.
 - Clarify the descriptor by adding ‘or digit motion’ and specifying that the harvest of donor motor unit, if performed, is a component of the procedure and a separate item cannot be claimed.
 - Clarify that this item can be claimed in an elective or trauma context.
 - The proposed item descriptor is as follows:
 - Tendon transfer for restoration of hand or digit motion, each transfer. Inclusive of, if performed: harvest of donor motor unit, elective or trauma. (Anaes.) (Assist.)
- △ Item 46423: Change the descriptor:
 - Clarify the descriptor by removing the phrase ‘secondary repair of’ and adding the word ‘delayed.’
 - Remove the words ‘each tendon.’
 - Specify that tenolysis is a component of the procedure and a separate item cannot be claimed.
 - The proposed item descriptor is as follows:
 - Delayed extensor tendon repair. Inclusive of, if performed tenolysis. (Anaes.) (Assist.)
- △ Items 46429 and 46435: Consolidate under single item 464AA.
 - Specify that tenolysis is a component of the procedure and a separate item cannot be claimed.
 - Remove the anatomical specification ‘A1 pulley’ and add the word ‘delayed.’
 - The proposed item descriptor is as follows:
 - Item 464AA: Delayed flexor tendon repair. Inclusive of, if performed, tenolysis. (Anaes.) (Assist.)
- △ Item 46450: Change the descriptor.
 - Clarify that this procedure can be claimed ‘per ray.’
 - The proposed item descriptor is as follows:
 - Extensor tendon, tenolysis, following tendon injury or graft – per ray. (Anaes.) (Assist.)
- △ Item 46453: No change.
- △ Item 46456: No change.
- △ Item 47972: Consolidate with item 46363 or the **new item** proposed for de Quervain’s release.

Rationale

This recommendation focuses on modernising the MBS, improving the structure of elective and trauma items, and ensuring that MBS items provide rebates for high-value care.

Primary tendon repairs are also covered in the trauma section because they are used for initial management of acute injury or pathology (see Section 4, Definitions). An elective tendon procedure is required if secondary healing occurs after the normal expected healing time.

- △ Item 46363:
 - Changes to this descriptor provide more accurate and complete descriptions of the procedure (covering all the steps of routine surgeries) that better reflect contemporary clinical practice.
 - Changes also reflect the complexity of contemporary clinical practice and support improved patient outcomes. Surgical assistance is required in order to undertake safe and correct surgery in the difficult anatomical region of the hand. Careful retraction by an assistant reduces risk to the patient and supports better outcomes.
- △ **New item** for De Quervain’s release:
 - There is currently no specific MBS item for De Quervain’s release. This condition is linked to trigger finger, which requires complex and time-intensive surgery. A **new item** with an accurate and complete description of the procedure will reduce the variation in items being claimed for this procedure.
 - The Committee recommended a schedule fee that is higher than item 46363 and similar to item 46351 because two tendons require release.
- △ Items 46408, 46414, 46417, 46423 and 46450:
 - Changes to these descriptors provide more accurate and complete descriptions of the procedures (covering all the steps of routine surgeries) that better reflect contemporary clinical practice.
- △ Items 46429 and 46435:
 - These items can be consolidated under item 464AA because they cover similar surgical methods that result in the same clinical outcome. This will reduce the number of items in the MBS and assist in simplifying the schedule.
- △ Item 46453:
 - The Committee did not identify any concerns regarding safety, access, value or contemporary best practice that required a change to this item.
- △ Item 45456:
 - The Committee did not identify any concerns regarding safety, access, value or contemporary best practice that required a change to this item.
- △ Item 47972:
 - This item can be claimed under item 46363 or the **new item** proposed for de Quervain’s release (see above). Removing the item simplifies the MBS.

6.6.13 Wrist – arthroplasty

Table 65: Item introduction table for items 46342, 46345 and 49209–49211

Item	Descriptor	Schedule fee	Volume of services FY2014/15	Total benefits FY2014/15	Services 5-year-average annual growth
46342	Distal radioulnar joint or carpometacarpal joint or joints, synovectomy of. (Anaes.) (Assist.)	\$466	78	\$15,600	4%
46345	Distal radioulnar joint, reconstruction or stabilisation of, including fusion, or ligamentous arthroplasty and excision of distal ulna, when performed. (Anaes.) (Assist.)	\$564	150	\$47,422	-1%

Item	Descriptor	Schedule fee	Volume of services FY2014/15	Total benefits FY2014/15	Services 5-year-average annual growth
49209	Wrist, total replacement arthroplasty of. (Anaes.) (Assist.)	\$753	16	\$7,712	3%
49210	Wrist, total replacement arthroplasty of, revision procedure, including removal of prosthesis. (Anaes.) (Assist.)	\$994	4	\$2,749	15%
49211	Wrist, total replacement arthroplasty of, revision procedure, requiring bone grafting, including removal of prosthesis. (Anaes.) (Assist.)	\$1,193	1	\$895	-13%

Recommendation 62

- △ Item 46342: no change.
- △ Create a **new item** for a Sauve-Kapandji procedure.
 - This item is for the fusion of the distal radioulnar joint with creation of a pseudoarthrosis of the ulnar proximal to the fusion.
 - The Committee recommended a schedule fee that is 25 per cent higher than item 46345 to recognise that the item includes multiple procedures that were previously co-claimed (for example, osteotomy of the ulna and radioulnar joint fusion).
 - The proposed item descriptor is as follows:
 - Item 492XX: Sauve-Kapandji procedure distal radioulnar joint, inclusive of, if performed: radioulnar fusion, osteotomy of neck of ulna and associated soft tissue reconstruction. (Anaes.) (Assist.)
- △ Item 46345: Change the descriptor.
 - Replace ‘reconstruction or stabilisation of’ with ‘resection arthroplasty.’
 - Remove the reference to fusion, ligamentous arthroplasty and excision of distal ulna.
 - Add the phrase ‘partial or complete resection.’
 - Clarify that the item includes stabilising procedures and ligament or tendon reconstruction and synovectomy, if performed.
 - The proposed item descriptor is as follows:
 - Distal radioulnar joint, resection arthroplasty, partial or complete resection. Inclusive of, if performed: stabilising procedures and ligament or tendon reconstruction and synovectomy. (Anaes.) (Assist.)
- △ Item 49209: Change the descriptor.
 - Include prosthetic replacement of the distal radioulnar joint in the item and remove the phrase ‘total replacement’.
 - Specify that ligament and tendon realignments are included within this item, if performed.
 - The proposed item descriptor is as follows:
 - Wrist or distal radioulnar joint, prosthetic replacement of. Inclusive of, if performed: ligament and tendon realignments. (Anaes.) (Assist.)
- △ Item 49210: Change the descriptor.

- Include the distal radioulnar joint and specify that tendon and ligament rebalancing are included within this item, if performed.
- The proposed item descriptor is as follows:
 - Wrist or distal radioulnar joint, total replacement arthroplasty of, revision procedure. Inclusive of, if performed: removal of prosthesis inclusive of, if performed: tendon and ligament rebalancing. (Anaes.) (Assist.)

△ Item 49211: Consolidate with item 49210.

Rationale

This recommendation focuses on modernising the MBS and ensuring that MBS items provide rebates for high-value care. It is based on the following.

Primary wrist arthroplasty is also covered in the trauma section and other parts of the MBS because it is used in the initial management of acute injury or pathology (see Section 4, Definitions). An elective tendon procedure is required if secondary healing occurs after the normal expected healing time.

△ Item 46342:

- The Committee did not identify any concerns regarding safety, access, value or contemporary best practice that required a change to this item.

△ **New item** for Sauve-Kapandji release (fusion of distal radioulnar joint with creation of a pseudoarthrosis of the ulnar just proximal to the fusion):

- The Committee recommended this **new item** because this surgery is currently being billed inconsistently, using a range of items including 48406, 50109, 46345, 49215 and 46408. Creating a **new item** (with an accurate and complete description of the procedure, reflecting contemporary practice) will address this problem.
- The Committee recommended a schedule fee that is 25 per cent higher than item 46435 (secondart repair of flexor tendon of hand) to account for the complexity of the procedure.

△ Item 46345:

- Changes to this descriptor provide a more accurate and complete description of the procedure (covering all the steps of routine surgeries) that better reflects contemporary clinical practice.

△ Item 49209:

- This item descriptor has been changed to clarify that the item covers prosthetic replacement of the ulnar head or prosthetic replacement of the distal radioulnar joint. The proposed descriptor also clarifies that ligament and tendon realignments are parts of the procedure.

△ Item 49210:

- This item descriptor has been changed to clarify that the item covers total arthroplasty of the ulnar head or the distal radioulnar joint. Including tendon and ligament rebalancing in this item descriptor provides a more accurate and complete description of the procedure (covering all the steps of routine surgeries) that better reflects contemporary clinical practice.

△ Item 49211:

- This item is covered by item 49210 and the new bone graft section. Removing the item will simplify the MBS.

6.6.14 Wrist – diagnostic/therapeutic

Table 66: Item introduction table for items 49200, 49203, 49206, 49212, 49215, 49218, 49221, 49224 and 49227

Item	Descriptor	Schedule fee	Volume of services FY2014/15	Total benefits FY2014/15	Services 5-year-average annual growth
49200	Wrist, arthrodesis of, with synovectomy if performed, with or without bone graft and internal fixation of the radiocarpal joint. (Anaes.) (Assist.)	\$819	149	\$86,296	3%
49203	Wrist, limited arthrodesis of the intercarpal joint, with synovectomy if performed, with or without bone graft. (Anaes.) (Assist.)	\$612	183	\$72,936	3%
49206	Wrist, proximal carpectomy of, including styloidectomy when performed. (Anaes.) (Assist.)	\$565	48	\$16,732	1%
49212	Wrist, arthrotomy of. (Anaes.)	\$236	604	\$47,229	2%
49215	Wrist, reconstruction of, including repair of single or multiple ligaments or capsules, including associated arthrotomy. (Anaes.) (Assist.)	\$650	957	\$412,621	7%
49218	Wrist, diagnostic arthroscopy of, including radiocarpal or midcarpal joints, or both (including biopsy) - not being a service associated with any other arthroscopic procedure of the wrist joint. (Anaes.) (Assist.)	\$273	117	\$16,181	-1%
49221	Wrist, arthroscopic surgery of, involving any 1 or more of: drilling of defect; removal of loose body, release of adhesions; local synovectomy; or debridement of one area - not being a service associated with any other arthroscopic procedure of the wrist joint. (Anaes.) (Assist.)	\$612	432	\$169,627	6%
49224	Wrist, arthroscopic debridement of 2 or more distinct areas; or osteoplasty including excision of the distal ulna; or total synovectomy, not being a service associated with any other arthroscopic procedure of the wrist. (Anaes.) (Assist.)	\$706	891	\$454,305	11%
49227	Wrist, arthroscopic pinning of osteochondral fragment or stabilisation procedure for ligamentous disruption - not being a service associated with any other arthroscopic procedure of the wrist joint. (Anaes.) (Assist.)	\$706	131	\$65,309	12%

Recommendation 63

- △ Create a **new item** for soft tissue stabilisation of the distal radioulnar joint.
 - The Committee recommended a schedule fee that is 10 per cent lower than item 49215 (wrist reconstruction), recognising the relative complexity of the two items.
 - Allow the item to be claimed in both elective and trauma contexts.
 - The proposed item descriptor is as follows:
 - Item 492AA: Soft tissue stabilisation of distal radioulnar joint using ligament or tendon grafting, by open procedure. Inclusive of, if performed: graft harvest, and triangular fibrocartilage complex (TFCC) repair or reconstruction, elective or trauma. (Anaes.) (Assist.)
- △ Item 49200: Change the descriptor.
 - Specify that the surgery is for ‘complete’ arthrodesis.

- Remove the reference to bone grafting. If a bone graft is required for wrist arthrodesis procedures, an additional item should be selected from the new bone graft table.
 - Allow the item to be claimed in both elective and trauma contexts. The Committee recommended adjusting the schedule fee down to take into account the removal of bone grafting from existing items.
 - The proposed item descriptor is as follows:
 - Wrist, complete arthrodesis of, radiocarpal and intercarpal, with synovectomy if performed, with or without internal fixation of the radiocarpal joint, elective or trauma. (Anaes.) (Assist.)
- △ Item 49203: Change the descriptor.
- Specify that the surgery is performed ‘with or without internal fixation’ and replace the word ‘limited’ with the word ‘partial.’
 - Replace ‘intercarpal’ with ‘radiocarpal or intercarpal.’
 - Specify that ‘any associated carpal excisions’ are included in the item, if performed.
 - Remove the reference to bone grafting. If a bone graft is required for wrist arthroplasty procedures, an additional item should be selected from the new bone graft table.
 - Allow the item to be claimed in both elective and trauma contexts.
 - The proposed item descriptor is as follows:
 - Wrist, partial arthrodesis of, radiocarpal or intercarpal, with synovectomy if performed, with or without internal fixation. Inclusive of, if performed: any associated carpal excisions, elective or trauma. (Anaes.) (Assist.)
- △ Item 49206: Change the descriptor.
- Add the word ‘row’ and clarify that the item includes ‘synovectomy.’
 - The proposed item descriptor is as follows:
 - Wrist, proximal row carpectomy. Inclusive of, if performed: styloidectomy and synovectomy. (Anaes.) (Assist.)
- △ Item 49212: Change the descriptor.
- Specify what is included in this surgery by adding the following: ‘distal radioulnar joint, arthrotomy, for infection, removal of loose bodies, synovectomy and/or joint debridement.’
 - The proposed item descriptor is as follows:
 - Wrist or distal radioulnar joint, arthrotomy, for infection, removal of loose bodies, synovectomy or joint debridement. (Anaes.) (Assist.)
- △ Item 49215: Change the descriptor.
- Specify that this surgery includes synovectomy, tendon or ligament harvesting and grafting, the use of synthetic ligament substitute, and arthrotomy, if performed.
 - Allow the item to be claimed in both elective and trauma contexts.
 - The proposed item descriptor is as follows:
 - Wrist, open reconstruction of single or multiple ligaments or capsules. Inclusive of if performed: synovectomy, tendon or ligament harvesting and grafting, use of synthetic ligament substitute and arthrotomy, elective or trauma. (Anaes.) (Assist.)

- △ Item 49218: No change.
- △ Item 49221: Change the descriptor.
 - Clarify the descriptor by including ‘arthroscopic resection of dorsal or volar ganglion.’
 - Allow the item to be claimed in both elective and trauma contexts.
 - The proposed item descriptor is as follows:
 - Wrist, arthroscopic surgery of, involving any 1 or more of: drilling of defect, removal of loose body, release of adhesions, local synovectomy, debridement of one area, arthroscopic resection of dorsal or volar ganglion - not being a service associated with any other arthroscopic procedure of the wrist joint, elective or trauma. (Anaes.) (Assist.)
- △ Item 49224: Change the descriptor.
 - Clarify the descriptor by including ‘two or more distinct areas.’
 - The proposed item descriptor is as follows:
 - Wrist, arthroscopic osteoplasty, excision of the distal ulna, or total synovectomy. Two or more distinct areas - not being a service associated with any other arthroscopic procedure of the wrist (Anaes.) (Assist.)
- △ Item 49227: Change the descriptor.
 - Add ‘distal radioulnar joint’ and ‘arthroscopic assisted partial wrist fusion or carpectomy, or fracture management.’
 - Allow the item to be claimed in both elective and trauma contexts.
 - The proposed item descriptor is as follows:
 - Wrist or distal radioulnar joint, arthroscopic pinning of osteochondral fragment, stabilisation procedure for ligamentous disruption, arthroscopic assisted partial wrist fusion or carpectomy, or fracture management - not being a service associated with any other arthroscopic procedure of the wrist joint, elective or trauma. (Anaes.) (Assist.)
- △ Create a **new item** for diagnostic arthroscopy of a small joint.
 - The proposed item descriptor is as follows:
 - Item 492AB: Small joint, carpometacarpal of thumb or joint of digit, diagnostic arthroscopy of, inclusive of, if performed: biopsy. (Anaes.) (Assist.)
- △ Create a **new item** for an arthroscopic procedure for a small joint.
 - The proposed item descriptor is as follows:
 - Item 492AC: Small joint, carpometacarpal of thumb or joint of digit, arthroscopic procedure. Per joint. (Anaes.) (Assist.)
- △ Create a **new item** for the excision of pisiform.
 - The proposed item descriptor is as follows:
 - Item 492AD: Excision of pisiform. (Anaes.) (Assist.)

Rationale

This recommendation focuses on modernising the MBS, improving the structure of elective and trauma items, and ensuring that MBS items provide rebates for high-value care. It is based on the following.

- △ If a bone graft is required for wrist arthroplasty procedures, clinicians will be able to select an additional item from the bone graft section (Recommendation 1).
- △ **New item** for soft tissue stabilisation of distal radioulnar joint:
 - The Committee recommended a **new item** for this procedure, with an accurate and complete description of the procedure that reflects current clinical practice. There is currently no specific item for this procedure, leading to inconsistent billing practices.
- △ Item 49200:
 - Changes to this descriptor provide a more accurate and complete description of the procedure (covering all the steps of routine surgeries) that better reflects contemporary clinical practice.
 - The references to bone grafting have been removed from the descriptor for item 464XX because it can be used in combination with the bone graft section, which better accounts for the range of complexity associated with bone grafting. The Committee noted that removing the reference to bone grafting in the primary item may necessitate a change to the schedule fee.
- △ Item 49203:
 - Changes to this descriptor provide a more accurate and complete description of the procedure (covering all the steps of routine surgeries) that better reflects contemporary clinical practice. If a bone graft is required for wrist arthroplasty procedures, clinicians will be able to use an additional item from the bone graft section (Section 4.2).
 - The references to bone grafting have been removed from the descriptor for item 464XX because it can be used in combination with the bone graft section, which better accounts for the range of complexity associated with bone grafting.
- △ Item 49206:
 - Including the words ‘synovectomy’ and ‘row’ in this item descriptor provides a more accurate and complete description of the procedure (covering all the steps of routine surgeries) that better reflects contemporary clinical practice.
- △ Item 49212:
 - Including ‘for infection, removal of loose bodies, synovectomy and/or joint debridement’ in this descriptor provides a more accurate and complete description of the procedure (covering all the steps of routine surgeries) that better reflects contemporary clinical practice.
- △ Items 49215, 49221 and 49224:
 - Changes to these descriptors provide a more accurate and complete description of the procedure (covering all the steps of routine surgeries) that better reflects contemporary clinical practice.
- △ Item 49218:
 - The Committee did not identify any concerns regarding safety, access, value or contemporary best practice that required a change to item 49218.
- △ Item 49227:
 - Including ‘arthroscopic assisted partial wrist fusion or carpectomy or fracture management’ better reflects current clinical practice and the increasing prevalence of arthroscopic management of fractures.

- △ **New item** for diagnostic arthroscopy of small joint:
 - This **new item** is necessary because the procedure was previously billed as item 50100 (joint diagnostic arthroscopy).
 - The Committee recommended that this procedure should have a specific number in the Hand and Wrist subgroup.
- △ **New item** for arthroscopic procedure for small joint (for example, carpometacarpal of thumb or joint of digit):
 - This **new item** is necessary because the procedure was previously billed under item 50102 (joint arthroscopic surgery).
 - The Committee recommended that this procedure should have a specific number in the Hand and Wrist subgroup.
- △ **New item** for the excision of pisiform:
 - This **new item** is necessary because the procedure was previously billed as item 46396 (osteotomy or osteectomy of the phalanx or metacarpal) or item 48406 (osteotomy or osteectomy of various bones including the radius, ulna and carpus). As the term ‘osteectomy’ has been removed from these items, a **new item** is required to prevent gaps in the schedule and patient access issues.
 - The Committee recommended that this procedure should have a specific number in the Hand and Wrist subgroup.

6.7 Trauma section

6.7.1 Introduction

The hand and wrist trauma section is designed to provide the operating clinician with item numbers that apply to operations with countless variables when managing acute trauma injuries. A laceration or trauma to a hand or forearm could injure a few or a great many structures, as well as multiple digits or regions. The nature of these structures varies just as much as the different regions, ranging from bone to tendon to microsurgical vessel or nerve. Trauma injuries may also result in unexpected further procedures once wounds or tissues are explored.

As the Committee considered the possibility of bundling common procedures into one item number, it became apparent that this variability would result in an unwieldy number of MBS items. For this reason, the Committee developed an alternative option: create a trauma section, with items representing a separate anatomical area or injury grouping that may need to be dealt with in the event of trauma.

The Committee identified two further problems with trauma surgery: the possibility of item overuse and the existence of inappropriate and ambiguous numbers in the current MBS. The proposed trauma section addresses this problem by specifically excluding irrelevant numbers from the elective portion of the Hand and Wrist subgroup.

The following principles apply to the trauma items:

- △ The items are to be used in the setting of acute trauma following injury. In this context, ‘acute’ means within a short time of the primary incident and prior to normal primary tissue healing.
- △ The items apply to the hand and wrist, up to the level of the mid-forearm (musculotendinous junction).

- △ Claiming an item number from the trauma section excludes the use of any additional numbers from the elective section for a procedure on the same part or region. Exceptions have been made for procedures likely to occur in both the elective and trauma contexts, which can be claimed in both elective and trauma contexts.

6.7.2 Wound management principles

Associated items from the T8 section of the MBS have not been duplicated in the hand and wrist trauma section but may be required in complex cases, including wound management, plastic surgery, skin flap, skin grafting and microvascular procedures. This avoids duplication and makes the trauma section less complex. Inclusion of T8 items in fee billing is expected to be uncommon.

6.7.3 Amputation

Table 67: Item introduction table for items 44325, 46465, 46468, 46471, 46474, 46477, 46480 and 46483

Item	Descriptor	Schedule fee	Volume of services FY2014/15	Total benefits FY2014/15	Services 5-year-average annual growth
44325	Hand, midcarpal or transmetacarpal, amputation of. (Anaes.) (Assist.)	\$296	5	\$1,061	-16%
46465	Amputation of single digit, proximal to nail bed, involving section of bone or joint and requiring soft tissue cover. (Anaes.)	\$226	222	\$28,427	1%
46468	Amputation of 2 digits, proximal to nail bed, involving section of bone or joint and requiring soft tissue cover. (Anaes.) (Assist.)	\$395	20	\$5,332	11%
46471	Amputation of 3 digits, proximal to nail bed, involving section of bone or joint and requiring soft tissue cover. (Anaes.) (Assist.)	\$564	8	\$3,461	22%
46474	Amputation of 4 digits, proximal to nail bed, involving section of bone or joint and requiring soft tissue cover. (Anaes.) (Assist.)	\$733	1	\$550	0%
46477	Amputation of 5 digits, proximal to nail bed, involving section of bone or joint and requiring soft tissue cover. (Anaes.) (Assist.)	\$903	1	\$677	-
46480	Amputation of single digit, proximal to nail bed, involving section of bone or joint and requiring soft tissue cover, including metacarpal. (Anaes.) (Assist.)	\$376	61	\$13,992	6%
46483	Revision of amputation stump to provide adequate soft tissue cover. (Anaes.) (Assist.)	\$301	74	\$13,244	1%

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- △ Allow these items to be claimed in both an elective and trauma context.
- △ Change the descriptors (see Section 6.6.1 in the elective section for further detail).
 - The proposed item descriptors are as follows:
 - Item 44325: Amputation of hand, transcarpal, elective or trauma. (Anaes.) (Assist.)

- Item 46465: Amputation digit, distal to metacarpal head. Inclusive of, if performed: resection of bone, neuroma and skin cover with local flaps, 1 ray, elective or trauma. (Anaes.) (Assist.)
- Item 46468: Amputation digit, distal to metacarpal head. Inclusive of, if performed: resection of bone, neuroma and skin cover with local flaps, 2 rays, elective or trauma. (Anaes.) (Assist.)
- Item 46471: Amputation digit, distal to metacarpal head. Inclusive of, if performed: resection of bone, neuroma and skin cover with local flaps, 3 rays, elective or trauma. (Anaes.) (Assist.)
- Item 46474: Amputation digit, distal to metacarpal head. Inclusive of, if performed: resection of bone, neuroma and skin cover with local flaps, 4 rays, elective or trauma. (Anaes.) (Assist.)
- Item 46477: Amputation digit, distal to metacarpal head. Inclusive of, if performed: resection of bone, neuroma and skin cover with local flaps, 5 rays, elective or trauma. (Anaes.) (Assist.)
- Item 46480: Amputation, ray of hand. Inclusive of, if performed: resection of bone, neuromas and skin cover or recontouring with local flaps, per ray, elective or trauma. (Anaes.) (Assist.)
- Item 48483: Amputation, revision of stump to provide adequate cover, inclusive of, if performed: bone shortening and excision of neuroma, and nail bed remnants, elective or trauma. (Anaes.) (Assist.)

Rationale

This recommendation focuses on modernising the MBS, improving the structure of elective and trauma items, and ensuring that MBS items provide rebates for high-value care. It is based on the following.

- △ These amputations items can be claimed in both elective and trauma contexts.
- △ The changes to these amputations items are described and justified in the elective part of this document at Section 6.6.1.

6.7.4 Dislocations

Table 68: Item introduction table for items 46300, 46309, 46312, 46315, 46318, 46321, 46330, 46333, 47024, 47027, 47036, 47039, 47042 and 47045

Item	Descriptor	Schedule fee	Volume of services FY2014/15	Total benefits FY2014/15	Services 5-year-average annual growth
46300	Inter-phalangeal joint or metacarpophalangeal joint, arthrodesis of, with synovectomy if performed. (Anaes.) (Assist.)	\$338	861	\$145,260	4%
46309	Interphalangeal joint or metacarpophalangeal joint, total replacement arthroplasty or hemiarthroplasty of, including associated synovectomy, tendon transfer or realignment - 1 joint. (Anaes.) (Assist.)	\$527	416	\$155,145	4%
46312	Interphalangeal joint or metacarpophalangeal joint, total replacement arthroplasty or hemiarthroplasty of, including associated synovectomy, tendon transfer or realignment - 2 joints. (Anaes.) (Assist.)	\$677	91	\$44,517	6%
46315	Interphalangeal joint or metacarpophalangeal joint, total replacement arthroplasty or hemiarthroplasty	\$903	11	\$7,324	-7%

Item	Descriptor	Schedule fee	Volume of services FY2014/15	Total benefits FY2014/15	Services 5-year-average annual growth
	of, including associated synovectomy, tendon transfer or realignment - 3 joints. (Anaes.) (Assist.)				
46318	Interphalangeal joint or metacarpophalangeal joint, total replacement arthroplasty or hemiarthroplasty of, including associated synovectomy, tendon transfer or realignment - 4 joints. (Anaes.) (Assist.)	\$1,128	26	\$21,774	-15%
46321	Interphalangeal joint or metacarpophalangeal joint, total replacement arthroplasty or hemiarthroplasty of, including associated synovectomy, tendon transfer or realignment - 5 or more joints. (Anaes.) (Assist.)	\$1,354	2	\$2,031	0%
46330	Inter-phalangeal joint or metacarpophalangeal joint, ligamentous or capsular repair with or without arthrotomy. (Anaes.) (Assist.)	\$346	837	\$161,034	-1%
46333	Inter-phalangeal joint or metacarpophalangeal joint, ligamentous repair of, using free tissue graft or implant. (Anaes.) (Assist.)	\$564	464	\$178,433	7%
47024	Radioulnar joint, distal or proximal, treatment of dislocation of, by closed reduction, not being a service associated with fracture or dislocation in the same region. (Anaes.)	\$198	125	\$20,432	-7%
47027	Radioulnar joint, distal or proximal, treatment of dislocation of, by open reduction, not being a service associated with fracture or dislocation in the same region. (Anaes.) (Assist.)	\$264	5	\$636	-13%
47036	Interphalangeal joint, treatment of dislocation of, by closed reduction. (Anaes.)	\$85	905	\$63,371	-2%
47039	Interphalangeal joint, treatment of dislocation of, by open reduction. (Anaes.)	\$113	124	\$5,478	6%
47042	Metacarpophalangeal joint, treatment of dislocation of, by closed reduction. (Anaes.)	\$113	180	\$16,671	-5%
47045	Metacarpophalangeal joint, treatment of dislocation of, by open reduction. (Anaes.)	\$151	22	\$1,963	-3%

Recommendation

- △ Item 46300: Change the descriptor.
 - Clarify that this item can be claimed in an elective or trauma context.
 - The proposed item descriptor is as follows:
 - Interphalangeal joint or metacarpophalangeal joint, arthrodesis of. Inclusive of, if performed: synovectomy and joint debridement, elective or trauma. (Anaes.) (Assist.)
- △ Items 46309, 46312, 46315, 46318 and 46321: Change the descriptors.
 - Specify that these procedures include prosthetic replacement as a mandatory component of the procedure, and that separate items for synovectomy, tendon transfer, realignment or ligament reconstruction cannot be claimed.
 - Clarify that these items can be claimed in both elective and trauma contexts.
 - See also Section 6.6.8 in the elective section.
 - The proposed item descriptors are as follows:

- 46309: Interphalangeal joint or metacarpophalangeal joint, prosthetic replacement arthroplasty or hemiarthroplasty of. Inclusive of, if performed: associated synovectomy, tendon transfer, realignment and ligament reconstruction, 1 joint, elective or trauma. (Anaes.) (Assist.)
 - 46312: Interphalangeal joint or metacarpophalangeal joint, prosthetic replacement arthroplasty or hemiarthroplasty of. Inclusive of, if performed: associated synovectomy, tendon transfer, realignment and ligament reconstruction, 2 joints, elective or trauma. (Anaes.) (Assist.)
 - 46315: Interphalangeal joint or metacarpophalangeal joint, prosthetic replacement arthroplasty or hemiarthroplasty of. Inclusive of, if performed: associated synovectomy, tendon transfer, realignment and ligament reconstruction, 3 joints, elective or trauma. (Anaes.) (Assist.)
 - 46318: Interphalangeal joint or metacarpophalangeal joint, prosthetic replacement arthroplasty or hemiarthroplasty of. Inclusive of, if performed: associated synovectomy, tendon transfer, realignment and ligament reconstruction, 4 joints, elective or trauma. (Anaes.) (Assist.)
 - 46321: Interphalangeal joint or metacarpophalangeal joint, prosthetic replacement arthroplasty or hemiarthroplasty of. Inclusive of, if performed: associated synovectomy, tendon transfer, realignment and ligament reconstruction, 5 joints, elective or trauma. (Anaes.) (Assist.)
- △ Item 46330: Change the descriptor.
- Clarify that this item can be claimed in an elective or trauma context.
 - The proposed item descriptor is as follows:
 - Interphalangeal or metacarpophalangeal joint, ligamentous or capsular repair or reconstruction, inclusive of, if performed arthrotomy, synovectomy or joint stabilisation, per joint, elective or trauma. (Anaes.) (Assist.)
- △ Item 46333: Change the descriptor.
- Clarify that this item can be claimed in an elective or trauma context.
 - The proposed item descriptor is as follows:
 - Interphalangeal or metacarpophalangeal joint, ligamentous or capsular repair or reconstruction with graft, using graft or implant, inclusive of, if performed, arthrotomy or synovectomy or joint stabilisation, per joint. Inclusive of: harvest of graft, elective or trauma. (Anaes.) (Assist.)
- △ Item 47024: No change.
- △ Item 47027: Change the descriptor.
- Specify that styloid fracture or triangular fibrocartilage complex repair are included in the item, if performed.
 - Remove ‘not being a service associated with fracture or dislocation in the same region’.
 - The proposed item descriptor is as follows:
 - Radioulnar joint, distal or proximal, treatment of dislocation of, by open reduction, not being a service associated with fracture or dislocation in same region. Inclusive of, if performed: styloid fracture or triangular fibrocartilage complex repair. (Anaes.) (Assist.)
- △ Items 47036 and item 47042: Consolidate under single item 47042.

- The proposed item descriptor is as follows:
 - Interphalangeal or metacarpophalangeal joint, treatment of dislocation of, by closed reduction. (Anaes.)

△ Item 47039 and 47045: Consolidate under single item 47045.

- Specify that item 47045 provides for assistance.
- Specify that arthrotomy, capsule, ligament and volar plate repair are included in the item, if performed.
- The proposed item descriptor is as follows:
 - Interphalangeal or metacarpophalangeal joint, treatment of dislocation of, by open reduction. Inclusive of, if performed: arthrotomy, capsule, ligament and volar plate repairs. (Anaes.) (Assist.)

Rationale

This recommendation focuses on modernising the MBS and ensuring that MBS items provide rebates for high-value care. It is based on the following.

△ Item 46300:

- Changes to these descriptors provide more accurate and complete descriptions of the procedures (covering all the steps of routine surgeries) that better reflect contemporary clinical practice.
- Due to the duplication of items in the recommended trauma section, the Committee expects 50 per cent of the service volume to be billed to items 46333 and 46300, and the remaining 50 per cent to be billed to the new trauma items.

△ Items 46309, 46312, 46315, 46318 and 46321:

- Including ‘inclusive of, if performed: associated synovectomy, tendon transfer, realignment and ligament reconstruction’ in the item descriptors provides a more accurate and complete description of the procedure, covering all the steps of routine surgeries.
- While the items will primarily be used in an elective context, they may be required in trauma cases with significant damage to the joint.

△ Item 46330:

- Including ‘inclusive of, if performed: arthrotomy, synovectomy or joint stabilisation, per joint’ in the item descriptor provides a more accurate and complete description of the procedure, covering all the steps of routine surgeries.

△ Item 46333:

- Including ‘inclusive of, if performed: arthrotomy or synovectomy or joint stabilisation, harvest of graft, per joint’ in the item descriptor provides a more accurate and complete description of the procedure, covering all the steps of routine surgeries.

△ Items 47036 and 47042:

- The Committee noted that item 47036 could be removed from the MBS because it is a similar procedure to, and is now covered by, item 47042. This recommendation creates consistency across the Hand and Wrist section by using specific terminology (‘per ray’) and not splitting digits into segments (Section 6.3). This approach is consistent with the recommendations for flexor tendons.

- It is necessary to include ‘interphalangeal joint’ in the item descriptor for item 47042 because of the consolidation of item 47036.
- The Committee expects all the surgeries previously claimed under item 47036 to flow to item 47042.

△ Item 47039 and 47045:

- The Committee noted that item 47039 could be removed from the MBS because it is a similar procedure to, and is now covered by, item 47045. This approach creates consistency across the Hand and Wrist section by using specific terminology (‘per ray’) and not splitting digits into segments (Section 6.3). This approach is consistent with the recommendations for flexor tendons.
- The Committee expects all the surgeries previously claimed under item 47039 to flow to item 47045.

△ Item 47024:

- The Committee did not identify any concerns regarding safety, access, value or contemporary best practice that required a change to item 47024.

△ Item 47027:

- Including ‘Inclusive of, if performed: styloid fracture or triangular fibrocartilage complex repair’ in the item descriptor provides a more accurate and complete description of the procedure, covering all the steps of routine surgeries.
- The phrase ‘not being a service associated with fracture or dislocation in the same region’ has been removed to reflect modern clinical practice. For example, dislocated distal radio-ulnar joints are often associated with a complex and displaced fracture of the distal radius and treated together.

6.7.5 Fractures

6.7.5.1 Radius and ulna

Table 69: Item introduction table for items 47378, 47381, 47384, 47385, 47386, 47387, 47390 and 47393

Item	Descriptor	Schedule fee	Volume of services FY2014/15	Total benefits FY2014/15	Services 5-year-average annual growth
47378	Radius or ulna, shaft of, treatment of fracture of, by cast immobilisation, not being a service to which item 47381, 47384, 47385 or 47386 applies. (Anaes.)	\$170	1492	\$210,418	-1%
47381	Radius or ulna, shaft of, treatment of fracture of, by closed reduction undertaken in the operating theatre of a hospital. (Anaes.)	\$254	37	\$7,018	-11%
47384	Radius or ulna, shaft of, treatment of fracture of, by open reduction. (Anaes.) (Assist.)	\$339	242	\$51,471	2%
47385	Radius or ulna, shaft of, treatment of fracture of, in conjunction with dislocation of distal radio-ulnar joint or proximal radio-humeral joint (Galeazzi or Monteggia injury), by closed reduction undertaken in the operating theatre of a hospital. (Anaes.) (Assist.)	\$292	20	\$3,968	-7%
47386	Radius or ulna, shaft of, treatment of fracture of, in conjunction with dislocation of distal radio-ulnar joint or proximal radio-humeral joint	\$471	178	\$51,918	4%

Item	Descriptor	Schedule fee	Volume of services FY2014/15	Total benefits FY2014/15	Services 5-year-average annual growth
	(Galeazzi or Monteggia injury), by open reduction or internal fixation. (Anaes.) (Assist.)				
47387	Radius and ulna, shafts of, treatment of fracture of, by cast immobilisation, not being a service to which item 47390 or 47393 applies. (Anaes.) (Assist.)	\$273	572	\$129,059	-4%
47390	Radius and ulna, shafts of, treatment of fracture of, by closed reduction, undertaken in the operating theatre of a hospital. (Anaes.)	\$410	106	\$31,857	-8%
47393	Radius and ulna, shafts of, treatment of fracture of, by open reduction. (Anaes.) (Assist.)	\$546	152	\$56,049	0%

Recommendation 65

- △ Item 47378 and 47387: Consolidate items under item 47387.
 - Remove ‘not being a service to which item 47381, 47384, 47385 or 47386 applies.’
 - Add the word ‘distal.’
 - The proposed item descriptor is as follows:
 - Distal or shafts of radius and/or ulna, cast immobilisation only. (Anaes.)
- △ Item 47381: Change the descriptor.
 - Remove the words ‘or accredited operating theatre.’
 - The proposed item descriptor is as follows:
 - Radius or ulna, shaft of, treatment of fracture of, by closed reduction undertaken in the operating theatre of a hospital. (Anaes.)
- △ Item 47384: Change the descriptor.
 - Specify that this item includes ‘internal fixation.’
 - The proposed item descriptor is as follows:
 - Radius or ulna, shaft of, treatment of fracture of, by open reduction and internal fixation. (Anaes.) (Assist.)
- △ Item 47385: No change.
- △ Item 47386: Change the descriptor.
 - Specify that this item is ‘inclusive of, if performed: reduction of dislocation.’
 - The proposed item descriptor is as follows:
 - Radius or ulna, shaft of, treatment of fracture of, in conjunction with dislocation of distal radio-ulnar joint or proximal radio-humeral joint (Galeazzi or Monteggia injury), by open reduction or internal fixation. Inclusive of, if performed: reduction of dislocation. (Anaes.) (Assist.)
- △ Item 47390 and 47393: No change.

Rationale

- △ Items 47378 and 47387:

- It is the position of the Committee that these items cover a procedure that is similar to, and is covered by, item 47378.
- Removing ‘not being a service to which item 47381, 47384, 47385 or 47386 applies’ from this descriptor and including specifications in the descriptors provides a more accurate and complete description of the procedure, covering all the steps of routine surgeries. The procedure is a non-operative treatment that can take place in a hospital or non-hospital setting, and it includes application of splint/plaster only.
- The Committee expects 100 per cent of the volume from item 47387 to move to item 47378.

△ Item 47381:

- This procedure can safely be performed outside the operating theatre.

△ Item 47384:

- Changes to this descriptor provide a more accurate and complete description of the procedure (covering all the steps of routine surgeries) that better reflects contemporary clinical practice.

△ Item 47385:

- The Committee did not identify any concerns regarding safety, access, value or contemporary best practice that required a change to item 47385.

△ Item 47386:

- Changes to this descriptor provide a more accurate and complete description of the procedure (covering all the steps of routine surgeries) that better reflects contemporary clinical practice.

△ Items 47390 and 47393:

- The Committee did not identify any concerns regarding safety, access, value or contemporary best practice that required a change to items 47390 and 47393.

6.7.5.2 Carpus

Table 70: Item introduction table for items 47348, 47354, 47357, 47030, 47033 and 47351

Item	Descriptor	Schedule fee	Volume of services FY2014/15	Total benefits FY2014/15	Services 5-year-average annual growth
47348	Carpus (excluding scaphoid), treatment of fracture of, not being a service to which item 47351 applies. (Anaes.)	\$94	837	\$63,882	4%
47354	Carpal scaphoid, treatment of fracture of, not being a service to which item 47357 applies. (Anaes.)	\$170	2308	\$328,766	-4%
47357	Carpal scaphoid, treatment of fracture of, by open reduction. (Anaes.) (Assist.)	\$377	373	\$87,503	2%
47030	Carpus, or carpus on radius and ulna, or carpometacarpal joint, treatment of dislocation of, by closed reduction. (Anaes.)	\$198	96	\$12,264	2%
47033	Carpus, or carpus on radius and ulna, or carpometacarpal joint, treatment of dislocation of, by open reduction. (Anaes.) (Assist.)	\$264	94	\$9,815	-3%
47351	Carpus (excluding scaphoid), treatment of fracture of, by open reduction. (Anaes.)	\$236	67	\$6,078	4%

Recommendation 66

- △ Item 47348: Change the descriptor.
 - Add ‘by cast immobilisation only.’
 - The proposed item descriptor is as follows:
 - Carpus (excluding scaphoid), treatment of fracture of, by cast immobilisation only, not being a service to which item 47351 applies. (Anaes.)
- △ Item 47354: Change the descriptor.
 - Add ‘by cast immobilisation only.’
 - The proposed item descriptor is as follows:
 - Carpal scaphoid, treatment of fracture of by cast immobilisation only, not being a service to which item 47357 applies. (Anaes.)
- △ Item 47357: Change the descriptor.
 - Specify that this item includes ‘internal or percutaneous fixation by any method’
 - The proposed item descriptor is as follows:
 - Carpal scaphoid, treatment of fracture of, by open reduction and internal or percutaneous fixation by any method. (Anaes.) (Assist.)
- △ Item 47030: No change.
- △ Item 47033: Change the descriptor.
 - Add the phrase ‘Inclusive of, if performed: ligament repair.’
 - The proposed item descriptor is as follows:
 - Carpus, or carpus on radius and ulna, or carpometacarpal joint, treatment of dislocation of, by open reduction. Inclusive of, if performed: ligament repair. (Anaes.) (Assist.)
 - The Committee recommended that the fee should be increased to reflect the inclusion of ligament repair.
- △ Item 47351: Change the descriptor.
 - Specify that the surgery allows for a surgical assistant by adding the term ‘(Assist.)’
 - Add the words ‘internal fixation.’
 - The proposed item descriptor is as follows:
 - Carpus (excluding scaphoid), treatment of fracture of, by open reduction and internal fixation. (Anaes.) (Assist.)

Rationale

- △ Item 47348:
 - Including the specification ‘by cast immobilisation only’ provides a more accurate and complete description of the procedure, covering all the steps of routine surgeries.
 - This item cannot be co-claimed with 47351.
- △ Item 47354:

- Including the specification ‘by cast immobilisation only’ provides a more accurate and complete description of the procedure, covering all the steps of routine surgeries.
- This item cannot be co-claimed with 47357.

△ Item 47357:

- Including ‘internal fixation by any method’ allows clinicians to choose how to perform the surgery, recognising the development of this more recent technique.
- It is the position of the Committee that this item cannot be co-claimed with arthroscopic procedures.

△ Item 47030:

- The Committee did not identify any concerns regarding safety, access, value or contemporary best practice that required a change to item 47030.

△ Item 47033:

- Including ‘inclusive of, if performed: ligament repair’ in the descriptor creates a complete medical service.
- It is the position of the Committee that a schedule fee increase may be warranted to account for the previously co-claimed items that are now included in this item.

△ Item 47351:

- Including ‘inclusive of, if performed: internal fixation’ in the item descriptor provides a more accurate and complete description of the procedure (covering all the steps of routine surgeries) that better reflects contemporary clinical practice.
- The Committee recommended including an assistant for this item because it is a similar procedure to open scaphoid reduction and fixation, both of which provide for assistance. An assistant is needed in order to reduce risk to the patient and promote better consumer outcomes. These items involve complex injuries requiring manipulation of small fragments, temporary fixation, retraction of nerves and vital vessels. The internal fixation devices are small, usually 1.5mm in diameter and are difficult to manoeuvre into the correct position. The scrub nurse is needed to handle the equipment, drills, small screws, and depth gauges and cannot be expected to also hold these small fragments in place. Not having an assistant makes the surgery more difficult with an increased margin of error and a potentially poorer outcome.

6.7.5.3 Hand fractures

Table 71: Item introduction table for items 47301, 47304, 47307, 47310, 47313, 47316 and 47319

Item	Descriptor	Schedule fee	Volume of services FY2015/16	Total benefits FY2015/16	Services 5-year-average annual growth
47301	Phalanx, middle or proximal, treatment of fracture of, by closed reduction, requiring anaesthesia, not provided on the same occasion as a service described in item 47304, 47307, 47310, 47313, 47316 or 47319. (Anaes.)	\$87	203	\$14,180	-
47304	Metacarpal, treatment of fracture of, by closed reduction, requiring anaesthesia, not provided on the same occasion as a service described in item 47301, 47307, 47310, 47313, 47316 or 47319. (Anaes.)	\$99	4	\$279	-

Item	Descriptor	Schedule fee	Volume of services FY2015/16	Total benefits FY2015/16	Services 5-year-average annual growth
47307	Phalanx or metacarpal, treatment of fracture of, by closed reduction with percutaneous K wire fixation. (Anaes.) (Assist.)	\$200	37	\$4,588	-
47310	Phalanx or metacarpal, treatment of fracture of, by open reduction with fixation. (Anaes.) (Assist.)	\$330	112	\$23,556	-
47313	Phalanx or metacarpal, treatment of intra articular fracture of, by closed reduction with percutaneous K wire fixation. (Anaes.) (Assist.)	\$320	39	\$8,400	-
47316	Phalanx or metacarpal, treatment of intra articular fracture of, by open reduction with fixation, not provided on the same occasion as a service to which item 47319 applies. (Anaes.) (Assist.)	\$635	94	\$42,319	-
47319	Middle phalanx, proximal end, treatment of intra articular fracture of, by open reduction with fixation, not provided on the same occasion as a service to which item 47316 applies. (Anaes.) (Assist.)	\$650	19	\$9,029	-

Recommendation 67

- △ Items 47301 and 47304: Change the descriptors.
 - Add the words ‘per fractured bone.’
 - The proposed item descriptors are as follows:
 - Item 47301: Phalanx, middle or proximal, treatment of fracture of, by closed reduction, requiring anaesthesia. Per fractured bone. (Anaes.)
 - Item 47034: Metacarpal, treatment of fracture of, by closed reduction, requiring anaesthesia. Per fractured bone. (Anaes.)
- △ Item 47307: Change the descriptor.
 - Specify that the surgery can include ‘external or dynamic fixation’ devices.
 - Add the words ‘per fractured bone.’
 - The proposed item descriptor is as follows:
 - Phalanx or metacarpal, treatment of fracture of, by closed reduction with percutaneous K wire fixation Inclusive of, if performed: application of external or dynamic fixation. Per fractured bone. (Anaes.) (Assist.)
- △ Item 47310: Change the descriptor.
 - Add the words ‘internal fixation.’
 - The proposed item descriptor is as follows:
 - Phalanx or metacarpal, treatment of fracture of, by open reduction with internal fixation. (Anaes.) (Assist.)
- △ Item 47313: Change the descriptor.
 - Specify that the surgery can include ‘external or dynamic fixation’ devices.
 - The proposed item descriptor is as follows:

- Phalanx or metacarpal, treatment of intra articular fracture of, by closed reduction with percutaneous K wire fixation, external or dynamic fixation. (Anaes.) (Assist.)

△ Items 47316 and 47319: No change.

Rationale

△ Items 47301 and 47304:

- The co-claiming restrictions have been removed to allow multiple fractures to be treated by closed reduction at the same time.
- These changes also provide more accurate and complete descriptions of the procedures (covering all the steps of routine surgeries) that better reflect contemporary clinical practice.

△ Item 47307:

- Including dynamic fixation devices in the descriptor provides a more accurate and complete description of the procedure (covering all the steps of routine surgeries) that better reflects contemporary clinical practice.

△ Item 47310:

- Including dynamic fixation devices in the descriptor provides a more accurate and complete description of the procedure (covering all the steps of routine surgeries) that better reflects contemporary clinical practice.

△ Item 47313:

- Including dynamic fixation devices in the descriptor provides a more accurate and complete description of the procedure (covering all the steps of routine surgeries) that better reflects contemporary clinical practice.

△ Items 47316, and 47319:

- The Committee did not identify any concerns regarding safety, access, value or contemporary best practice that required changes to items 47316 and 47319.

6.7.5.4 Mallet finger

Table 72: Item introduction table for items 46438, 46441 and 46442

Item	Descriptor	Schedule fee	Volume of services FY2014/15	Total benefits FY2014/15	Services 5-year-average annual growth
46438	Mallet finger, closed pin fixation of. (Anaes.)	\$135	37	\$3,192	-2%
46441	Mallet finger, open repair of, including pin fixation when performed. (Anaes.) (Assist.)	\$327	168	\$35,890	-2%
46442	Mallet finger with intra-articular fracture involving more than one-third of base of terminal phalanx - open reduction. (Anaes.) (Assist.)	\$281	73	\$13,668	2%

Recommendation 68

△ Item 46438: No change.

△ Item 46441: Change the descriptor.

- Add the words ‘joint release and tenolysis.’
- The proposed item descriptor is as follows:

- Mallet finger, open reduction of, inclusive of, if performed: pin fixation, joint release and tenolysis. (Anaes.) (Assist.)

△ Item 46442: Consolidate with items 47301 and 47319.

Rationale

△ Item 46438:

- The Committee did not identify any concerns regarding safety, access, value or contemporary best practice that required a change to item 46438.

△ Item 46441:

- Including joint release and tenolysis provides a more accurate and complete description of the procedure (covering all the steps of routine surgeries) that better reflects contemporary clinical practice.

△ Item 46442:

- This item is now covered by fracture items 47301 and 47319.

6.7.6 Tendon items

Table 73: Item introduction table for items 46408, 46411, 46414, 46417, 46420, 46426, and 46432

Item	Descriptor	Schedule fee	Volume of services FY2014/15	Total benefits FY2014/15	Services 5-year-average annual growth
46408	Tendon, reconstruction of, by tendon graft. (Anaes.) (Assist.)	\$692	294	\$123,267	7%
46411	Flexor tendon pulley, reconstruction of, by graft. (Anaes.) (Assist.)	\$406	76	\$14,163	1%
46414	Artificial tendon prosthesis, insertion of in preparation for tendon grafting. (Anaes.) (Assist.)	\$526	104	\$29,926	9%
46417	Tendon transfer for restoration of hand function, each transfer. (Anaes.) (Assist.)	\$489	636	\$160,598	2%
46420	Extensor tendon of hand or wrist, primary repair of, each tendon. (Anaes.)	\$291	1,455	\$99,837	3%
46426	Flexor tendon of hand or wrist, primary repair of, proximal to A1 pulley, each tendon. (Anaes.) (Assist.)	\$338	425	\$52,947	-4%
46432	Flexor tendon of hand, primary repair of, distal to A1 pulley, each tendon. (Anaes.) (Assist.)	\$451	639	\$147,431	1%

Recommendation 69

△ Items: 46408, 46411, 46414 and 46417: Allow these items to be claimed in both an elective and trauma context.

△ The proposed descriptors are as follows (see Section 6.6.12 in the elective section for further detail):

- Item 46408: Tendon reconstruction of, by tendon graft. Inclusive of, if performed: graft harvest and tenolysis of tendon to be reconstructed, elective or trauma. (Anaes.) (Assist.)
- Item 46411: Flexor tendon pulley reconstruction. Complete (not partial) reconstruction with graft. Inclusive of, if performed: harvest of graft. Per pulley, elective or trauma. (Anaes.) (Assist.)

- Item 46414: Artificial tendon prosthesis, insertion of, in preparation for tendon grafting. Inclusive of, if performed: tenolysis, elective or trauma. (Anaes.) (Assist.)
- Item 46417: Tendon transfer for restoration of hand or digit motion, each transfer. Inclusive of, if performed: harvest of donor motor unit, elective or trauma. (Anaes.) (Assist.)
- △ Item 46420: No change.
- △ Item 46426: Change the descriptor.
 - Replace ‘each tendon’ with ‘per tendon.’
 - The proposed item descriptor is as follows:
 - Flexor tendon of hand or wrist, proximal to A1 pulley, primary repair of. Per tendon. (Anaes.) (Assist.)
- △ Item 46432: Change the descriptor.
 - Remove the word ‘hand’ and replace ‘each tendon’ with ‘per tendon.’
 - Specify that this item can be claimed a maximum of two times per digit.
 - The Committee recommended a 25 per cent increase in the schedule fee for this item.
 - The proposed item descriptor is as follows:
 - Flexor tendon, distal to A1 pulley, primary repair of, per tendon, maximum of two per digit. (Anaes.) (Assist.)

Rationale

- △ Items: 46408, 46411, 46414 and 46417:
 - See Section 6.6.12 in the elective section for rationale.
- △ Item 46420:
 - The Committee did not identify any concerns regarding safety, access, value or contemporary best practice that required a change to this item.
- △ Item 46426 and 46432:
 - The above changes clarify the number of tendons permitted in each procedure. They also create clinician options for a single-digit procedure up to ‘full house’ wrist tendon divisions, where nine or more tendons may be divided. A flexor tendon is defined as a tendon on the flexor aspect of a digit (see Section 4, Definitions), where treatment of only two flexors can be claimed per digit/ray. The two slips of FDS inserting to the middle phalanx are **not** to be claimed as two tendons. They are to be billed as part of the single FDS tendon.
 - Item 46432: The Committee recommended a 25 per cent increase in the schedule fee for this item, recognising the technically difficult nature of the procedure and the need for intense post-operative follow-up.

6.7.7 Nerve procedures

Table 74: Item introduction table for items 39300, 39306, 39315 and 39318

Item	Descriptor	Schedule fee	Volume of services FY2014/15	Total benefits FY2014/15	Services 5-year-average annual growth
39300	Cutaneous nerve (including digital nerve), primary repair of, using microsurgical techniques. (Anaes.) (Assist.)	\$353	1183	\$178,774	3%

Item	Descriptor	Schedule fee	Volume of services FY2014/15	Total benefits FY2014/15	Services 5-year-average annual growth
39306	Nerve trunk, primary repair of, using microsurgical techniques. (Anaes.) (Assist.)	\$677	169	\$49,274	2%
39315	Nerve trunk, nerve graft to, (cable graft) including harvesting of nerve graft using microsurgical techniques. (Anaes.) (Assist.)	\$1,030	124	\$60,751	2%
39318	Cutaneous nerve (including digital nerve), nerve graft to, using microsurgical techniques. (Anaes.) (Assist.)	\$639	49	\$17,762	2%

Recommendation 70

- △ Item 39300: Change the descriptor.
 - Add the words ‘per nerve.’
 - Clarify that this item can be claimed in an elective or trauma context.
 - The proposed item descriptor is as follows:
 - Nerve, digital or cutaneous, primary repair using microsurgical techniques, per nerve, not to be used with item 39330, elective or trauma. (Anaes.) (Assist.)
- △ Item 39306: Change the descriptor.
 - Restrict co-claiming with item 39330.
 - The proposed item descriptor is as follows:
 - Nerve trunk, primary repair of, using microsurgical techniques, not to be used with item 39330. (Anaes.) (Assist.)
- △ Item 39315: Change the descriptor.
 - Restrict co-claiming with item 39330 and clarify that this item includes anastomoses of the nerve graft and any transposition to facilitate grafting.
 - Clarify that this item can be claimed in an elective or trauma context.
 - The proposed item descriptor is as follows:
 - Nerve trunk, nerve graft to, (cable graft) using microsurgical techniques. Inclusive of, if performed: harvesting of nerve graft and proximal and distal anastomoses of nerve graft, and any transposition to facilitate grafting, not to be used with item 39330, elective or trauma. (Anaes.) (Assist.)
- △ Create a **new item** for reconstruction of nerve trunk using biological or synthetic nerve conduit.
 - The proposed item descriptor is as follows:
 - Item 393CA: Nerve trunk, reconstruction of using biological or synthetic nerve conduit with microsurgical techniques, not to be used with item 39330. (Anaes.) (Assist.)
- △ Item 39318: Change the descriptor.
 - Specify that this item includes ‘harvesting of nerve graft from separate donor site and proximal and distal anastomoses.’

- Specify that this item cannot be claimed with item 39330.
- Clarify that this item can be claimed in an elective or trauma context.
- The proposed item descriptor is as follows:
 - Nerve, digital or cutaneous, nerve graft to, using microsurgical techniques. Involves harvesting of nerve graft from separate donor site and proximal and distal anastomoses, not to be used with item 39330, elective or trauma. (Anaes.) (Assist.)
- △ Create a **new item** for reconstruction of digital or cutaneous nerve using biological or synthetic nerve conduit.
 - The proposed item descriptor is as follows:
 - Item 393CB: Nerve, digital or cutaneous, reconstruction of using biological or synthetic nerve conduit with microsurgical techniques, not to be used with item 39330. (Anaes.) (Assist.)

Rationale

- △ Item 39300:
 - The changes to the descriptor clarify the appropriate use of this item.
 - Including ‘cannot be used with 39330’ in the descriptor will prevent inappropriate co-claiming and create consistency across the nerve items. In FY2014-15, item 39300 was claimed with item 39330 (neurolysis) in 9 per cent of episodes.^{xlvi}
- △ Item 39306:
 - Including ‘cannot be used with 39330’ in the descriptor will prevent inappropriate co-claiming. In FY2014-15, item 39306 was claimed with item 39330 (neurolysis) in 21 per cent of episodes.^{xlvii}
- △ Item 39315:
 - The changes to the descriptor reduce inappropriate co-claiming. In In FY2014-15, item 39315 was claimed with item 39330 (neurolysis) in 12 per cent of episodes.^{xlviii}
- △ **New item** for reconstruction of digital or nerve trunk using biological or synthetic nerve conduit:
 - This **new item** reflects current clinical practice. It is the position of the Committee that a nerve tube graft is not a new technique, and that it is comparable with using a silicone tendon rod or artificial bone graft supplement.
 - The lack of a specific item for this technique is leading to inconsistent billing practices. The Committee believes with most clinicians use item 39315 (nerve graft to nerve trunk) or 39306 (primary repair of nerve trunk using microsurgical techniques).
- △ Item 39318:
 - Including ‘harvesting of nerve graft from separate donor site and proximal and distal anastomoses’ in the descriptor provides a more accurate and complete description of the procedure (covering all the steps of routine surgeries) and will prevent inappropriate co-claiming. In In FY2014-15, item 39318 was claimed with item 39324 (neurectomy or neurotomy of peripheral nerve) in 21 per cent of episodes.^{xlix}
 - The phrase ‘cannot be used with 39330’ has been added into the descriptor for consistency with other nerve items.

△ **New item** for reconstruction of digital or cutaneous nerve using biological or synthetic nerve conduit:

- This **new item** is required to cover a new technique and reflect contemporary clinical practice. The lack of a specific item for this procedure is resulting in inconsistent billing practices, with most clinicians charging items for a nerve graft with or without neurolysis (39330, 39315 and 39306).

6.7.8 Microvascular procedures

Table 75: Item introduction table for items 45500–45505

Item	Descriptor	Schedule fee	Volume of services FY2014/15	Total benefits FY2014/15	Services 5-year-average annual growth
45500	Microvascular repair using microsurgical techniques, with restoration of continuity of artery or vein of distal extremity or digit. (Anaes.) (Assist.)	\$1,090	628	\$438,581	6%
45501	Microvascular anastomosis of artery using microsurgical techniques, for re-implantation of limb or digit. (Anaes.) (Assist.)	\$1,775	38	\$37,048	3%
45502	Microvascular anastomosis of vein using microsurgical techniques, for re-implantation of limb or digit. (Anaes.) (Assist.)	\$1,775	43	\$22,689	-3%
45503	Micro-arterial or micro-venous graft using microsurgical techniques. (Anaes.) (Assist.)	\$2,030	859	\$624,601	40%
45504	Microvascular anastomosis of artery using microsurgical techniques, for free transfer of tissue including setting in of free flap. (Anaes.) (Assist.)	\$1,775	518	\$637,808	-1%
45505	Microvascular anastomosis of vein using microsurgical techniques, for free transfer of tissue including setting in of free flap. (Anaes.) (Assist.)	\$1,775	776	\$528,275	1%

Recommendation 71

△ Items 45500, 45501, 45502, 45503, 45504 and 45505: No change.

Rationale

△ Items 45500, 45501 and 45502:

- The Committee did not identify any concerns regarding safety, access, value or contemporary best practice that required changes to items 45500, 45501 and 45502.

△ Items 45503, 45504 or 45505:

- The Committee was unable to comment on these items because they are widely used by other specialties and should remain independent of the Hand and Wrist surgery subgroup.
- The Committee noted that clinicians need access to these items for clinical practice and wishes to remain informed about any changes following review by the Plastic and Reconstructive Surgical Clinical Committee. It also noted that item 45503 is not being co-claimed with anastomoses, and that ‘graft’ needs to be clearly defined to include all microsurgery, including microvascular joins at both ends of the graft.

6.7.9 Fingernail procedures

Table 76: Item introduction table for item 46486

Item	Descriptor	Schedule fee	Volume of services FY2014/15	Total benefits FY2014/15	Services 5-year-average annual growth
46486	Nail bed, accurate reconstruction of nail bed laceration using magnification, undertaken in the operating theatre of a hospital. (Anaes.)	\$226	1522	\$134,145	9%

Recommendation 72

- △ Item 46486: Change the descriptor.
 - Add the word ‘acute.’
 - The proposed item descriptor is as follows:
 - Nail bed, accurate repair of acute nail bed laceration using magnification, undertaken in the operating theatre of a hospital. (Anaes.)

Rationale

- △ Item 46486:
 - The proposed descriptor clarifies the appropriate use of this item. Adding the word ‘acute’ clarifies that this item should be used in a trauma setting.
 - This item has been included in the trauma section to address co-claiming the Committee believes is potentially inappropriate. In 2014-15, 37 percent of episodes involving item 46486 also co-claimed item 46516 (digital removal of a nail).¹ If performed at the same anatomical site, removal of a nail (now covered under consolidated item 46513) is a component of the procedure.

7. Shoulder and elbow surgery

7.1 Introduction

The Shoulder and Elbow Working Group was set up by the Committee to review 69 MBS items, representing 49,623 services and \$25.6 million in benefits paid in FY2014 – 15.

The following principles underpinned the Committee’s approach to the review:

1. Change items to restrict inappropriate co-claiming.
2. Create **new items** to ensure that changes to general orthopaedic items (Sections 4.4.5 and 4.4.7) do not adversely impact shoulder and elbow surgery.
3. Remove items that no longer reflect clinical practice.
4. Consolidate and simplify items to allow clinicians to choose the most appropriate surgical method.

The Committee agreed that the existing distinction between open and arthroscopic elbow and shoulder surgery is no longer appropriate. As a result, the Committee recommended changing items to allow operating clinicians to choose which method of surgery they wish to use. The Committee also made recommendations consistent with its approach to osteectomy and specific joint and tendon items, which was adopted by all Working Groups. It also recommended deleting item 50106 (general joint stabilisation), but it does not expect this to create access gaps because the procedure is included as a component in existing item descriptors.

Finally, the Committee made recommendations that specify whether the components of each procedure are optional or mandatory. This is intended to prevent inappropriate co-claiming. The Committee paid particular attention to the high levels of co-claiming between shoulder procedures and the item for excision of large bursa, which has been recommended for deletion.

The Committee’s recommendations for shoulder and elbow surgery items form the remainder of this section.

7.2 Shoulder surgery item recommendations

7.2.1 Coraco-acromial ligaments and subacromial space

Table 77: Item introduction table for items 48900, 48903 and 48951

Item	Descriptor	Schedule fee	Volume of services FY2014/15	Total benefits FY2014/15	Services 5-year-average annual growth
48900	Shoulder, excision of coraco-acromial ligament or removal of calcium deposit from cuff or both. (Anaes.) (Assist.)	\$282	491	\$105,001	6%
48903	Shoulder, decompression of subacromial space by acromioplasty, excision of coraco-acromial ligament and distal clavicle, or any combination. (Anaes.) (Assist.)	\$565	986	\$247,000	7%
48951	Shoulder, arthroscopic division of coraco-acromial ligament including acromioplasty - not being a service associated with any other arthroscopic procedure of the shoulder region. (Anaes.) (Assist.)	\$894	7,885	\$5,193,943	4%

Recommendation 73

△ Items 48900, 48903 and 48951: Consolidate items under single item 489XX.

- Specify that clinicians can claim either ‘open’ or ‘arthroscopic’ subacromial decompression.

- Specify that the excision of outer clavicle, removal of calcium deposit and excision of bursa are all included in either method of surgery, if performed.
- Specify that the item cannot be co-claimed with any other arthroscopic surgery of the shoulder.
- The proposed item descriptor is as follows:
 - Item 489XX: Shoulder, open or arthroscopic, subacromial decompression, inclusive of, if performed, coraco-acromial ligament division, acromioplasty, excision of outer clavicle, removal of calcium deposit, and excision of bursa or any combination not being a service associated with any arthroscopic shoulder procedure applies. (Anaes.) (Assist.)

Rationale

This recommendation focuses on modernising and simplifying the MBS. It is based on the following.

△ Items 48900, 48903 and 48951:

- Open and arthroscopic subacromial decompression are different surgical methods that result in the same clinical outcome. As a result, items 48903 and 48951 are very similar and can be consolidated under item 489XX. This will reduce the number of items in the MBS and assist in simplifying the schedule.
- The proposed descriptor for the consolidated item reflects current clinical practice by including all forms of subacromial decompression. This will make it easier for clinicians to determine which items to use, and for consumers to compare between clinicians.
- The Committee expects that all surgeries previously claimed under items 48900, 48903 and 48951 will be billed under consolidated item 489XX. A weighted average could be applied to the adjusted schedule fee to account for this change.

7.2.2 Rotator cuff repair

Table 78: Item introduction table for items 48906, 48909 and 48960

Item	Descriptor	Schedule fee	Volume of services FY2014/15	Total benefits FY2014/15	Services 5-year-average annual growth
48906	Shoulder, repair of rotator cuff, including excision of coraco-acromial ligament or removal of calcium deposit from cuff, or both - not being a service associated with a service to which item 48900 applies. (Anaes.) (Assist.)	\$565	2,609	\$526,000	4%
48909	Shoulder, repair of rotator cuff, including decompression of subacromial space by acromioplasty, excision of coraco-acromial ligament and distal clavicle, or any combination, not being a service associated with a service to which item 48903 applies. (Anaes.) (Assist.)	\$753	2,449	\$1,082,000	-3%
48960	Shoulder, reconstruction or repair of, including repair of rotator cuff by arthroscopic, arthroscopic assisted or mini open means; arthroscopic acromioplasty; or resection of acromioclavicular joint by separate approach when performed - not being a service associated with any other procedure of the shoulder region. (Anaes.) (Assist.)	\$941	9,638	\$6,778,019	5%

Recommendation 74

- △ Items 48906, 48909 and 48960: Consolidate items under single item 489XY.
 - Specify that clinicians can claim either ‘open’ or ‘arthroscopic’ rotator cuff repair.
 - Specify that decompression of subacromial space by acromioplasty, excision of coraco-acromial ligament and distal clavicle, excision of bursa and biceps tenodesis are all included in the chosen method of surgery, if performed.
 - Do not include the term ‘reconstruction’ from the descriptor.
 - Specify that the item cannot be co-claimed with items 48903, 48495, 49948, 48954 or 48960.
 - The proposed item descriptor is as follows:
 - Item 489XY: Shoulder, open, arthroscopic, arthroscopic assisted or mini open repair of rotator cuff, inclusive of, if performed, decompression of subacromial space by acromioplasty, excision of coraco-acromial ligament and distal clavicle, excision of the bursa, biceps tenodesis, not being a service associated with a service to which items, 48903, 47966, 48945, 48948, 48951, 48954 or 48960 apply. (Anaes.) (Assist.)

Rationale

- △ Items 48906, 48909 and 48960:
 - Open and arthroscopic rotator cuff repair are different surgical methods that result in the same clinical outcome. As a result, items 48906, 48909 and 48960 are very similar and can be consolidated under item 489XY. This will reduce the number of items in the MBS and assist in simplifying the schedule.
 - Clearly specifying that this surgery cannot be claimed with other shoulder procedures will reduce inappropriate co-claiming. For example, item 48909 is currently co-claimed with item 48951 (arthroscopic acromioplasty) in 20 per cent of episodes and with item 48954 (arthroscopic synovectomy) in 16 per cent of episodes.ⁱⁱ The Committee considers the excision of large bursa, acromioplasty and synovectomy to be inherent components of rotator cuff repair and therefore agreed that they should not be co-claimed. Similarly, item 48960 is currently co-claimed with item 47966 (tendon and ligament transfer) in 16 per cent of episodes. The Committee also considers tendon or ligament transfer to be inherent components of rotator cuff repair and agreed that they should not be co-claimed.
 - Changes also reflect current clinical practice by including all forms of rotator cuff repair. This will make it easier for clinicians to determine which items to use, and for consumers to compare between clinicians.
 - The term ‘reconstruction’ has been removed from the consolidated item descriptor because it is ambiguous and does not reflect contemporary clinical practice.
 - The Committee expects that all surgeries previously claimed under items 48906, 48909 and 48960 will now be billed under consolidated item 489XY. A weighted average could be applied to the adjusted schedule fee to account for this change.

7.2.3 *New item for biceps tenodesis*

Recommendation 75

- △ Create a **new item** for open tenodesis of the biceps.

- The proposed item descriptor is as follows:
 - Item 489XZ: Biceps, open or arthroscopic tenodesis of. As an independent procedure. (Anaes.) (Assist.)

Rationale

- △ A biceps tenodesis is to restore the muscle length of the long head of biceps. This item is required to account for the recommended deletion of item 47966 (general tendon and ligament transfer). Surgical intervention is required for some patients to restore efficient function or comfort.
- △ The Committee recommended a schedule fee similar to item 47954 because the surgeries are similarly complex.

7.2.4 Arthroplasty and arthrotomy

Table 79: Item introduction table for items 48912, 48915, 48918, 48921 and 48924

Item	Descriptor	Schedule fee	Volume of services FY2014/15	Total benefits FY2014/15	Services 5-year-average annual growth
48912	Shoulder, arthrotomy of. (Anaes.) (Assist.)	\$330	135	\$22,118	4%
48915	Shoulder, hemi-arthroplasty of. (Anaes.) (Assist.)	\$753	198	\$101,186	-10%
48918	Shoulder, total replacement arthroplasty of, including any associated rotator cuff repair. (Anaes.) (Assist.)	\$1,506	2,581	\$2,906,969	15%
48921	Shoulder, total replacement arthroplasty, revision of. (Anaes.) (Assist.)	\$1,553	183	\$212,985	7%
48924	Shoulder, total replacement arthroplasty, revision of, requiring bone graft to scapula or humerus, or both. (Anaes.) (Assist.)	\$1,789	116	\$154,181	12%

Recommendation 76

- △ Item 48912: Consolidate item with septic arthritis items (Section 4.4.11).
- △ Item 48915 and 48921: No change.
- △ Item 48918: Change the descriptor.
 - Specify that the item is for ‘anatomic or reverse’ shoulder replacement, and that associated rotator cuff repair, biceps tenodesis and tuberosity osteotomy are all included, if performed.
 - The proposed item descriptor is as follows:
 - Anatomic or reverse total shoulder replacement, inclusive of, if performed, any associated rotator cuff repair, biceps tenodesis, or tuberosity osteotomy. (Anaes.) (Assist.)
 - The intention of the Committee is that this item can be claimed for an anatomic or reverse method of surgery.
- △ Item 48924: Change the descriptor.

- Specify that bone grafting is a mandatory component of this procedure by replacing the word ‘requiring’ with ‘with’.
- The proposed item descriptor is as follows:
 - Shoulder, total replacement arthroplasty, revision of, with bone graft to scapula or humerus, or both. (Anaes.) (Assist.)

Rationale

△ Item 48912:

- This item should be consolidated into the items for septic arthritis because it is not an independent procedure and should form part of other shoulder procedures. Cases of septic arthritis are covered by the consolidated and updated osteomyelitis items.

△ Items 48915 and 48921:

- Although these items have low and decreasing service volumes, the procedures are still appropriate in some circumstances.
- The Committee did not identify any concerns regarding safety, access, value or contemporary best practice that required changes to these items.

△ Item 48918:

- Changes to this item clarify what is considered an inherent part of the surgery. This makes it easier for clinicians to determine which items to use and will reduce variation in billing.

△ Item 48924:

- The proposed descriptor specifies that bone grafting is a mandatory component of the surgery.
- The term ‘requiring’ is ambiguous and has been replaced with the term ‘with’.

7.2.5 Joint stabilisation

Table 80: Item introduction table for items 48930, 48933 and 48957

Item	Descriptor	Schedule fee	Volume of services FY2014/15	Total benefits FY2014/15	Services 5-year-average annual growth
48930	Shoulder, stabilisation procedure for recurrent anterior or posterior dislocation. (Anaes.) (Assist.)	\$753	440	\$236,184	6%
48933	Shoulder, stabilisation procedure for multi-directional instability, anterior or posterior (or both) repair when performed. (Anaes.) (Assist.)	\$989	723	\$523,911	4%
48957	Shoulder, arthroscopic stabilisation of, for recurrent instability including labral repair or reattachment when performed - not being a service associated with any other arthroscopic procedure of the shoulder region. (Anaes.) (Assist.)	\$1,083	3,391	\$2,742,883	3%

Recommendation 77

- △ Items 48930, 48933 and 48957: Consolidate items under single item 489XA.

- Specify that the consolidated item is for either ‘open’ or ‘arthroscopic’ joint stabilisation to surgically manage any anterior, posterior and/or multi-directional instability.
- Specify that the item cannot be co-claimed with any other arthroscopic procedures in the shoulder region.
- The proposed item descriptor is as follows:
 - Item 489XA: Shoulder, open or arthroscopic, joint stabilisation procedure for multi-directional instability, anterior or posterior repair inclusive of, if performed, labral repair or reattachment – not being a procedure associated with any other arthroscopic procedure of the shoulder region. (Anaes.) (Assist.)

Rationale

△ Items 46930, 48933 and 48957:

- Open and arthroscopic joint stabilisation are different surgical methods that result in the same clinical outcome. As a result, items 48903, 48933 and 48957 are very similar and can be consolidated under item 489XA. This will reduce the number of items and assist in simplifying the schedule.
- The specifications added to the consolidated item descriptor reflect current clinical practice by including all forms of joint stabilisation. This makes it easier for clinicians to determine which items to use, and for consumers to compare between clinicians.
- Clearly specifying that this surgery cannot be claimed with other shoulder procedures will reduce inappropriate co-claiming. For example, item 48933 is currently co-claimed with item 48948 (arthroscopic surgery) in 22 per cent of episodes; with item 48409 (osteotomy) in 12 per cent of episodes; and with item 48495 (diagnostic arthroscopy and biopsy) in 11 per cent of episodes.^{lii} The Committee considers arthroscopic surgery, osteotomy, and diagnostic arthroscopy and biopsy to be inherent components of joint stabilisation and agreed that they should not be co-claimed.
- The Committee expects that all surgeries previously claimed under items 48930, 48933 and 48957 will now be billed under consolidated item 489XA. A weighted average could be applied to the adjusted schedule fee to account for this change.

7.2.6 Arthroscopy

Table 81: Item introduction table for items 48945 and 48948

Item	Descriptor	Schedule fee	Volume of services FY2014/15	Total benefits FY2014/15	Services 5-year-average annual growth
48945	Shoulder, diagnostic arthroscopy of (including biopsy) - not being a service associated with any other arthroscopic procedure of the shoulder region (Anaes.) (Assist.)	\$273	282	\$33,023	-9%
48948	Shoulder, arthroscopic surgery of, involving any 1 or more of: removal of loose bodies; decompression of calcium deposit; debridement of labrum, synovium or rotator cuff; or chondroplasty - not being a service associated with any other arthroscopic procedure of the shoulder region (Anaes.) (Assist.)	\$612	1,027	\$336,478	-2%

Recommendation 78

△ Item 48945 and 48948: No change.

Rationale

- △ The Committee did not identify any concerns regarding safety, access, value or contemporary best practice that required changes to items 48945 and 48948.
- △ Including co-claiming restrictions in the consolidated item descriptors for rotator cuff repair and joint stabilisation is intended to prevent inappropriate co-claiming of items 48945 and 48948.

7.2.7 Synovectomy

Table 82: Item introduction table for items 48936 and 48954

Item	Descriptor	Schedule fee	Volume of services FY2014/15	Total benefits FY2014/15	Services 5-year-average annual growth
48936	Shoulder, synovectomy of, as an independent procedure. (Anaes.) (Assist.)	\$753	23	\$12,994	N/A
48954	Shoulder, arthroscopic total synovectomy of, including release of contracture when performed - not being a service associated with any other arthroscopic procedure of the shoulder region. (Anaes.) (Assist.)	\$941	1,799	\$1,214,344	4%

Recommendation 79

- △ Items 48936 and 48954: Consolidate items and change the descriptor for item 48954.
 - Remove the words ‘arthroscopic total,’ add the phrase ‘as an independent procedure’ and remove the second reference to ‘arthroscopic’.
 - The proposed item descriptor is as follows:
 - Shoulder, synovectomy of, including release of contracture when performed, as an independent procedure - not being a service associated with any other shoulder surgery applies. (Anaes.) (Assist.)

Rationale

This recommendation focuses on modernising the MBS. It is based on the following.

- △ Item 48936:
 - This item has been recommended for deletion because the recommended changes to item 48954 make it redundant.
 - It is expected that 100 per cent of the service volume will be claimed under changed item 48954 (see below). These changes will assist in making the MBS more user-friendly.
- △ Items 48936 and 48954:
 - Item 48936 should be consolidated with item 48954 because the recommended changes to item 48954 make it redundant. This change will assist in making the MBS more user-friendly.
 - In keeping with other recommendations, shoulder synovectomy should not specify open or arthroscopic approaches. For this reason, items 48936 and 48954 have been consolidated into one item.

- Clearly specifying that shoulder synovectomy cannot be claimed with other shoulder procedures will reduce inappropriate co-claiming. For example, item 48954 is currently co-claimed with item 48909 (repair of rotator cuff) in 21 per cent of episodes.ⁱⁱⁱⁱ The Committee considers arthroscopic synovectomy to be an inherent part of both excision of large bursa and rotator cuff repair and agreed that it should not be co-claimed.

Table 83: Item introduction table for items 48927, 48939 and 48942

Item	Descriptor	Schedule fee	Volume of services FY2014/15	Total benefits FY2014/15	Services 5-year-average annual growth
48927	Shoulder prosthesis, removal of. (Anaes.) (Assist.)	\$367	27	\$5,083	N/A
48939	Shoulder, arthrodesis of, with synovectomy if performed. (Anaes.) (Assist.)	\$1,083	1	\$203	N/A
48942	Shoulder, arthrodesis of, with synovectomy if performed, with removal of prosthesis, requiring bone grafting or internal fixation. (Anaes.) (Assist.)	\$1,412	4	\$3,918	N/A

Recommendation 80

- △ Items 48927 and 48939: No change.
- △ Item 48942: Change the descriptor.
 - Specify that bone grafting is a mandatory component of the procedure and exclude co-claiming with the new bone graft items (Recommendation X).
 - The proposed item descriptor is as follows:
 - Shoulder, arthrodesis of, with synovectomy if performed, with removal of prosthesis, requiring and including bone grafting or internal fixation. Not to be claimed with bone graft items. (Anaes.) (Assist.)

Rationale

- △ Items 48927 and 48939:
 - Although these items have low service volumes, the procedures are still appropriate in some circumstances.
 - The Committee did not identify any concerns regarding safety, access, value or contemporary best practice that required a change to these items.
- △ Item 48942:
 - This item has been changed to guide appropriate use with the proposed bone grafting items (Recommendation 1). The changes recognise that bone grafting is an inherent part of the procedure and should not be claimed separately.

7.3 Elbow surgery items

7.3.1 Arthroplasty and arthrotomy

Table 84: Item introduction table for items 49100, 49115, 49116 and 49117

Item	Descriptor	Schedule fee	Volume of services FY2014/15	Total benefits FY2014/15	Services 5-year-average annual growth
49100	Elbow, arthrotomy of, involving 1 or more of ligation, removal of loose body or division of contracture. (Anaes.) (Assist.)	\$330	594	\$74,086	0%
49115	Elbow, total joint replacement of. (Anaes.) (Assist.)	\$1,130	64	\$53,464	49,115
49116	Elbow, total replacement arthroplasty of, revision procedure, including removal of prosthesis. (Anaes.) (Assist.)	\$1,491	18	\$20,131	49,116
49117	Elbow, total replacement arthroplasty of, revision procedure, requiring bone grafting, including removal of prosthesis. (Anaes.) (Assist.)	\$1,789	11	\$14,762	49,117

Recommendation 81

- △ Items 49100 and 49116: No change.
- △ Item 49115: Change the descriptor.
 - Specify that clinicians can claim either a ‘total’ or ‘hemi’ elbow arthroplasty.
 - The proposed item descriptor is as follows:
 - Elbow, total or hemi arthroplasty. (Anaes.) (Assist.)
- △ Item 49117: Change the descriptor.
 - Specify that this item must include bone grafting.
 - The proposed item descriptor is as follows:
 - Elbow, total replacement arthroplasty of, revision procedure, with bone grafting and removal of prosthesis. (Anaes.) (Assist.)

Rationale

- △ Items 49100 and 49116:
 - The Committee did not identify any concerns regarding safety, access, value or contemporary best practice that required changes to items 49100 and 49116.
- △ Item 49115:
 - The proposed descriptor better reflects modern clinical practice. Hemi-arthroplasty of the elbow has become available due to changes in prosthetic design. The surgical aim is to retain the part of the native elbow without pathology because this is sometimes more clinically appropriate than a total replacement. However, there is currently no MBS item for this surgery.
 - The opinion of the Committee is that hemi-arthroplasty is already claimed under existing item 49115. For this reason, an increase in service volumes is not anticipated.

△ Item 49117:

- The descriptor for item 49117 does not clearly articulate that bone grafting is a mandatory part of the procedure. The Committee agreed that replacing ‘requiring’ with the word ‘with’ removes this ambiguity and clarifies that the item can only be claimed for surgeries including bone grafts.

7.3.2 Arthroscopy

Table 85: Item introduction table for items 49118 and 49121

Item	Descriptor	Schedule fee	Volume of services FY2014/15	Total benefits FY2014/15	Services 5-year-average annual growth
49118	Elbow, diagnostic arthroscopy of, including biopsy and lavage, not being a service associated with any other arthroscopic procedure of the elbow. (Anaes.) (Assist.)	\$273	19	\$2,211	N/A
49121	Elbow, arthroscopic surgery involving any 1 or more of: drilling of defect, removal of loose body; release of contracture or adhesions; chondroplasty; or osteoplasty - not being a service associated with any other arthroscopic procedure of the elbow. (Anaes.) (Assist.)	\$612	864	\$332,428	2%

Recommendation 82

△ Item 49118: No change.

△ Item 49121: Change the descriptor.

- Specify that clinicians can claim this item for the surgical treatment of epicondylitis.
- The proposed item descriptor is as follows:
 - Elbow, arthroscopic surgery involving any 1 or more of: drilling of defect, removal of loose body; release of contracture or adhesions; chondroplasty; osteoplasty; or treatment of epicondylitis - not being a service associated with any other arthroscopic procedure of the elbow. (Anaes.) (Assist.)

Rationale

△ Item 49118:

- The Committee did not identify any concerns regarding safety, access, value or contemporary best practice that required a change to item 49118.

△ Item 49121:

- The proposed descriptor for item 49121 better reflects contemporary clinical practice and addresses a gap in the MBS by providing an item number for the surgical treatment of epicondylitis.
- The Committee agreed that all procedures involving the treatment of epicondylitis are already claimed under existing item 49115. As a result, an increase in service volumes is not anticipated. Debridement tendon, tendon repair, osteectomy, tendon release.

7.3.3 Ligamentous stabilisation of the elbow

Table 86: Item introduction table for item 49103

Item	Descriptor	Schedule fee	Volume of services FY2014/15	Total benefits FY2014/15	Services 5-year-average annual growth
49103	Elbow, ligamentous stabilisation of. (Anaes.) (Assist.)	\$706	486	\$240,897	7%

Recommendation 83

- △ Item 49103: Split item into two separate items for acute and chronic ligament repair with temporal restrictions in the respective items.
 - Specify that ligament repair is included in either method of surgery, but that tendon harvesting and graft are only included in chronic ligament repair.
 - The proposed item descriptors are as follows:
 - Item 491XY: Elbow, acute instability (less than 6 weeks from the time of injury) requiring ligament repair of one or more ligaments. (Anaes.) (Assist.)
 - Item 491XZ: Elbow, ligamentous stabilisation for chronic (more than 6 weeks from the time of injury) instability, one or more ligaments, including harvesting of tendon graft. (Anaes.) (Assist.)

Rationale

This recommendation focuses on modernising the MBS and ensuring that MBS items provide rebates for high-value services. It is based on the following.

- △ There is currently no specific MBS item for surgery to repair an acute traumatic injury of the elbow. It is likely that cases of both acute and chronic ligament repair are claimed using item 49103.
- △ Current clinical language attempts to differentiate between the two surgeries by using the word 'repair' for acute cases and the word 'reconstruction' for chronic cases because there is a significant difference in the complexity of the procedures.
- △ The Committee expects the vast majority of surgeries previously claimed under item 49103 to instead be claimed under item 491XY, with the remainder claimed under item 491XZ.

7.3.4 Synovectomy of the elbow

Table 87: Item introduction table for items 49106 and 49109

Item	Descriptor	Schedule fee	Volume of services FY2014/15	Total benefits FY2014/15	Services 5-year-average annual growth
49106	Elbow, arthrodesis of, with synovectomy if performed. (Anaes.) (Assist.)	\$941	-	\$-	-100%
49109	Elbow, total synovectomy of. (Anaes.) (Assist.)	\$706	172	\$77,833	7%

Recommendation 84

- △ No change.

Rationale

- △ The Committee did not identify any concerns regarding safety, access, value or contemporary best practice that required a change to these items.

7.3.5 *Silastic or other replacement of radial head of elbow*

Table 88: Item introduction table for item 49112

Item	Descriptor	Schedule fee	Volume of services FY2014/15	Total benefits FY2014/15	Services 5-year-average annual growth
49112	Elbow, silastic or other replacement of radial head. (Anaes.) (Assist.)	\$706	146	\$50,769	1%

Recommendation 85

- △ Change the descriptor.
 - Remove the reference to silastic implants.
 - The proposed item descriptor is as follows:
 - Elbow, radial head replacement of. (Anaes.) (Assist.)

Rationale

- △ The proposed descriptor for item 49112 better reflects modern clinical practice. Silastic implants have been discontinued due to complications associated with implant fracture.

7.3.6 *New item for excision of olecranon bursa*

Recommendation 86

- △ Create a **new item** for excision of olecranon bursa.
 - The proposed item descriptor is as follows:
 - Item 489XB: Olecranon bursa, excision of, not being a service associated with any other procedure of the elbow. (Anaes.)

Rationale

This recommendation focuses on modernising the MBS. It is based on the following.

- △ There is currently no specific MBS item for surgery to excise the olecranon bursa. As a result, clinicians claim general surgery item 30111 (excision of large bursa), which the Committee has replaced with specific items for each sub-specialty. A **new item** for the excision of the olecranon bursa has therefore been recommended.

7.3.7 *New item for biceps brachii*

Recommendation 87

- △ Create a **new item** for repair of biceps brachii tendon at the elbow.
 - The Committee recommended a schedule fee equivalent to item 47966, which is of equivalent surgical complexity.
 - The proposed item descriptor is as follows:

- Item 489XC: Distal biceps brachii tendon, repair of, by any method, as an independent procedure. (Anaes.) (Assist.)

Rationale

This recommendation focuses on modernising the MBS. It is based on the following.

- △ There is currently no specific MBS item for surgery to repair the biceps brachii tendon at the elbow. The Committee agreed that it is likely that clinicians claim item 47966 as the primary item for this surgery, although it is highly probable that clinicians are claiming multiple item numbers when performing this surgery, leading to inconsistent claiming.
- △ Item 489XC is a complete medical service. This addresses co-claiming practices used to represent the procedure.
- △ Although item 489XC is for the repair (not a transfer) of the biceps tendon, the surgery is of comparable complexity to item 47966 (general tendon or ligament transfer). Item 47966 is also the most likely MBS item used by clinicians to bill for procedures involving biceps brachii tendon repair. For this reason, the Committee agreed that the schedule fee for item 489XC should be equivalent to this item.

7.4 Fractures

7.4.1 Olecranon fracture

Table 89: Item introduction table for items 47396, 47399 and 47402

Item	Descriptor	Schedule fee	Volume of services FY2014/15	Total benefits FY2014/15	Services 5-year-average annual growth
47396	Olecranon, treatment of fracture of, not being a service to which item 47399 applies. (Anaes.)	\$188	204	\$29,677	2%
47399	Olecranon, treatment of fracture of, by open reduction. (Anaes.) (Assist.)	\$377	504	\$116,701	2%
47402	Olecranon, treatment of fracture of, involving excision of olecranon fragment and reimplantation of tendon. (Anaes.) (Assist.)	\$282	4	\$530	N/A

Recommendation 88

- △ No change.

Rationale

- △ The Committee did not identify any concerns regarding safety, access, value or contemporary best practice that required changes to items 47396, 47399 and 47402.

7.4.2 Radius fracture

Table 90: Item introduction table for items 47405 and 47408

Item	Descriptor	Schedule fee	Volume of services FY2014/15	Total benefits FY2014/15	Services 5-year-average annual growth
47405	Radius, treatment of fracture of head or neck of, closed reduction of. (Anaes.)	\$188	835	\$128,719	-4%
47408	Radius, treatment of fracture of head or neck of, open reduction of, including internal	\$377	295	\$57,253	2%

Item	Descriptor	Schedule fee	Volume of services FY2014/15	Total benefits FY2014/15	Services 5-year-average annual growth
	fixation and excision where performed. (Anaes.) (Assist.)				

Recommendation 89

△ No change.

Rationale

△ The Committee did not identify any concerns regarding safety, access, value or contemporary best practice that required changes to items 47405 and 47408.

7.4.3 Humerus fracture

Table 91: Item introduction table for items 47411, 47414, 47417, 47420, 47423, 47426, 47429, 47432, 47435, 47438, 47441, 47444, 47447, 47450, 47451, 47453, 47456 and 47459

Item	Descriptor	Schedule fee	Volume of services FY2014/15	Total benefits FY2014/15	Services 5-year-average annual growth
47411	Humerus, treatment of fracture of tuberosity of, not being a service to which item 47417 applies. (Anaes.)	\$113	269	\$24,755	-5%
47414	Humerus, treatment of fracture of tuberosity of, by open reduction. (Anaes.)	\$226	75	\$5,566	2%
47417	Humerus, treatment of fracture of tuberosity of, and associated dislocation of shoulder, by closed reduction. (Anaes.) (Assist.)	\$264	24	\$4,593	N/A
47420	Humerus, treatment of fracture of tuberosity of, and associated dislocation of shoulder, by open reduction. (Anaes.) (Assist.)	\$518	33	\$7,507	N/A
47423	Humerus, proximal, treatment of fracture of, not being a service to which item 47426, 47429 or 47432 applies. (Anaes.)	\$217	733	\$127,690	1%
47426	Humerus, proximal, treatment of fracture of, by closed reduction, undertaken in the operating theatre of a hospital. (Anaes.)	\$325	21	\$3,959	N/A
47429	Humerus, proximal, treatment of fracture of, by open reduction. (Anaes.) (Assist.)	\$433	172	\$41,784	6%
47432	Humerus, proximal, treatment of intra-articular fracture of, by open reduction. (Anaes.) (Assist.)	\$541	357	\$91,499	7%
47435	Humerus, proximal, treatment of fracture of, and associated dislocation of shoulder, by closed reduction. (Anaes.) (Assist.)	\$414	26	\$7,765	N/A
47438	Humerus, proximal, treatment of fracture of, and associated dislocation of shoulder, by open reduction. (Anaes.) (Assist.)	\$659	30	\$11,194	N/A
47441	Humerus, proximal, treatment of intra-articular fracture of, and associated dislocation of shoulder, by open reduction. (Anaes.) (Assist.)	\$824	148	\$86,782	7%
47444	Humerus, shaft of, treatment of fracture of, not being a service to which item 47447 or 47450 applies. (Anaes.)	\$226	200	\$36,891	4%

Item	Descriptor	Schedule fee	Volume of services FY2014/15	Total benefits FY2014/15	Services 5-year-average annual growth
47447	Humerus, shaft of, treatment of fracture of, by closed reduction, undertaken in the operating theatre of a hospital. (Anaes.)	\$339	10	\$2,526	N/A
47450	Humerus, shaft of, treatment of fracture of, by internal or external. (Anaes.) (Assist.)	\$452	169	\$42,110	4%
47451	Humerus, shaft of, treatment of fracture of, by intramedullary fixation. (Anaes.) (Assist.)	\$545	161	\$50,734	1%
47453	Humerus, distal, (supracondylar or condylar), treatment of fracture of, not being a service to which item 47456 or 47459 applies. (Anaes.) (Assist.)	\$264	747	\$160,311	-1%
47456	Humerus, distal (supracondylar or condylar), treatment of fracture of, by closed reduction, undertaken in the operating theatre of a hospital. (Anaes.)	\$396	52	\$14,546	2%
47459	Humerus, distal (supracondylar or condylar), treatment of fracture of, by open reduction, undertaken in the operating theatre of a hospital. (Anaes.) (Assist.)	\$527	322	\$102,589	4%

Recommendation 90

- △ Items 47411–47453 and 47459: No change.
- △ Item 47456: Change the descriptor.
 - Specify that the surgery can include a surgical assistant by adding the term ‘(Assist.)’
 - The proposed item descriptor is as follows:
 - Humerus, distal (supracondylar or condylar), treatment of fracture of, by closed reduction, undertaken in the operating theatre of a hospital. (Anaes.) (Assist.)

Rationale

This recommendation focuses on modernising the MBS and ensuring that MBS items provide rebates for high-value services. It is based on the following.

- △ Items 47411–47453 and 47459:
 - The Committee did not identify any concerns regarding safety, access, value or contemporary best practice that required changes to items 47411–47453 and 47459.
- △ Item 47456:
 - The proposed descriptor better reflects the complexity of contemporary clinical practice and will allow for improved patient outcomes.
 - The closed reduction of a distal surgical fracture is a complex procedure that requires an assistant:
 - There is significant potential for loss of position of the fracture, especially with the application of plaster. Ensuring the union of healing bones is an involved technical process that can often require percutaneous pin fixation.
 - The potential for malunion—which is a serious complication—carries with it attendant risks to neural and vascular structures and can prolong hospital stays and escalate costs and patient morbidity. The presence of a skilled surgical assistant reduces these risks.

7.4.4 Clavicle fracture

Table 92: Item introduction table for items 47462 and 47465

Item	Descriptor	Schedule fee	Volume of services FY2014/15	Total benefits FY2014/15	Services 5-year-average annual growth
47462	Clavicle, treatment of fracture of, not being a service to which item 47465 applies. (Anaes.)	\$113	1,595	\$149,190	-4%
47465	Clavicle, treatment of fracture of, by open reduction. (Anaes.) (Assist.)	\$226	1,181	\$138,642	5%

Recommendation 91

- △ Item 47462: No change.
- △ Item 47465: Review the schedule fee.

Rationale

- △ Item 47462:
 - The Committee did not identify any concerns regarding safety, access, value or contemporary best practice that required a change to item 47462.
- △ Item 47465:
 - The Committee determined that the current MBS fee for item 47465 does not appropriately reimburse the service given the complexity and risk involved in the procedure.

7.4.5 Scapular fracture

Table 93: Item introduction table for item 47468

Item	Descriptor	Schedule Fee	Volume of services FY2014/15	Total benefits FY2014/15	Services 5-year-average annual growth
47468	Scapula, neck or glenoid region of, treatment of fracture of, by open reduction. (Anaes.) (Assist.)	\$433	114	\$20,925	6%

Recommendation 92

- △ No change.

Rationale

- △ The Committee did not identify any concerns regarding safety, access, value or contemporary best practice that required a change to item 47468.

7.5 Dislocations

7.5.1 Clavicle dislocation

Table 94: Item introduction table for item 47003 and 47006

Item	Descriptor	Schedule Fee	Volume of services FY2014/15	Total benefits FY2014/15	Services 5-year-average annual growth
47003	Clavicle, treatment of dislocation of, by closed reduction. (Anaes.)	\$85	57	\$4,052	-6%

Item	Descriptor	Schedule Fee	Volume of services FY2014/15	Total benefits FY2014/15	Services 5-year-average annual growth
47006	Clavicle, treatment of dislocation of, by open reduction. (Anaes.)	\$170	117	\$8,074	4%

Recommendation 93

- △ Item 47003: No change.
- △ Item 47006: Consolidate item into a **new item** for acromioclavicular or sternoclavicular joint dislocations.

Rationale

- △ Item 47003:
 - The Committee did not identify any concerns regarding safety, access, value or contemporary best practice that required a change to item 47003.
- △ Item 47006:
 - The Committee recommended the removal of item 47006 from the MBS with the assumption that the recommendation for **new item** 470BB (acromioclavicular or sternoclavicular joint dislocation) will be introduced at the same time. If item 470BB is not added to the MBS, item 47006 should be retained.
 - All procedures currently claimed under item 47006 are expected to be claimed under the **new item** 470BB instead.

7.5.2 *New item for acromioclavicular or sternoclavicular joint dislocation*

Recommendation 94

- △ Create a **new item** for acromioclavicular or sternoclavicular joint dislocations.
 - Specify that the item should be for either open or arthroscopic surgery.
 - Specify that the item cannot be co-claimed with any other arthroscopic surgery in the shoulder.
 - The proposed item descriptor is as follows:
 - Item 470BB: Acromioclavicular or sternoclavicular joint dislocation (acute or chronic) repair by open, mini open, or arthroscopic techniques, including ligament augmentation and tendon transfers. (Anaes.) (Assist.)

Rationale

This recommendation focuses on modernising and simplifying the MBS. It is based on the following.

- △ There is currently no appropriate MBS item for surgically managing an acromioclavicular or sternoclavicular joint dislocation, despite this being a well-established contemporary procedure. It is likely that clinicians are claiming item 47006 (clavicle dislocation) as the primary item, along with items 50106 (joint stabilisation), 48960 (repair of rotator cuff) and/or 47966 (general tendon or ligament transfer). This has led to inconsistent billing.
- △ Item 470BB is a complete medical service that allows clinicians to choose the method of surgery and specifies the clinical indication (acute or chronic). It also specifies that ligament and tendon

transfer are included in the surgery. This **new item** effectively accounts for the complexity of the surgery and addresses inconsistent co-claiming practices, leading to improved consumer transparency and a simpler MBS.

7.5.3 Shoulder dislocation

Table 95: Item introduction table for items 47009, 47012 and 47015

Item	Descriptor	Schedule Fee	Volume of services FY2014/15	Total benefits FY2014/15	Services 5-year-average annual growth
47009	Shoulder, treatment of dislocation of, requiring general anaesthesia, not being a service to which item 47012 applies. (Anaes.)	\$170	190	\$25,710	-1%
47012	Shoulder, treatment of dislocation of, requiring general anaesthesia, open reduction. (Anaes.) (Assist.)	\$339	27	\$4,491	N/A
47015	Shoulder, treatment of dislocation of, not requiring general anaesthesia.	\$85	977	\$70,776	0%

Recommendation 95

△ No change.

Rationale

△ The Committee did not identify any concerns regarding safety, access, value or contemporary best practice that required changes to items 47409, 47012 and 47015.

7.5.4 Elbow dislocation

Table 96: Item introduction table for items 47018 and 47021

Item	Descriptor	Schedule Fee	Volume of services FY2014/15	Total benefits FY2014/15	Services 5-year-average annual growth
47018	Elbow, treatment of dislocation of, by closed reduction. (Anaes.)	\$198	402	\$64,387	1%
47021	Elbow, treatment of dislocation of, by open reduction. (Anaes.) (Assist.)	\$264	51	\$4,470	3%

Recommendation 96

△ No change.

Rationale

△ The Committee did not identify any concerns regarding safety, access, value or contemporary best practice that required changes to items 47018 and 47021.

7.6 Osteotomy and osteectomy

Table 97: Item introduction table for items 48412 and 48415

Item	Descriptor	Schedule fee	Volume of services FY2014/15	Total benefits FY2014/15	Services 5-year-average annual growth
48412	Humerus, osteotomy or osteectomy of, excluding services to which items 47933 or 47936 apply. (Anaes.) (Assist.)	\$631	1,488	\$473,613	11%
48415	Humerus, osteotomy or osteectomy of, with internal fixation, and excluding services to which items 47933 or 47936 apply. (Anaes.) (Assist.)	\$800	417	\$172,228	17%

Recommendation 97

- △ Items 48412 and 48415: Change the descriptors.
 - Remove the term ‘osteectomy’.
 - The proposed item descriptors are as follows:
 - Item 48412: Humerus, osteotomy of, excluding services to which items 47933 or 47936 apply. (Anaes.) (Assist.)
 - Item 48415: Humerus, osteotomy of, with internal fixation, and excluding services to which items 47933 or 47936 apply. (Anaes.) (Assist.)
- △ Create a **new item** for excision of heterotopic ossification.
 - The Committee recommends a similar fee to item 30241 as it is a similar procedure and of similar complexity.
 - The proposed item descriptor is as follows:
 - Item 489CD: Excision of heterotopic ossification, myositis ossificans or other dystrophic pathologies in the shoulder girdle. (Anaes.) (Assist.)

Rationale

- △ Items 48412 and 48415:
 - The Committee has recommended removing the term ‘osteectomy’ from all descriptors as it is an ambiguous term and may lead to inappropriate co-claiming (see Recommendation 2).
- △ **New item** for excision of heterotopic ossification:
 - There is currently no specific MBS item for excision of heterotopic ossification. To preserve consumer access following the recommended removal of ‘osteectomy’ (see Recommendation 2) item 489CD has been created for instances where osteectomy is an appropriate procedure, specifically for excision of heterotopic ossification, myositis ossificans or other dystrophic pathologies.

7.7 Epicondylitis

Table 98: Item introduction table for item 47903

Item	Descriptor	Schedule fee	Volume of services FY2014/15	Total benefits FY2014/15	Services 5-year-average annual growth
47903	Epicondylitis, open operation for. (Anaes.)	\$236	253	\$29,488	1%

Recommendation 98

△ No change.

Rationale

△ The Committee did not identify any concerns regarding safety, access, value or contemporary best practice that required a change to item 47903.

7.8 Amputations

Table 99: Item introduction table for items 44331 and 44334

Item	Descriptor	Schedule fee	Volume of services FY2014/15	Total benefits FY2014/15	Services 5-year-average annual growth
44331	Amputation at shoulder. (Anaes.) (Assist.)	\$588	1	\$441	N/A
44334	Interscapulothoracic amputation. (Anaes.) (Assist.)	\$1,194	-	\$-	-100%

Recommendation 99

△ No change.

Rationale

△ The Committee did not identify any concerns regarding safety, access, value or contemporary best practice that required changes to items 44331 and 44334.

8. Hip surgery

8.1 Introduction

The Committee established the Hip Working Group to review 30 MBS items, representing 32,103 services and \$29.3 million in benefits paid in FY2014–15. The Committee did not specifically review arthroscopic hip procedures given MSAC’s recent review of these services. The Hip Working Group and the Committee based their review on the clinical expertise of members and the principles of a rapid evidence review.

After considering a range of possibilities, the Committee decided to take an approach that would both clarify and modernise the MBS. Firstly, the Committee clarified the definition of major and minor bone grafting for primary hip replacement items. This was done through reference to the need for internal fixation. Secondly, the Committee recommended replacing the existing hip revision items with 16 **new items** that reflect the range of complexity associated with hip revision replacements, including the components replaced, the requirement for femoral osteotomy and the degree of bone grafting required.

8.1.1 Proposed structure

Recommendation 100

- △ Create a new sub-section titled ‘General hip’ within the MBS that includes hip surgery, joint items, new tendon items and forage items. See Appendix X for further detail.

Rationale

- △ Recategorising items under a new ‘General hip’ section will make the MBS more user-friendly.

8.2 General hip surgery items

Table 100: Item introduction table for item 49303

Item	Descriptor	Schedule fee	Volume of services FY2014/15	Total benefits FY2014/15	Services 5-year-average annual growth
49303	Hip, arthrotomy of, including lavage, drainage or biopsy when performed. (Anaes.) (Assist.)	\$546	2,471	\$670,505	33%

Recommendation 101

- △ Change the descriptor.
 - Specify that the procedure is for open arthrotomy of the hip.
 - The proposed item descriptor is as follows:
 - Hip, open arthrotomy of, including lavage, drainage or biopsy when performed. (Anaes.) (Assist.)

Rationale

This recommendation focuses on modernising the MBS. It is based on the following.

- △ Changing the descriptor for item 49303 clarifies that the procedure must be performed using an open technique.

Table 101: Item introduction table for items 49300 and 49306

Item	Descriptor	Schedule fee	Volume of services FY2014/15	Total benefits FY2014/15	Services 5-year-average annual growth
49300	Sacroiliac joint arthrodesis of (Anaes.) (Assist.)	\$521	137	\$29,664	39%
49306	Hip arthrodesis of, with synovectomy if performed. (Anaes.) (Assist.)	\$1,083	3	\$1,421	-10%

Recommendation 102

△ No change.

Rationale

This recommendation focuses on ensuring that MBS items provide rebates for high-value care. It is based on the following.

- △ Although item 49306 has recorded low and decreasing service volumes, use of this item is still appropriate in some circumstances.
- △ The Committee did not identify any concerns regarding safety, access, value or contemporary best practice that required a change to items 49300 or 49306.

8.3 Hip replacement (primary)

Table 102: Item introduction table for item 49309

Item	Descriptor	Schedule fee	Volume of services FY2014/15	Total benefits FY2014/15	Services 5-year-average annual growth
49309	Hip, arthroectomy or excision arthroplasty of, including removal of prosthesis (Austin Moore or similar. (non cement)) (Anaes.) (Assist.)	\$753	14	\$6,780	-14%

Recommendation 103

- △ Change the descriptor.
 - Remove the reference to removal of a prosthesis.
 - The intention of the Committee is that this item is used to rebate the removal of a native hip. It is not intended that this item can be claimed for stage one of a two-stage revision procedure (Recommendation 106).
 - The proposed item descriptor is as follows:
 - Hip, arthroectomy or excision arthroplasty (Girdlestone) of, not involving removal of an implant. (Anaes.) (Assist.)

Rationale

This recommendation focuses on modernising the MBS and providing clarity for both consumers and clinicians. It is based on the following.

- △ Changes to the descriptor clarify the distinction between excision arthroplasty of a native hip and stage one of a two stage-revision procedure. This makes it clear to both clinicians and consumers that item 49309 should be used to reimburse removal of a native hip. It should not

be used to reimburse stage one of a two-stage revision procedure. A separate item for stage one of a two-stage revision procedure is addressed under Recommendation 106.

Table 103: Item introduction table for item 49315

Item	Descriptor	Schedule fee	Volume of services FY2014/15	Total benefits FY2014/15	Services 5-year-average annual growth
49315	Hip, arthroplasty of, unipolar or bipolar. (Anaes.) (Assist.)	\$847	952	\$599,582	3%

Recommendation 104

△ No change.

Rationale

△ The Committee did not identify any concerns regarding safety, access, value or contemporary best practice that required a change to this item.

Table 104: Item introduction table for items 49318, 49319 and 49321

Item	Descriptor	Schedule fee	Volume of services FY2014/15	Total benefits FY2014/15	Services 5-year-average annual growth
49318	Hip, total replacement arthroplasty of, including minor bone grafting. (Anaes.) (Assist.)	\$1,318	16,900	16,687,660	5%
49319	Hip, total replacement arthroplasty of, including associated minor grafting, if performed – bilateral. (Anaes.) (Assist.)	\$2,315	252	436,729	12%
49321	Hip, total replacement arthroplasty of, including major bone grafting, including obtaining of graft. (Anaes.) (Assist.)	\$1,601	3,635	4,351,270	9%

Recommendation 105

△ Items 49318 and 49319:

- Remove the word ‘replacement’ from the descriptors.
- Specify that these items cannot be co-claimed with the recommended bone graft section. The intention of the Committee is that bone grafting is considered a component of the procedure, if performed.
- The proposed item descriptors are as follows:
 - Item 49318: Hip, total arthroplasty of, inclusive of, if performed, minor bone grafting. Cannot be co-claimed with the bone graft table. (Anaes.) (Assist.)
 - Item 49319: Hip, total arthroplasty of – bilateral. Inclusive of, if performed, minor bone grafting. Cannot be co-claimed with the bone graft table. (Anaes.) (Assist.)

△ Item 49321: Change the descriptor.

- Remove the phrase ‘major bone grafting.’
- Specify that the surgery can include bone graft, synthetic substitutes or metal augments.
- Clarify that internal fixation is a mandatory component of the procedure.

- The proposed item descriptor is as follows:
 - Hip, total arthroplasty of, requiring bone graft, synthetic substitutes or metal augments, with internal fixation. Cannot be co-claimed with the bone graft table. (Anaes.) (Assist.)

Rationale

This recommendation focuses on modernising the MBS and ensuring that MBS items provide rebates for high-value care. It is based on the following.

△ Items 49318 and 49319:

- Changes to the descriptors reflect modern clinical practice and clarify that items from the bone graft section cannot be co-claimed because bone grafting is a component of the item.

△ Item 49321:

- Changes to these descriptors reflect modern clinical practice and identify the circumstances in which it is appropriate for a patient to receive a rebate for complex primary hip replacement.
- Removing ‘major bone grafting’ from the item descriptor addresses ambiguity and variations in billing practices. In the current item, the phrase ‘major bone grafting’ indicates that a procedure is more complex and should be rebated using item 49321. However, there is no clear definition of what constitutes ‘major bone grafting,’ which has led to significant geographic variation in the proportion of primary hip replacements rebated using item 49321 rather than item 49318. For example, although 18 per cent of primary hip replacement services nationwide are reimbursed using item 49321, state proportions range from less than 1 per cent in the Australian Capital Territory to 39 per cent in South Australia.^{liv} The Committee believes that this variation primarily reflects differences in billing practices rather than differences in clinical practice. By better defining the required components of complex primary arthroplasty, clinicians will have better guidance regarding appropriate use of these items.

8.4 Hip replacement (revision)

Table 105: Item introduction table for items 49312, 49324, 49327, 49330, 49333, 49336 and 49346

Item	Descriptor	Schedule fee	Volume of services FY2014/15	Total benefits FY2014/15	Services 5-year-average annual growth
49312	Hip, arthroectomy or excision arthroplasty of, including removal of prosthesis (cemented, porous coated or similar) (Anaes.) (Assist.)	\$941	59	\$40,777	3%
49324	Hip, total replacement arthroplasty of, revision procedure including removal of prosthesis (Anaes.) (Assist.)	\$1,883	995	\$1,401,528	4%
49327	Hip, total replacement arthroplasty of, revision procedure requiring bone grafting to acetabulum, including obtaining of graft (Anaes.) (Assist.)	\$2,165	494	\$800,652	-2%
49330	Hip, total replacement arthroplasty of, revision procedure requiring bone grafting to femur, including obtaining of graft (Anaes.) (Assist.)	\$2,165	216	\$347,553	1%
49333	Hip, total replacement arthroplasty of, revision procedure requiring bone grafting	\$2,448	311	\$570,047	-3%

Item	Descriptor	Schedule fee	Volume of services FY2014/15	Total benefits FY2014/15	Services 5-year-average annual growth
	to both acetabulum and femur, including obtaining of graft (Anaes.) (Assist.)				
49336	Hip, treatment of a fracture of the femur where revision total hip replacement is required as part of the treatment of the fracture (not including intra-operative fracture), being a service associated with a service to which items 49324 to 49333 apply (Anaes.) (Assist.)	\$358	160	\$20,458	0%
49339	Hip, revision total replacement of, requiring anatomic specific allograft of proximal femur greater than 5 cm in length (Anaes.) (Assist.)	\$2,777	24	\$49,992	-6%
49342	Hip, revision total replacement of, requiring anatomic specific allograft of acetabulum (Anaes.) (Assist.)	\$2,777	34	\$70,657	-3%
49345	Hip, revision total replacement of, requiring anatomic specific allograft of both femur and acetabulum (Anaes.) (Assist.)	\$3,295	15	\$37,070	-12%
49346	Hip, revision arthroplasty with replacement of acetabular liner or ceramic head, not requiring removal of femoral component or acetabular shell (Anaes.) (Assist.)	\$847	181	\$111,818	3%

Recommendation 106

- △ Items 49312 and 49324–49346: Replace these items with 14 **new items** for hip revision.
- △ Create 16 **new items** for hip revision procedures to replace existing hip revision items, and create an explanatory note that defines major and minor bone grafting.
 - Specify that these items cannot be co-claimed with the bone graft section.
 - Specify how each item varies in terms of surgical complexity, with reference to the components replaced, the requirement for femoral osteotomy and the degree of bone grafting required.
 - Include an explanatory note for all hip revision items to define major and minor bone grafting. The explanatory note is as follows:
 - *Minor bone grafting is intended to cover Paprosky 1 and 2A defects (i.e. minor acetabular derangement/bone loss). Major bone grafting is intended to cover Paprosky 2B, 2C, 3A and 3B defects (i.e. major acetabular derangement/bone loss).*
 - The proposed item descriptors are as follows:
 - Item 493AA: Hip, revision arthroplasty of, involving exchange of head and/or liner. (Anaes.) (Assist.)
 - The intention of the Committee is that the procedure involves replacement of the head or liner only.
 - The Committee recommended a schedule fee that is 70 per cent of the schedule fee for item 49318 (simple primary arthroplasty).
 - Item 493AB: Hip, revision arthroplasty of, involving exchange of head and acetabular shell or cup, including, if performed, minor bone grafting. (Anaes.) (Assist.)

- The intention of the Committee is that the procedure must involve exchange of the head and acetabular component (shell or cement). Minor bone grafting (if performed) is an optional component of the procedure (see explanatory note for definition of major and minor bone grafting).
- Item 493AC: Hip, revision arthroplasty of, involving exchange of head and acetabular shell or cup, including, if performed, major bone grafting. (Anaes.) (Assist.)
 - The intention of the Committee is that the procedure must involve exchange of the head and acetabular components (shell or cement) and major bone grafting (see explanatory note for definition of major and minor bone grafting).
- Item 493AD: Hip, revision arthroplasty of, involving revision of femoral component without requirement for femoral osteotomy, including minor bone grafting, if performed. (Anaes.) (Assist.)
 - The intention of the Committee is that this procedure requires revision of the femoral component only. The procedure does not require femoral osteotomy. Minor bone grafting (if performed) is an optional part of the procedure (see explanatory note for definition of major and minor bone grafting).
- Item 493AE: Hip, revision arthroplasty of, involving the revision of femoral and acetabular components without requirement for femoral osteotomy, including minor bone grafting, if performed. (Anaes.) (Assist.)
 - The intention of the Committee is that this procedure must involve revision of the femoral and acetabular components. The procedure does not require femoral osteotomy. Minor bone grafting (if performed) is an optional part of the procedure (see explanatory note for definition of major and minor bone grafting).
- Item 493AF: Hip, revision arthroplasty of, involving the revision of femoral and acetabular components without requirement for femoral osteotomy. Requiring major bone grafting. (Anaes.) (Assist.)
 - The intention of the Committee is that this procedure must involve revision of the femoral and acetabular components and major bone grafting (see explanatory note for definition of major and minor bone grafting). The procedure does not require femoral osteotomy.
- Item 493AG: Hip, revision arthroplasty of, with or without revision of femoral component, (without requirement for femoral osteotomy) and revision of acetabular component for pelvic discontinuity. (Anaes.) (Assist.)
 - The intention of the Committee is that this procedure requires revision of the acetabular component for pelvic discontinuity. Bone grafting is included in the item. Revision of the femoral component (if performed) is an optional component of the procedure. The procedure does not require femoral osteotomy.
- Item 493AH: Hip, revision arthroplasty of, involving revision of femoral component with femoral osteotomy. Inclusive of minor bone grafting, if performed. (Anaes.) (Assist.)
 - The intention of the Committee is that this procedure must involve revision of the femoral component and femoral osteotomy. Minor bone grafting (if performed) is an optional part of the procedure (see explanatory note for definition of major and minor bone grafting).
- Item 493AI: Hip, revision arthroplasty of, involving the revision of femoral component, with femoral osteotomy, and revision of acetabular component. Inclusive of minor bone grafting, if performed. (Anaes.) (Assist.)

- The intention of the Committee is that this procedure requires revision of the femoral and acetabular components and femoral osteotomy. Minor bone grafting (if performed) is an optional part of the procedure (see explanatory note for definition of major and minor bone grafting).
- The Committee recommended a schedule fee that is 210 per cent of the schedule fee for item 49318 (simple primary arthroplasty).
- Item 493AJ: Hip, revision arthroplasty of, involving the revision of femoral component, with femoral osteotomy, and revision of acetabular component. Requiring major bone grafting. (Anaes.) (Assist.)
 - The intention of the Committee is that this procedure requires revision of the femoral and acetabular components and femoral osteotomy. Major bone grafting is a mandatory component of the procedure (see explanatory note for definition of major and minor bone grafting).
- Item 493AK: Hip, revision arthroplasty of, involving revision of femoral component, with femoral osteotomy or proximal femoral replacement, and revision of acetabular component for pelvic discontinuity. (Anaes.) (Assist.)
 - The intention of the Committee is that this procedure must involve revision of the acetabular component for pelvic discontinuity, revision of the femoral component and femoral osteotomy. The procedure includes bone grafting.
- Item 493AL: Hip, revision arthroplasty of, involving replacement of the proximal femur, and revision of the acetabular component, inclusive of bone grafting, if performed. (Anaes.) (Assist.)
 - The intention of the Committee is that this procedure must involve replacement of the proximal femur and revision of the acetabular component. The procedure includes bone grafting.
- Item 493AM: Hip, revision arthroplasty of, involving removal of prosthesis as stage 1 of a 2-stage revision arthroplasty. Including insertion of temporary prosthesis, if required. (Anaes.) (Assist.)
 - The intention of the Committee is that this item is for the removal of a prosthesis as stage one of a two-stage revision arthroplasty. Insertion of a temporary prosthesis (such as an antibiotic-loaded cement spacer) is an optional component of the procedure, if performed.
- Item 493AN: Hip, revision arthroplasty of, involving revision of femoral component, for periprosthetic fracture, requiring internal fixation and, including bone grafting, if performed. (Anaes.) (Assist.)
 - The intention of the Committee is that revision of the femoral component and internal fixation are mandatory components of the procedure. Bone grafting (if performed) is an optional component of the procedure. The Committee noted that bone grafting will be required in most cases.

Rationale

This recommendation focuses on ensuring that MBS items provide rebates for and accurately describe high-value services. It is based on the following.

△ Items 49312 and 49324–49346:

- The current items do not meaningfully reflect the range of complexity associated with revision hip replacement. At present, complexity is indicated through the need to remove a prosthesis and the requirement for bone grafting at various anatomical sites. Descriptors do not indicate the extent of revision required to the acetabular and femoral components or the need for osteotomy, both of which are key indicators of complexity in revision hip replacement.

△ **New items** for hip revision procedures:

- The proposed **new items** better reflect modern clinical practice and the range of complexity associated with hip revision procedures by identifying the components replaced, the requirement for femoral osteotomy and whether major bone grafting is required. The **new item** descriptors also represent complete medical services and specify all the components of the procedure. This will make it easier for clinicians to determine which item to use, and for consumers to compare between clinicians.
- The **new items** include major or minor bone grafting, defined using the Paprosky scale. The items cannot be co-claimed with the bone graft section. The Paprosky scale is a classification system based on the site and extent of acetabular bone loss. Minor bone grafting is intended to cover Paprosky 1 and 2A defects (that is, minor acetabular derangement/bone loss). Major bone grafting is intended to cover Paprosky 2B, 2C, 3A and 3B defects (that is, minor acetabular derangement/bone loss). Unlike primary hip replacement procedures, it is not appropriate to define the complexity of bone grafting in revision procedures through reference to the requirement for internal fixation.
- The relative complexity of each item has been determined in relation to item 49318 for simple primary hip replacement, based on the complexity associated with three elements: the components replaced, the requirement for femoral osteotomy and the degree of bone grafting required

8.5 Fractures

Table 106: Item introduction table for items 47516, 47519, 47522, 47528 and 47531

Item	Descriptor	Schedule fee	Volume of services FY2014/15	Total benefits FY2014/15	Services 5-year-average annual growth
47516	Femur, treatment of fracture of, by closed reduction or traction (Anaes.) (Assist.)	\$433	114	\$36,040	1%
47519	Femur, treatment of trochanteric or subcapital fracture of, by internal fixation (Anaes.) (Assist.)	\$866	2,316	\$1,473,421	1%
47522	Femur, treatment of subcapital fracture of, by hemi-arthroplasty (Anaes.) (Assist.)	\$753	405	\$227,352	-1%
47528	Femur, treatment of fracture of, by internal fixation or external fixation (Anaes.) (Assist.)	\$753	518	\$235,553	8%
47531	Femur, treatment of fracture of shaft, by intramedullary fixation and cross fixation (Anaes.) (Assist.)	\$960	1,252	\$891,489	6%

Recommendation 107

- △ Items 47516, 47519, 47528 and 47531: No change.
- △ Item 47522: Consolidate item with item 49315.

Rationale

This recommendation focuses on modernising the MBS and ensuring that MBS items provide rebates for high-value services. It is based on the following.

- △ Item 47516, 47519, 47528 and 47531:
 - The Committee did not identify any concerns regarding safety, access, value or contemporary best practice that required a change to items 47516, 47519, 47528 or 47531.
- △ Item 47522:
 - This item has been consolidated with item 49315 because it is not an independent procedure and should form part of other hip procedures.
 - The Committee expects 100 per cent of the surgeries previously claimed under item 47522 to be claimed under item 49315 instead.
 - This change will help to make the MBS more user-friendly.

8.6 Dislocations

Table 107: Item introduction table for items 47048 and 47051

Item	Descriptor	Schedule fee	Volume of services FY2014/15	Total benefits FY2014/15	Services 5-year-average annual growth
47048	Hip, treatment of dislocation of, by closed reduction (Anaes.)	\$325	467	\$116,966	-3%
47051	Hip, treatment of dislocation of, by open reduction (Anaes.) (Assist.)	\$433	25	\$6,195	1%

Recommendation 108

- △ Items 47048 and 47051: Replace items with four **new items** for hip dislocation.
- △ Create four **new items** to differentiate between different types of hip dislocation and their respective management methods.
 - Specify whether the hip joint is native or prosthetic in the descriptors.
 - Specify whether the management method is open or closed reduction.
 - The proposed item descriptors are as follows:
 - Item 470AA: Hip, treatment of prosthetic dislocation of, by closed reduction. (Anaes.)
 - Item 470AB: Hip, treatment of prosthetic dislocation of, by open reduction. (Anaes.) (Assist.)
 - Item 470AC: Hip, treatment of native hip dislocation of, by closed reduction. (Anaes.)
 - Item 470AD: Hip, treatment of native hip dislocation of, by open reduction, including, if performed, internal fixation. (Anaes.) (Assist.)

Rationale

This recommendation focuses on ensuring that MBS items provide rebates for high-value services, and that item descriptors accurately describe the surgical procedure being performed. It is based on the following.

- △ Items 47048 and 47051:

- These items have been replaced by the **new items** for hip dislocation.

△ **New items** for hip dislocation:

- These **new items** distinguish between the treatment of native and prosthetic hips. This is required to reflect the range of complexity involved in these procedures. The treatment of a native hip dislocation is more complex than treatment of a prosthetic dislocation because it involves longer follow-up and has a higher risk of potential complications.

8.7 Joints items

Table 108: Item introduction table for item 50121

Item	Descriptor	Schedule fee	Volume of services FY2014/15	Total benefits FY2014/15	Services 5-year-average annual growth
50121	Greater Trochanter, transplantation of ileopsoas tendon to (Anaes.) (Assist.)	\$847	5	\$3,178	N/A

Recommendation 109

- △ Delete item.

Rationale

- △ Item 50121 has been recommended for deletion because it no longer reflects clinical practice. **New items** for the repair of tendons around the hip have been created to account for services that may have previously been being rebated using this item (Section 8.8).

8.7.1 *New item for joint stabilisation procedures*

Recommendation 110

- △ Create a **new item** for joint stabilisation procedures.
- Specify that this item is an independent procedure.
 - Specify that at least one of the following is a mandatory component of the procedure: repair of capsule, labrum, capsulorrhaphy or repair of ligament.
 - Specify that internal fixation is an optional component of the procedure.
 - The proposed item descriptor is as follows:
 - Item 479AE: Hip joint, open stabilisation of, involving 1 or more of: repair of capsule, labrum, capsulorrhaphy, repair of ligament, including internal fixation if required, not being a service to which another item in this Group applies. (Anaes.) (Assist.)

Rationale

This recommendation focuses on modernising the MBS. It is based on the following.

- △ This item is required to account for the recommended deletion of item 50106 (joint stabilisation item). Item 50106 was recommended for deletion with the intention that each sub-specialty would have its own item for this procedure (Recommendation X).

8.8 Tendon items

Recommendation 111

- △ Create three **new items** for hip tendon repairs.
 - The proposed item descriptors are as follows:
 - Item 479AB: Iliopsoas tenotomy, performed open or arthroscopically. As an independent procedure, not to be claimed with any other procedure of the hip.
 - Item 479AC: Gluteal tendon, open or arthroscopic repair of, including, if performed, preparation of the greater trochanter and bursectomy. As an independent procedure, not to be claimed with any other procedure of the hip.
 - Item 479AD: Proximal hamstring or rectus femoris tendon, repair of. As an independent procedure, not to be claimed with any other procedure of the hip.

Rationale

This recommendation focuses on modernising the MBS. It is based on the following.

- △ These items were created in response to the recommended limitation of item 47954 to traumatic injury and the deletion of items 47957, 47963 and 47966. It is the intention of the Committee that each sub-specialty has its own item for this procedure (Recommendation X).
- △ The **new items** also reflect modern clinical practice, which has changed over the last 10 years due to improved diagnostic imaging. It is the intention of the Committee that these items can be claimed for trauma or degenerative conditions.
- △ **New item** for iliopsoas tenotomy:
 - This **new item** (479AB) was created because tenotomy of the iliopsoas is currently reimbursed using general open tenotomy item 47963, which is recommended for deletion.
- △ **New item** for gluteal tendon repair:
 - This **new item** (479AC) is required because modern clinical practice is not currently reflected in a specific MBS item number. Clinical evidence suggests that surgical intervention is superior to corticosteroid therapy and physical therapy, although the efficacy of surgical techniques varies.³
 - The Committee chose not to specify whether open or endoscopic repair is required. For abductor tendon repair, there is some evidence that both open and endoscopic techniques produce good functional results and reduce pain. However, the Committee noted that endoscopic techniques appear to result in fewer postoperative complications (including tendon re-tear) than primary open endoscopic abductor tendon repair.⁴ Further high-quality studies are required to determine whether open or endoscopic gluteal tendon repair produces superior patient outcomes.⁵

³ Lustenberger DP, Ng VY, Best TM, Ellis TJ. Efficacy of Treatment of Trochanteric Bursitis: A Systematic Review. *Clinical journal of sport medicine: official journal of the Canadian Academy of Sport Medicine*. 2011;21(5):447-53

⁴ Alpaugh K, Chilelli BJ, Xu S, Martin SD. Outcomes After Primary Open or Endoscopic Abductor Tendon Repair in the Hip: A Systematic Review of the Literature. *Arthroscopy: The Journal of Arthroscopic & Related Surgery*. 2015;31(3):530-40

⁵ Chandrasekaran S, Lodhia P, Gui C, Vemula SP, Martin TJ, Domb BG. Outcomes of Open Versus Endoscopic Repair of Abductor Muscle Tears of the Hip: A Systematic Review. *Arthroscopy: The Journal of Arthroscopic & Related Surgery*. 2015;31(10):2057-67.e2

- The intention of the Committee is that ‘preparation of greater trochanter’ includes osteectomy. The Committee agreed to remove this term from the MBS (Recommendation X) and adopt alternative wording.

△ **New item** for repair of the proximal hamstring or rectus femoris tendon:

- This **new item** (479AD) has been created because this procedure is currently reimbursed using general tendon repair item 47954, which is recommended for deletion (Recommendation X).
- The recommended item allows for the procedure to be performed arthroscopically to reflect contemporary clinical practice. However, clinicians are also able to perform the procedure using an open technique to preserve patient access.

8.9 General orthopaedics items

Table 109: Item introduction table for item 47982

Item	Descriptor	Schedule fee	Volume of services FY2014/15	Total benefits FY2014/15	Services 5-year-average annual growth
47982	Forage (Drill decompression), of neck or head of femur, or both. (Anaes.) (Assist.)	\$365	73	\$14,206	-1%

Recommendation 112

△ No change.

Rationale

△ The Committee did not identify any concerns regarding safety, access, value or contemporary best practice that required a change to this item.

8.10 Amputations

Table 110: Item introduction table for items 44370 and 44373

Item	Descriptor	Schedule fee	Volume of services FY2014/15	Total benefits FY2014/15	Services 5-year-average annual growth
44370	Amputation at hip. (Anaes.) (Assist.)	\$720	2	\$1,080	N/A
44373	Hindquarter, amputation of. (Anaes.) (Assist.)	\$1,478	0	0	N/A

Recommendation 113

△ Items 44370 and 44373: No change.

Rationale

△ Although items 44370 and 44373 have recorded low and decreasing service volumes, use of these items is still appropriate in some circumstances.

△ The Committee did not identify any concerns regarding safety, access, value or contemporary best practice that required a change to these items.

8.11 New osteotomy items

Recommendation 114

- △ Create two **new items** for pelvic and femoral osteotomy in adult patients, based on items 48424 and 48427.
 - Base **new item** 484CA (pelvic osteotomy) on item 48424, and **new item** 484CB (femoral osteotomy) on item 48427.
 - The proposed item descriptors are as follows:
 - Item 484CA: Pelvic osteotomy, including, if performed internal fixation, bone grafting and any associated intraarticular procedures. Not to be co-claimed with item 48424. (Anaes.) (Assist.)
 - Item 484CB: Femoral osteotomy, including, if performed internal fixation, and bone grafting, in a patient older than 18 years of age. Not to be co-claimed with item 48427. (Anaes.) (Assist.)
 - The intention of the Committee is that this item cannot be claimed with bone graft items.

Rationale

- △ **New item** for pelvic osteotomy:
 - This **new item** (484CA) is required for adult patients with a dysplastic hip. The exclusion for femoroacetabular impingement in current item 48424 has not been included in this **new item** because this was relevant to osteectomy, which is no longer in the item descriptor.
- △ **New item** for femoral osteotomy:
 - This **new item** (484CB) is required for adult patients in cases of femoral deformity. The exclusion for femoroacetabular impingement in current item 48424 has not been included in this **new item** because it was relevant to osteectomy, which is no longer in the item descriptor.

9. Foot and ankle surgery

9.1 Introduction

The Committee reviewed 89 items for foot and ankle surgery, accounting for approximately 32,000 services and \$21 million in benefits. The Committee observed that the current MBS items are out-of-date and the appropriate use of the items is often unclear. As a result, the Committee has restructured the items and clarified descriptors to reflect modern clinical practice. The following principles (in addition to the MBS Review's general principles, Section 1.3) underpinned the Committee's approach:

1. Modernise and simplify the current schedule.
2. Clarify items to support appropriate use.
3. Address access gaps.

9.2 General principles and key recommendations

The Committee identified three principles to guide its review of items.

△ Aim to modernise and simplify the current schedule.

- The Committee recommended separating foot and ankle surgery into elective and trauma sections.
- The Committee recommended a structure that prevents elective items from being claimed alongside trauma items. However, it recognised that there are rare exceptions to this principle, and in these situations descriptors indicate that items can be used in both elective and trauma contexts.
- The Committee noted that it is important that clinicians have opportunities to identify instances where appropriate co-claiming between the elective and trauma sections has been inadvertently excluded. This should form part of the Taskforce's ongoing review process.

△ Aim to restrict inappropriate co-claiming.

- Where possible, the Committee recommended changes to item descriptors in order to create complete medical services. Using the phrase 'inclusive of, if performed,' descriptors now specify the components included in a procedure in order to prevent unnecessary co-claiming of additional items. Where a procedure is identified as included, the intention is that a separate item cannot be co-claimed for the procedure.
- The Committee noted that clinicians may at times require items from other T8 (Surgical Operations) groups. For example, foot and ankle surgeons will claim general surgical items, such as wound debridement or hardware removal, from other parts of the MBS. Specific foot and ankle items have been created if foot and ankle surgeons are predominantly responsible for a procedure.
- The Committee added the phrase 'per incision' to some item descriptors to restrict inappropriate co-claiming, such as billing multiple items for excision of multiple exostoses or ganglions in close proximity through the same incision.
- The Committee recommended reimbursing bone grafting using a separate item from a specific bone graft section (Section 4.2). Although the Committee attempted to create complete medical services in most cases, the various situations in which bone grafting may be required meant that this was not possible without unduly increasing the number of items in the MBS.

- △ Aim to address possible and actual access gaps.
 - The Committee recommended **new items** for revision surgery because a revision item is currently only available for total ankle replacement. Foot and ankle surgeons are more likely to revise other procedures such as malunion or non-union of previous surgery.
 - The Committee recommended allowing an assistant fee to be claimed for most foot and ankle items to reflect the complexity of procedures. Foot and ankle surgery involves difficult anatomical dissection around nerves, vessels and tendons, often through relatively small incisions. In order to undertake safe and correct surgery, surgical assistance is required. Careful retraction by an assistant reduces risk to the patient and promotes better consumer outcomes.

9.3 Current problems

The Committee observed three main problems with the current foot and ankle items: (1) the current structure is unclear; (2) the current structure does not differentiate clearly between elective and trauma surgery; and (3) current items do not reflect modern clinical practice. Each of these problems is discussed in more detail below.

- △ MBS foot and ankle items do not follow a clear structure. Items for these procedures are claimed from across the MBS, and the distribution of items follows no logical order. As a result, the MBS is difficult for consumers and clinicians to navigate. This can lead to multiple items being inappropriately billed for single procedures, as well as inconsistencies in clinician billing practices.
- △ The current MBS structure does not clearly differentiate between elective and trauma procedures. This has two effects. Firstly, clinicians are able to bill for services using items for both elective and trauma cases in a single episode, rather than using a single item that represents a complete medical service. Secondly, the MBS does not account for the differences between elective and trauma surgeries and does not provide sufficient guidance on appropriate use. In the ankle or foot, surgery in a trauma context is more amenable to procedure-specific descriptors that create complete medical services. In contrast, elective surgery may require multiple items to be claimed due to the variety of elective procedures that can be performed on different parts of the foot in the same surgical setting.
- △ The current item descriptors do not reflect modern clinical practice. Newer techniques and procedures are not listed, and common diagnoses or interventions are not clearly described. These gaps in the MBS, combined with a lack of clarity in some item descriptors, have at times resulted in inappropriate use or co-claiming of some items. For example, the current MBS only contains revision items for ankle arthroplasty and does not include revision items for other foot and ankle surgeries. Revision surgery of the foot and ankle is often more complex due to previous hardware, soft tissues and bone defects and therefore requires distinct MBS items. Sufficient reimbursement for these complex procedures is not currently provided through distinct MBS items with appropriate rebates, and the Committee is concerned that patients may be facing high out-of-pocket costs as a result. Lack of clarity in the descriptors and gaps in the MBS have also led to inconsistent billing practices, with some clinicians co-claiming multiple items to build complete medical services. The Committee's recommendations for foot and ankle items are designed to minimise inappropriate use and deliver value for consumers and the community.

9.4 Definitions

- △ Ray: From the tip of a digit to the proximal metatarsal base of that digit, including phalanges and metatarsal bones.

- △ Hindfoot joints: Consist of subtalar, talonavicular and calcaneocuboid joints.
- △ Hindfoot bones: Consist of the calcaneus, talus, navicular and cuboid.
- △ Midfoot joints: Consist of naviculocuneiform and tarsometatarsal joints.
- △ Midfoot bones: Consist of cuneiforms.
- △ Major ankle tendons: Consist of the Achilles', tibialis anterior, tibialis posterior, peroneal (both longus and brevis), extensor hallucis longus and flexor hallucis longus tendons.
- △ Flexor tendon: Both the flexor digitorum longus and flexor digitorum brevis tendons.
- △ Extensor tendon: Both the extensor digitorum longus and extensor digitorum brevis tendons.
- △ Reconstruction of a tendon: Treatment of a degenerative tendon where more than end-to-end repair of tendon rupture is involved.
- △ Transtarsal amputation: Involves amputation of the foot through the tarsal or metatarsal bones, or through the tarsometatarsal joints.
- △ Joint debridement: Removal of osteophytes, removal of part of the joint, and removal of intervening soft tissue, loose bone ossicles or fragments from one or both sides of a joint
- △ Primary treatment: Acute and first management of an injury or pathology.
- △ Delayed or secondary treatment: Subsequent to primary treatment, or occurring after the normal expected healing time for the relevant tissue.
- △ Revision procedure: A repeat operation to replace or compensate for a failed implant, correct a painful non-union of fracture or fusion, correct malunion, reconstruct a failed soft tissue procedure, or correct undesirable complications of previous surgery.
- △ Operative exposure: Includes (if performed) arthrotomy and/or arthroscopy of joint, washout of joint, removal of loose fragments or loose bodies, synovectomy of neurovascular bundle and closure of capsule.
- △ Radical plantar fasciotomy or fasciectomy: Involves the partial or complete removal of the plantar fascia, but does not involve simple release of the fascia.

9.5 Structure and co-claiming restrictions

- △ The Committee recommended introducing co-claiming restrictions between elective and trauma items, with specific exceptions for items that may be used in both an elective and trauma context.
- △ The tables below identify groups of items and the co-claiming rules that should be applied to each.
- △ Items in the elective list cannot be co-claimed with items in the trauma list. Similarly, items in the trauma list cannot be co-claimed with items in the elective list.
- △ Items that can be used in either an elective or trauma context are listed below. The descriptors for these items identify that these items can be used for 'elective or trauma'.

Table 111: Foot and ankle items that can be claimed in both elective and trauma contexts

Elective or trauma	
44338	Amputation, digit...
44358	Amputation, ray of foot...

Elective or trauma	
44361	Amputation of foot, at ankle or hindfoot...
44364	Amputation of foot, transtarsal...
49703	Ankle joint, arthroscopic surgery of...
49709	Ankle and / or subtalar joint, ligamentous stabilisation of...
47600	Ankle joint, treatment of fracture of, by internal fixation...

9.6 Elective section

9.6.1 Amputation

Table 112: Item introduction table for items 44338, 44342, 44346, 44350, 44354, 44358, 44359, 44361 and 44364

Item	Descriptor	Schedule fee	Volume of services FY2014/15	Total benefits FY2014/15	Services 5-year-average annual growth
44338	1 digit of foot, amputation of (Anaes.)	\$144	433	\$45,133	-1%
44342	2 digits of 1 foot, amputation of (Anaes.)	\$220	27	\$4,342	2%
44346	3 digits of 1 foot, amputation of (Anaes.) (Assist.)	\$254	8	\$1,338	-11%
44350	4 digits of 1 foot, amputation of (Anaes.) (Assist.)	\$288	5	\$930	-7%
44354	5 digits of 1 foot, amputation of (Anaes.) (Assist.)	\$330	2	\$495	-13%
44358	Toe, including metatarsal or part of metatarsal each toe, amputation of (Anaes.)	\$184	119	\$16,035	-3%
44359	One or more toes of one foot, amputation of, including if performed, excision of 1 or more metatarsal bones of the foot, performed for diabetic or other microvascular disease, excluding aftercare (Anaes.) (Assist.)	\$264	608	\$117,996	8%
44361	Foot at ankle (Syme, Pirogoff types), amputation of (Anaes.) (Assist.)	\$356	3	\$802	25%
44364	Foot, midtarsal or transmetatarsal, amputation of (Anaes.) (Assist.)	\$296	40	\$8,587	2%

Recommendation 115

- △ Items 44338, 44342, 44346, 44350 and 44354: Change the descriptors.
- Clarify the descriptors by adding the phrase ‘distal to metatarsal head’.
 - Clarify that the procedures include resection of the bone or joint and, if performed, excision of neuroma and skin cover with local or homodigital flaps.
 - Specify that the surgery includes a surgical assistant by adding the term ‘(Assist.)’ to items 44338 and 44342.
 - Clarify that the items can be used in both elective and trauma contexts.
 - The proposed item descriptors are as follows:

- Item 44338: Amputation of digit of foot, distal to metatarsal head, including resection of bone or joint, inclusive of, if performed: excision of neuroma and skin cover with local or homodigital flaps. 1 digit, elective or trauma. (Anaes.) (Assist.)
 - Item 44342: Amputation of digit of foot, distal to metatarsal head, including resection of bone or joint, inclusive of, if performed: excision of neuroma and skin cover with local or homodigital flaps. 2 digits, elective or trauma. (Anaes.) (Assist.)
 - Item 44346: Amputation of digit of foot, distal to metatarsal head, including resection of bone or joint, inclusive of, if performed: excision of neuroma and skin cover with local or homodigital flaps. 3 digits, elective or trauma. (Anaes.) (Assist.)
 - Item 44350: Amputation of digit of foot, distal to metatarsal head, including resection of bone or joint, inclusive of, if performed: excision of neuroma and skin cover with local or homodigital flaps. 4 digits, elective or trauma. (Anaes.) (Assist.)
 - Item 44354: Amputation of digit of foot, distal to metatarsal head, including resection of bone or joint, inclusive of, if performed: excision of neuroma and skin cover with local or homodigital flaps. 5 digits, elective or trauma. (Anaes.) (Assist.)
- △ Item 44358: Change the descriptor.
- Clarify the descriptor by replacing the word ‘toe’ with ‘ray of the foot’ and adding the phrase ‘per ray.’
 - Clarify that the procedure includes resection of bone, excision of neuromas, and skin cover or recontouring with local or homodigital flaps, if performed.
 - Specify that the item allows for a surgical assistant by adding the term ‘(Assist.)’
 - Clarify that the item can be used in both elective and trauma contexts.
 - The proposed item descriptor is as follows:
 - Amputation, ray of foot. Inclusive of, if performed: resection of bone, excision of neuromas and skin cover or recontouring with local or homodigital flaps. Per ray, elective or trauma. (Anaes.) (Assist.)
- △ Item 44359: Change the descriptor.
- Allow this item to be used for amputations of the foot at the midfoot or hindfoot.
 - Clarify the descriptor by replacing ‘of one foot’ with ‘per foot.’
 - Clarify that the procedure includes resection of the bone and, if performed, skin cover or recontouring with local or homodigital flaps.
 - The proposed item descriptor is as follows:
 - Amputation, one or more toes, or at midfoot or hindfoot, including resection of bone, inclusive of, if performed excision of neuromas, excision of 1 or more bones of the foot, treatment of underlying infection and skin cover or recontouring with local or homodigital flaps, performed for diabetic or other microvascular disease, excluding aftercare. Per foot. (Anaes.) (Assist.)
- △ Item 44361: Change the descriptor.
- Clarify the descriptor by specifying that this item includes amputation through the hindfoot, and by removing the reference to ‘Syme and Pirogoff types.’
 - Clarify that the procedure includes resection of bone, neuromas and skin cover, if performed.

- Clarify that the item can be used in both elective and trauma contexts.
- The proposed item descriptor is as follows:
 - Amputation of foot, at ankle or hindfoot, including resection of bone, inclusive of, if performed: resection of bone, excision of neuromas and skin cover, elective or trauma. (Anaes.) (Assist.)

△ Items 44364: Change the descriptor.

- Replace the phrase ‘through midtarsal or transmetatarsal’ with the word ‘transtarsal.’
- Clarify that the procedure includes resection of bone and, if performed, excision of neuromas and skin cover.
- Clarify that the item can be used in both elective and trauma contexts.
- The proposed item descriptor is as follows:
 - Amputation of foot, transtarsal, inclusive of resection of bone, and if performed, excision of neuromas, and skin cover, elective or trauma. (Anaes.) (Assist.)

Rationale

This recommendation focuses on modernising the MBS and ensuring that MBS items provide rebates for high-value services. It is based on the following.

△ Items 44338, 44342, 44346, 44350, and 44354:

- These items have been updated to provide a more accurate and complete description of all the components of the procedure, reflecting modern clinical practice.
- The descriptors now allow for an assistant for 1 and 2 digits, recognising the complexities of these procedures. This supports improved patient care.
- The references to ‘elective’ and ‘trauma’ permit use of the item in either elective or trauma contexts.
- Adding the phrase ‘per ray’ clarifies that resection from the toe down to the base of the metatarsal is part of the procedure (Section 9.4, Definitions: ‘ray’).

△ Items 44358:

- The item has been updated to provide a more accurate and complete description of all the components of the procedure, reflecting modern clinical practice.
- Adding the phrase ‘per ray’ clarifies that resection from the toe down to the base of the metatarsal is part of the procedure (Section 9.4, Definitions: ‘ray’).
- The Committee recommended an increase in the schedule fee to reflect the increased complexity of this item, which now includes resection of a ray, rather than just a metatarsal.

△ Item 44359:

- The changes to the descriptor clarify that this item can be used for amputations through the midfoot or hindfoot, where performed to treat diabetic or other microvascular disease. The Committee believes that it is likely that providers are already using this item for this purpose.
- This item has been updated to provide a more accurate and complete description of all the components of the procedure, reflecting modern clinical practice.

- The item includes ‘treatment of underlying infection’ to address inappropriate co-claiming. The Committee reviewed the co-claiming data for item 44359, which showed that 32 per cent of episodes were co-claimed with item 35100 (debridement of necrotic material of an ischaemic limb) and 17 per cent were co-claimed with item 43512 (chronic osteomyelitis).^{lv} These are considered part of item 44359 and a separate item should not be claimed.
- Changing ‘one foot’ to ‘per foot’ in the descriptor creates consistency across the amputation items.

△ Item 44361:

- This descriptor has been updated to include amputation through the hindfoot and remove the reference to Syme and Pirogoff types. This reflects modern clinical practice and terminology and provides a more accurate and complete description of all the components of the procedure.

△ Item 44364:

- This descriptor has been updated to reflect modern clinical practice. The terms ‘midtarsal’ and ‘transmetatarsal’ have been replaced with ‘transtarsal’ to better describe the level of amputation (Section 9.4, Definitions: ‘transtarsal amputation’). The components included in the procedure are also specified in order to provide a more accurate description of a complete medical service.
- The Committee reviewed the co-claiming data for item 44364, which showed that 31 per cent of episodes were co-claimed with item 35100 (debridement of necrotic material of an ischaemic limb). The Committee considered this co-claiming to be appropriate because item 35100 is often required in the context of peripheral vascular disease. This requires more surgical time to resect to vascularised tissue and may leave an open wound following the procedure, necessitating more post-operative care.^{lvi}

9.6.2 Bone procedures

Recommendation 116

- △ Change item categorisation for fibula and tibia items so that they are located in the foot and ankle section of the MBS.

Rationale

- △ Fibula and tibia items are closely related to the foot.

Table 113: Item introduction table for items 47933, 48400, 48403, 48406 and 48409

Item	Descriptor	Schedule Fee	Volume of services FY2014/15	Total benefits FY2014/15	Services 5-year-average annual growth
47933	Small exostosis (not more than 20mm of growth above bone), excision of, or simple removal of bunion and any associated bursa, not being a service associated with a service for removal of bursa (Anaes.)	\$207	1,225	\$93,897	0%
48400	Phalanx, metatarsal, accessory bone or sesamoid bone, osteotomy or osteectomy of, excluding services to which item 49848 or 49851 applies, any of items 49848, 49851, 47933 or 47936 apply (Anaes.) (Assist.)	\$330	6,507	\$881,058	5%
48403	Phalanx or metatarsal, osteotomy or osteectomy of, with internal fixation, and	\$518	8,223	\$1,763,250	3%

Item	Descriptor	Schedule Fee	Volume of services FY2014/15	Total benefits FY2014/15	Services 5-year-average annual growth
	excluding services to which items 47933 or 47936 apply (Anaes.) (Assist.)				
48406	Fibula, radius, ulna, clavicle, scapula (other than acromion), rib, tarsus or carpus, osteotomy or osteectomy of, excluding services to which items 47933 or 47936 apply (Anaes.) (Assist.)	\$330	7,480	\$925,020	10%
48409	Fibula, radius, ulna, clavicle, scapula (other than acromion), rib, tarsus or carpus, osteotomy or osteectomy, with internal fixation, and excluding services to which items 47933 or 47936 apply (Anaes.) (Assist.)	\$518	2,582	\$645,712	8%

Recommendation 117

- △ Item 47933: Replace item with a **new item** for exostosis specific to the foot and ankle.
- △ Create a **new item** for exostosis specific to the foot and ankle to replace item 47933 (a general small exostosis item).
 - The Committee recommended a schedule fee similar to item 47933.
 - The proposed item descriptor is as follows:
 - Item 484XX: Excision of one or more osteophytes of foot or ankle, or simple removal of bunion. Inclusive of, if performed: removal associated bursae or ganglion, excision of surrounding osteophytes, capsulotomy, synovectomy, release ligaments and/or removal of bone. Per incision. (Anaes.) (Assist.)
 - The intention of the Committee is that excision of osteophytes of the foot or ankle (such as simple removal of a bunion) is considered a mandatory component of the procedure. Removal of associated bursae or ganglion, excision of surrounding osteophytes, capsulotomy, synovectomy, release ligaments and/or removal of bone (if performed) are optional components of the procedure.
- △ Item 48400: Change the descriptor.
 - Clarify the descriptor by removing the reference to ‘osteectomy’ and adding ‘per bone.’
 - Clarify that the procedure includes removal of bone, surrounding osteophytes, synovectomy and release of joint, if performed.
 - The proposed item descriptor is as follows:
 - Osteotomy of phalanx, metatarsal, accessory bone or sesamoid bone of foot. Inclusive of, if performed: removal of bone, surrounding osteophytes, synovectomy, and/or release of joint. Per bone. (Anaes.) (Assist.)
 - The intention of the Committee is that this item is used in circumstances of a planned cut to correct bone deformity, not for the excision of an abnormal bone growth.
 - Create an explanatory note to clarify that this item covers the removal of sesamoid or accessory bones:
 - *This item covers services to remove sesamoid or accessory bones.*
- △ Item 48403: Change the descriptor.
 - Remove the reference to ‘osteectomy.’

- Clarify that the procedure includes removal of bone, surrounding osteophytes, synovectomy and release of joint, if performed.
- Remove co-claiming exclusions with items 47933 and 47936.
- The proposed item descriptor is as follows:
 - Osteotomy of phalanx or metatarsal of foot, with internal fixation by any method. Inclusive of, if performed: removal of bone, surrounding osteophytes, synovectomy, release of joint. Per bone. (Anaes.) (Assist.)
- △ Items 48406 and 48409: Change the descriptors.
 - Remove the references to ‘osteotomy’ and clarify that the items include removal of bone, and, if performed, removal of surrounding osteophytes, synovectomy and/or release of joint.
 - Add the words ‘per bone’ to the descriptor.
 - Remove the co-claiming restriction for items 47933 and 47936, which are recommended for deletion.
 - The proposed item descriptors are as follows:
 - Item 48406: Fibula, radius, ulna, clavicle, scapula (other than acromion), rib, tarsus or carpus, osteotomy of, including removal of bone, and if performed, removal of surrounding osteophytes, synovectomy and/or release of joint. (Anaes.) (Assist.)
 - Item 48409: Radius, ulna, clavicle, scapula (other than acromion), rib, or carpus, osteotomy, with internal fixation, including removal of bone, and if performed, removal of surrounding osteophytes, synovectomy and/or release of joint. (Anaes.) (Assist.)
- △ Create a **new item** for osteotomy of distal tibia, without internal fixation (similar to item 48418).
 - The Committee recommended a schedule fee similar to item 48418 (osteotomy of the tibia).
 - The proposed item descriptor is as follows:
 - Item 484YA: Osteotomy of distal tibia, without internal fixation. Inclusive of, if performed: removal of bone, surrounding osteophytes, synovectomy, release of joint. Per bone. (Anaes.) (Assist.)
- △ Create a **new item** for osteotomy of distal tibia, with internal or external fixation by any method (similar to item 48421).
 - The Committee recommended a schedule fee similar to item 48421 (osteotomy of the tibia with internal fixation).
 - The proposed item descriptor is as follows:
 - Item 484YB: Osteotomy of distal tibia, with internal or external fixation by any method. Inclusive of, if performed: removal of bone, surrounding osteophytes, synovectomy, release of joint. Per bone. (Anaes.) (Assist.)
- △ Create a **new item** for treatment of ankle or hindfoot bone for non-union.
 - The Committee recommended a schedule fee that is 150 per cent of the schedule fee for item 47603 (treatment of an ankle joint fracture with internal fixation).
 - The proposed item descriptor is as follows:
 - Item 484YC: Ankle or hindfoot fracture, operative treatment of non-union or malunion with preservation of the joint, inclusive of, internal or external fixation by any method

and removal of hardware, and inclusive of, if performed, arthrotomy, debridement of non-union, osteotomy, removal of bone, surrounding osteophytes, synovectomy, and/or release of joint, per bone. (Anaes.) (Assist.)

- △ Create a **new item** for treatment of midfoot or forefoot non-union or malunion.
 - The Committee recommended a schedule fee that is 150 per cent of the schedule fee for item 47648 (treatment of fracture of two metatarsals) or item 47624 (fracture of a tarso-metatarsal).
 - The proposed item descriptor is as follows:
 - Item 484YD: Midfoot or forefoot fracture, operative treatment of non-union or malunion with preservation of the joint, inclusive of, internal or external fixation by any method and removal of hardware, and inclusive of, if performed, arthrotomy, debridement of non-union, osteotomy, removal of bone, surrounding osteophytes, synovectomy, and/or release of joint, per bone. (Anaes.) (Assist.)

Rationale

This recommendation focuses on modernising the MBS and ensuring that MBS items provide rebates for high-value services. It is based on the following.

- △ As per Recommendation 2, the Committee removed the term ‘osteectomy’ from all items.
- △ All items clarify the components included in the procedures to make it easier for clinicians to determine which items to use.
- △ Item 47933:
 - This item (and item 47936; Recommendation 18) has been recommended for removal from the MBS and has been replaced with a specific foot and ankle item (item 484XX), which clarifies the included components in order to prevent inappropriate co-claiming for procedures at the same anatomical site. Among item 47933 episodes, 15 per cent were co-claimed with item 47903 (ankle arthroscopic surgery), 13 per cent were co-claimed with 47930 (removal of plate, rod or nail), 11 per cent were co-claimed with item 48403 (phalanx or metatarsal osteotomy or osteectomy) and 11 per cent were co-claimed with item 49837 (correction of hallux valgus by osteotomy).^{lvii} Item 47933, if performed at the same anatomical site, forms part of these procedures. Creating an item specific to the foot and ankle and clarifying the parts of the procedure that are included in this item will reduce inappropriate claiming. An assistant may be required due to the complexity of the procedure.
- △ Item 48400:
 - This item has been updated to reflect modern clinical practice. Although it is uncommon to do an osteotomy without fixation, an item for this procedure is still required—for example, as a minimally invasive technique to correct deformity. The proposed descriptor also provides a more accurate and complete description of the procedure by clarifying the included components.
 - The term ‘per bone’ has been added to better guide appropriate use of this item (for example, to prevent the use of the item several times on the same bone) and promote consistency with other foot and ankle items.
- △ Item 48403:
 - The references to items 47933 and 47936 have been removed to reflect the recommended deletion of those items.

- △ Items 49806 and 49809:
 - These descriptors have been changed to reflect the Committee’s recommendation to remove the term ‘osteectomy’ from all items. The proposed descriptors also clarify the included parts of the procedure to guide appropriate use of the items.
- △ **New items** for osteotomy of the distal tibia:
 - These **new items** (484YA and 484YB) account for the recommended removal of item 48418 and limitation of item 48421 to the distal tibia (Recommendation 47). Osteotomy of the distal tibia (both with and without fixation) is a required and clinically relevant treatment used by foot and ankle surgeons.
 - The items now describe complete medical services and reflect modern clinical practice.
- △ **New items** for treatment of ankle or hindfoot bone for non-union and treatment of midfoot or forefoot non-union or malunion:
 - These items (484YC and 484YD) are required because the MBS currently lacks specific items for the treatment of bone non-union, which may occur after fracture fixation. This procedure is currently reimbursed by co-claiming multiple items, some of which may be inappropriate.
 - The items now describe complete medical services and reflect modern clinical practice. Including the phrase ‘inclusive of, if performed’ in the descriptors also means that all the likely steps in the procedure are specified, which will clarify the appropriate use of the items.
 - These items have been placed in the elective section to account for the fact that elective procedures in other parts of the foot may be required to produce a plantigrade foot and achieve optimal patient outcomes.

9.6.3 Bunion procedures

Table 114: Item introduction table for items 49827, 49830, 49833, 49836, 49837 and 49838

Item	Descriptor	Schedule fee	Volume of services FY2014/15	Total benefits FY2014/15	Services 5-year-average annual growth
49827	Foot, correction of hallux valgus by transfer of adductor hallucis tendon - unilateral (Anaes.) (Assist.)	\$471	129	\$23,948	-5%
49830	Foot, correction of hallux valgus by transfer of adductor hallucis tendon - bilateral (Anaes.) (Assist.)	\$824	33	\$18,242	-10%
49833	Foot, correction of hallux valgus by osteotomy of first metatarsal with or without internal fixation and with or without excision of exostoses associated with the first metatarsophalangeal joint - unilateral (Anaes.) (Assist.)	\$518	690	\$177,667	-7%
49836	Foot, correction of hallux valgus by osteotomy of first metatarsal with or without internal fixation and with or without excision of exostoses associated with the first metatarsophalangeal joint – bilateral (Anaes.) (Assist.)	\$894	198	\$125,421	-6%
49837	Foot, correction of hallux valgus by osteotomy of first metatarsal and transfer of adductor hallicus tendon,	\$647	1,972	\$932,754	4%

Item	Descriptor	Schedule fee	Volume of services FY2014/15	Total benefits FY2014/15	Services 5-year-average annual growth
	with or without internal fixation and with or without excision of exostoses associated with the first metatarsophalangeal joint - unilateral (Anaes.) (Assist.)				
49838	Foot, correction of hallux valgus by osteotomy of first metatarsal and transfer of adductor hallicus tendon, with or without internal fixation and with or without excision of exostoses associated with the first metatarsophalangeal joint - bilateral (Anaes.) (Assist.)	\$1,118	706	\$539,697	6%

Recommendation 118

△ Item 48927: Change the descriptor

- Clarify that the procedure includes exostectomy, removal of bursae, synovectomy, capsule repair, and capsule or tendon release or transfer, if performed.
- The proposed item descriptor is as follows:
 - Item 49827: Correction of hallux valgus or varus deformity by local tendon transfer. Includes if performed: exostectomy, removal bursae, synovectomy, capsule repair, and capsule or tendon release or transfer - (unilateral). (Anaes.) (Assist.)
 - It is the intention of the Committee that exostectomy, removal of bursae, synovectomy, capsule repair, and capsule or tendon release or transfer, if performed, are components of the procedure. The procedure should not be co-claimed with a tendon transfer item.

△ Item 48930: Change the descriptor

- Clarify that the procedure includes exostectomy, removal of bursae, synovectomy, capsule repair, and capsule or tendon release or transfer, if performed.
- The proposed item descriptor is as follows:
 - Item 49830: Correction of hallux valgus or varus deformity by local tendon transfer. Includes if performed: exostectomy, removal bursae, synovectomy, capsule repair, and capsule or tendon release or transfer - (bilateral). (Anaes.) (Assist.)
 - It is the intention of the Committee that exostectomy, removal of bursae, synovectomy, capsule repair, and capsule or tendon release or transfer, if performed, are components of the procedure. The procedure should not be co-claimed with a tendon transfer item.

△ Item 49833: Change the descriptor

- Clarify that the procedure includes osteotomy without fixation, exostectomy, removal of bursae, synovectomy, capsule repair, and capsule or tendon release or transfer, if performed.
- The proposed item descriptor is as follows:
 - Item 49833: Correction of hallux valgus or varus deformity by osteotomy of first metatarsal, without internal fixation. Includes if performed: exostectomy, removal bursae, synovectomy, capsule repair, and capsule or tendon release or transfer - (unilateral). (Anaes.) (Assist.)

- It is the intention of the Committee that exostectomy, removal of bursae, synovectomy, capsule repair, and capsule or tendon release or transfer, if performed, are components of the procedure. This item is used when no fixation is used with the osteotomy. The procedure should not be co-claimed with a tendon transfer item.

△ Item 49836: Change the descriptor

- Clarify that the procedure includes osteotomy without fixation, exostectomy, removal of bursae, synovectomy, capsule repair, and capsule or tendon release or transfer, if performed.
- The proposed item descriptor is as follows:
 - Item 49836: Correction of hallux valgus or varus deformity by osteotomy of first metatarsal, without internal fixation. Includes if performed: exostectomy, removal bursae, synovectomy, capsule repair, and capsule or tendon release or transfer - (bilateral). (Anaes.) (Assist.)
 - It is the intention of the Committee that exostectomy, removal of bursae, synovectomy, capsule repair, and capsule or tendon release or transfer, if performed, are components of the procedure. This item is used when no fixation is used with the osteotomy. This item is used when no fixation is used with the osteotomy. The procedure should not be co-claimed with a tendon transfer item.

△ Item 49837: Change the descriptor

- Remove references to transfer of the adductor hallucis tendon from the descriptor.
- Clarify that the procedure includes osteotomy with internal fixation, exostectomy, removal of bursae, synovectomy, capsule repair, and capsule or tendon release or transfer, if performed.
- The proposed item descriptor is as follows:
 - Item 49837: Correction of hallux valgus or varus deformity by osteotomy of first metatarsal, with internal fixation. Includes if performed: exostectomy, removal bursae, synovectomy, capsule repair, and capsule or tendon release or transfer - (unilateral). (Anaes.) (Assist.)
 - It is the intention of the Committee that exostectomy, removal of bursae, synovectomy, capsule repair, and capsule or tendon release or transfer (if performed) are considered optional components of the procedure. This item is used when internal fixation of the osteotomy is performed. The procedure should not be co-claimed with a tendon transfer item.

△ Item 49838: Change the descriptor

- Remove references to transfer of the adductor hallucis tendon from the descriptor.
- Clarify that the procedure includes osteotomy with internal fixation, exostectomy, removal of bursae, synovectomy, capsule repair, and capsule or tendon release or transfer, if performed.
- The proposed item descriptor is as follows:
 - Item 49838: Correction of hallux valgus or varus deformity by osteotomy of first metatarsal, with internal fixation. Includes if performed: exostectomy, removal bursae, synovectomy, capsule repair, and capsule or tendon release or transfer - (bilateral). (Anaes.) (Assist.)

- It is the intention of the Committee that exostectomy, removal of bursae, synovectomy, capsule repair, and capsule or tendon release or transfer (if performed) are considered optional components of the procedure. This item is used when internal fixation of the osteotomy is performed. This item is used when internal fixation of the osteotomy is performed. The procedure should not be co-claimed with a tendon transfer item.

Rationale

This recommendation focuses on modernising the MBS and ensuring that MBS items provide rebates for high-value services. It is based on the following.

- △ Items 48927, 49833 and 49837 (unilateral) and 49830, 49836 and 49838 (bilateral):
 - These items represent current techniques for treatment of hallux valgus or hallux varus correction. The items represent increasing complexity of procedures from soft tissue correction, soft tissue with osteotomy without fixation to soft tissue with internal fixation. Changes to the procedure descriptors will clearly define the procedure and components that are considered part of procedure when performed. Changing the descriptors of these items will make the MBS more user-friendly.
 - Changes to the descriptors for the items will provide more accurate and complete descriptions of the procedures (covering all the steps of a routine surgery) that better describe current clinical practice. This will prevent inappropriate co-claiming. A review of co-claiming data for items 49837 and 49838 showed that significant co-claiming does occur, which in some circumstances may be inappropriate.
 - Among item 49837 episodes, 78 per cent were co-claimed with item 48403 (phalanx or metatarsal osteotomy or osteectomy), 16 per cent were co-claimed with item 49809 (open tenotomy), 16 per cent were co-claimed with item 49851 (correction of claw or hammer toe), 15 per cent were co-claimed with item 48400 (phalanx, metatarsal, accessory bone or sesamoid bone osteotomy or osteectomy), 12 per cent were co-claimed with item 50106 (joint stabilisation involving repair of capsule, repair of ligament or internal fixation), 11 per cent were co-claimed with item 50109 (joint arthrodesis), and 10 per cent were co-claimed item 50103 (joint arthrotomy).
 - Among item 49838 episodes, 84 per cent were co-claimed with item 48403 (phalanx or metatarsal osteotomy or osteectomy), 14 per cent were co-claimed with item 49851 (correction of claw or hammer toe), 11 per cent were co-claimed with item 48400 (phalanx, metatarsal, accessory bone or sesamoid bone osteotomy or osteectomy), 10 per cent were co-claimed with item 49809 (open tenotomy), and 8 per cent were co-claimed with item 50106 (joint stabilisation involving repair of capsule, repair of ligament or internal fixation).
 - It should be noted that the above co-claiming is not inappropriate in all circumstances. Co-claiming frequently relates to procedures carried out concurrently with correction to the first toe proximal phalanx, other metatarsal or other lesser toes. The limitation of the current MBS is that there is a lack of item numbers that cover multiple toe or metatarsal procedures in combination with hallux valgus correction. It is not an uncommon practice to address multiple deformities in combination with hallux valgus correction to provide better patient outcomes.
- △ The Committee looked into the creation of items for one, two, three or four ray corrections with hallux valgus items and found that there would be a significant increase to the number of items in the Schedule. There was the possibility that not all combinations would be addressed. It was also found that some created items would have very low volume to justify creation of the item.

9.6.4 Toe nail procedures

Table 115: Item introduction table for items 47904, 47906, 47915, 47916 and 47918

Item	Descriptor	Schedule fee	Volume of services FY2014/15	Total benefits FY2014/15	Services 5-year-average annual growth
47904	Digital nail of toe, removal of, not being a service to which item 47906 applies. (Anaes.)	\$57	10,511	\$494,685	-2%
47906	Digital nail of toe, removal of, in the operating theatre of a hospital. (Anaes.)	\$113	401	\$23,114	-2%
47915	Ingrowing nail of toe, wedge resection for, with removal of segment of nail, unguis fold and portion of the nail bed. (Anaes.)	\$170	31,541	\$4,247,173	4%
47916	Ingrowing nail of toe, partial resection of nail, with destruction of nail matrix by phenolisation, electrocautery, laser, sodium hydroxide or acid but not including excision of nail bed. (Anaes.)	\$85	8,244	\$569,630	1%
47918	Ingrowing toenail, radical excision of nailbed. (Anaes.)	\$236	2,036	\$358,331	-2%

Recommendation 119

△ Items 47904 and 47906: No change.

△ Item 47915: Change the descriptor.

- Clarify that the procedure must include removal of a segment of nail, removal of the unguis fold, and excision and partial ablation of the germinal matrix and a portion of the nail bed, and that it may include phenolisation.
- Specify that the surgery allows for a surgical assistant by adding the term '(Assist.)'
- The proposed item descriptor is as follows:
 - Nail, ingrowing of toe, wedge resection for, including and requiring removal of segment of nail, unguis fold, excision and partial ablation of germinal matrix and portion of the nail bed, and including, if performed, phenolisation. (Anaes.) (Assist.)
 - It is the intention of the Committee that removal of a segment of nail, removal of the unguis fold, and excision and partial ablation of the germinal matrix and a portion of the nail bed are considered mandatory components of the procedure. Phenolisation, if performed, is also a part of the procedure.

△ Item 47916: Change the descriptor.

- Remove the reference to the method of destruction for the nail matrix and make phenolisation a mandatory component of the procedure.
- The proposed item descriptor is as follows:
 - Nail, ingrowing of toe, partial resection of nail, including and requiring phenolisation. (Anaes.)

△ Item 47918: Change the descriptor.

- Clarify that the procedure must include removal of a segment of nail, removal of the unguis fold, and excision and ablation of the germinal matrix and a portion of the nail bed, and that it may include phenolisation.

- Specify that the surgery allows for a surgical assistant by adding the term ‘(Assist.)’
- The proposed item descriptor is as follows:
 - Nail germinal matrix, complete ablation of. Including and requiring removal of segment of nail, ungual fold, excision and ablation of germinal matrix and portion of the nail bed, and, if performed, phenolisation. (Anaes.) (Assist.)

Rationale

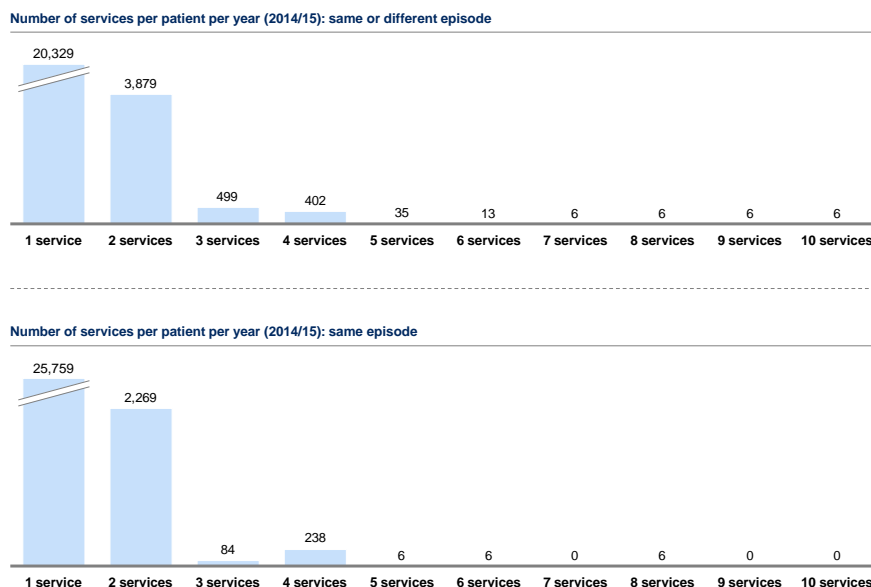
This recommendation focuses on ensuring that MBS items provide rebates for high-value services. It is based on the following.

△ Items 47904 and 47906:

- The Committee did not identify any concerns regarding safety, access, value or modern best practice that required a change to these items.

Figure 3: Item 47915, number of services per patient per year

Number of item 47915 services per patient per year



Medicare data for item 47915: number of services per patient within the same year (within and not within the same episode), date of service, 2014–2015. Extracted December 2016. Service volumes less than six have been rounded up to protect confidentiality.

△ Item 47915:

- The Committee was concerned that the number of repeat procedures performed on a single patient suggests that some procedures are not being performed correctly in the first instance, leading to recurrence and a high rate of repeat procedures (Figure 3). Changes to the descriptors specify the required components of the procedures to ensure that patients undergo the correct procedure to address the underlying pathology.
- Changes to the descriptor specify the required components of the procedure and prevent inappropriate use of this item—for example, in cases where the nail matrix is not removed. The proposed descriptor addresses this problem by clearly describing a surgical procedure, as opposed to a simple resection of the nail (as described in item 47916). Additionally, the

Committee reviewed MBS data relating to multiple claiming in a single episode. The data showed that in over 10 per cent of episodes, item 47915 was claimed more than once.^{lviii} Service volumes also increased for even numbers of services (for example, four services versus three services). The Committee agreed that this suggests the item may be being claimed for each side of a toe, which is inappropriate. Provision for assistance has been included due to the complexity of this procedure and to support improved patient outcomes.

△ Item 47916:

- There are a variety of ways in which clinicians can destroy the nail matrix. Removing ‘electrocautery, laser, sodium hydroxide or acid but not including excision of nail bed’ from the descriptor preserves clinician choice with regard to the method used and allows this item to be used in general practice. Removing unnecessary specificity regarding the technique also reflects modern clinical practice and improves patient access to the service.

△ Item 47918:

- The proposed descriptor more accurately describes a complete medical procedure and will prevent inappropriate use of this item (for example, in cases where the nail germinal matrix is not completely ablated). This item must include removal of a segment of nail, removal of the ungual fold, and excision and ablation of the germinal matrix and a portion of nail bed—that is, complete removal of nail germinal matrix. Provision for assistance has been included because of the complexity of the procedure and to support improved patient outcomes.

9.6.5 Ganglion procedures (primary)

There are currently no specific MBS items for excision of ganglions, bursae or mucinous cysts in the foot and ankle.

Recommendation 120

△ Create two **new items** for treatment of ganglions in the foot or ankle.

- The proposed item descriptors are as follows:
 - Item 479XX: Ganglion, bursae or mucinous cyst, of interphalangeal or metatarsophalangeal joint or surrounding tissues, complete excision of, performed in operating theatre of a hospital. Inclusive of, if performed: arthrotomy, synovectomy, osteophyte resections, neurolysis and skin closure by any local method. Per incision. (Anaes.) (Assist.)
 - Item 479XY: Ganglion, bursae or mucinous cyst of ankle, hindfoot or midfoot joint or surrounding tissues, complete excision of. Inclusive of, if performed: joint arthrotomy, synovectomy, osteophyte resection, neurolysis, any capsular/ligament repair and skin closure by any local method. Per incision. (Anaes.) (Assist.)

Rationale

This recommendation focuses on modernising the MBS and ensuring that MBS items provide rebates for high-value services. It is based on the following.

- △ There are currently no items in the MBS for removal of a ganglion in the foot or ankle. The MBS currently provides consumer rebates for these services using general items 30107 or 30111. Due to recommendations to remove excision of small bursa from item 30107 and delete item 30111, **new items** for the foot and ankle are required to prevent a gap from appearing in the MBS and

preserve patient access. These **new items** provide accurate descriptions of complete medical services and reflect modern clinical practice.

- △ The inclusion of an assistant is recommended for both items because careful retraction of anatomical structures by an assistant is required to prevent complications and promote better patient outcomes.
- △ Two items are required to reflect the clinical difference between removing a ganglion from the toe and removing a ganglion from the foot and ankle. It is more complex to remove a ganglion proximal to toes, which are often near tendons and neurovascular bundles.
- △ The phrase ‘per incision’ has been included in the item descriptors to better guide appropriate use of the item—for example, to prevent clinicians billing for the excision of multiple ganglions in close proximity through the same incision.

9.6.6 Ganglion procedures (revision)

There are currently no specific MBS items for revision procedures to treat ganglions, bursae or mucinous cysts in the foot and ankle.

Recommendation 121

- △ Create two **new items** for revision surgery to treat ganglions in the foot or ankle.
 - The proposed item descriptors are as follows.
 - Item 479XZ: Revision of, ganglion, bursae or mucinous cyst, of interphalangeal or metatarsophalangeal joint or surrounding tissues, complete excision of, performed in operating theatre of a hospital. Inclusive of, if performed: arthrotomy, synovectomy, osteophyte resections, neurolysis and skin closure by any local method. Per incision, not being a service to which 479XX applies. (Anaes.) (Assist.)
 - Item 479XA: Revision of, ganglion, bursae or mucinous cyst of ankle, hindfoot or midfoot joint or surrounding tissues, complete excision of. Inclusive of, if performed: joint arthrotomy, synovectomy, osteophyte resection, neurolysis, any capsular/ligament repair and skin closure by any local method. Per incision, not being a service to which 479XY applies. (Anaes.) (Assist.)

Rationale

This recommendation focuses on ensuring that MBS items provide rebates for high-value services.

- △ The Committee noted that there is currently no MBS item for repeat surgery for the excision of ganglion, bursae or mucinous cyst. Revision of a ganglion procedure is more complicated than the primary procedure due to the previous incision, scar tissue and nerve adherence. To illustrate, a revision procedure in the forefoot typically takes one and a half times as long as the primary procedure. Revision procedures in the hindfoot often take twice as long as the primary procedure, due to the risk of nerve damage associated with this procedure.
- △ The Committee recommended two **new items** to address this problem: one for the forefoot and one for the ankle or hindfoot (for consistency with the primary items; Recommendation 120). The items provide accurate descriptions of complete medical services and reflect modern clinical practice.
- △ The phrase ‘per incision’ has been included in the item descriptors to better guide appropriate use of this item—for example, to prevent clinicians billing for the excision of multiple ganglions in close proximity through the same incision.

9.6.7 Infections

Table 116: Item introduction table for item 47912

Item	Descriptor	Schedule fee	Volume of services FY2014/15	Total benefits FY2014/15	Services 5-year-average annual growth
47912	Pulp space infection, paronychia of foot, incision for, not being a service to which another item in this Group applies (excluding aftercare) (Anaes.)	\$57	1,087	\$51,148	3%

Recommendation 122

- △ Item 47912: Delete item.

Rationale

- △ Item 47912 is no longer required because this procedure is a minor task that should be accommodated within the MBS consultation fee. Less serious infections may be claimed as part of a consultation or using item 30219 for a small cyst. More serious infections such as septic arthritis and osteomyelitis are addressed in Section 4.4.11.

9.6.8 Inflammatory arthritis

Table 117: Item introduction table for items 49860, 49863 and 50312

Item	Descriptor	Schedule fee	Volume of services FY2014/15	Total benefits FY2014/15	Services 5-year-average annual growth
49860	Foot, synovectomy of metatarsophalangeal joint, single joint (Anaes.) (Assist.)	\$282	376	\$31,006	3%
49863	Foot, synovectomy of metatarsophalangeal joint, 2 or more joints (Anaes.) (Assist.)	\$424	130	\$16,499	-1%
50312	Ankle, synovectomy of, by arthroscopic or open means - not associated with any other arthroscopic procedure of the ankle (Anaes.) (Assist.)	\$700	223	\$101,818	2%

Recommendation 123

- △ Items 49860 and 49863: Consolidate items under item 49860 and change the descriptor for item 49860 to reflect this.
 - Clarify that the procedure includes capsulotomy and debridement or release of ligament and/or tendon, if performed.
 - Replace the words ‘single joint’ with ‘one or more joints, per foot.’
 - The proposed item descriptor is as follows:
 - Item 49860: Synovectomy of metatarsophalangeal joints. Inclusive of, if performed: capsulotomy, debridement, or release of ligament and/or tendon, 1 or more joints, per foot. (Anaes.) (Assist.)
- △ Item 50312: Change the descriptor and item categorisation.
 - Clarify that capsulotomy, debridement and release of a ligament and/or tendon are part of the procedure, if performed.

- The item should be moved so that it is located in the foot and ankle section of the MBS.
- The proposed item descriptor is as follows:
 - Synovectomy of ankle joint, by arthroscopic or open means. Inclusive of, if performed: capsulotomy, debridement or release of, ligament and/or tendon, not to be associated with any other arthroscopic procedure of the ankle. (Anaes.) (Assist.)
- △ Create a **new item** for synovectomy of major ankle tendon.
 - The proposed item descriptor is as follows:
 - Item 498XX: Synovectomy of major ankle tendon for extensive synovitis (e.g. rheumatoid, gout, inflammatory), by any method, inclusive of, if performed: associated tenolysis, debridement or release of ligament and/or tendon, excision of tubercle or osteophyte, reconstruction of tendon retinaculum. Per incision. (Anaes.) (Assist.)
- △ Create a **new item** for excision of rheumatoid nodules or gouty tophi.
 - The proposed item descriptor is as follows:
 - Item 498XY: Excision of rheumatoid nodules or gouty tophi, per incision (excluding aftercare), inclusive of, if performed: capsulotomy, debridement or release of ligament and/or tendon, excision of tubercle or osteophyte. (Anaes.) (Assist.)

Rationale

This recommendation focuses on modernising the MBS. It is based on the following.

- △ Item 49863:
 - This item is no longer required because consumers can receive rebates through amended item 49860.
- △ Item 49860:
 - The descriptor for this item now covers ‘one or more joints, per foot’ in order to reflect the inclusion of procedures previously reimbursed using item 49863. The descriptor also provides a more accurate and complete description of the procedure by specifying all the likely steps, including capsulotomy, debridement or release of ligament or tendon.
- △ Item 50312:
 - Including the phrase ‘inclusive of, if performed’ in the descriptor provides a more accurate and complete description of the procedure by specifying all the likely steps.
 - It is also likely that item 50312 is being inappropriately co-claimed. For example, among item 50312 episodes, 44 per cent were co-claimed with item 49703 (ankle arthroscopic surgery), 28 per cent were co-claimed with item 48406 (osteotomy or osteectomy of various bones including the fibula or tarsus), 28 per cent were co-claimed with item 48418 (osteotomy or osteectomy of the tibia), 25 per cent were co-claimed with item 49706 (ankle arthotomy), and 23 per cent with item 49709 (ankle ligamentous stabilisation). It is expected that specifying the included components of item 50312 will reduce inappropriate co-claiming.^{lix}
- △ **New item** for synovectomy of major ankle tendons:
 - This **new item** (498XX) provides an accurate description of a complete medical service and reflects modern clinical practice.
 - The phrase ‘per incision’ has been included in the descriptor to guide appropriate use of the time—for example, where multiple tendons are accessed through one incision. The

Committee has referenced synovectomy ‘by any method’ to cover open, minimally invasive or endoscopic techniques. This removes the need to claim separate items for different techniques.

- It is expected that use of the item will be limited to isolated tendon surgery because synovectomy has been included as part of the procedure for most other items.

△ **New item** for the excision of rheumatoid nodules and/or gouty tophi:

- This **new item** (498XY) provides an accurate description of a complete medical service and reflects modern clinical practice.
- The phrase ‘per incision’ has been included in the descriptor to guide appropriate use of this item, such as in cases where multiple nodules or gouty tophi accessed through one incision.
- Aftercare has been excluded because the aftercare for excision of rheumatoid nodules or gouty tophi is prolonged. For example, if a clinician excises a gouty tophus because it is ulcerated, the consumer will typically need weekly dressing and home visits for a minimum of three months. Surgery in this context is performed in the knowledge that the wound will not heal normally.

9.6.9 Nerve procedures

Table 118: Item introduction table for item 49866

Item	Descriptor	Schedule fee	Volume of services FY2014/15	Total benefits FY2014/15	Services 5-year-average annual growth
49866	Foot, neurectomy for plantar or digital neuritis (Morton's or Bett's syndrome) (Anaes.) (Assist.)	\$301	1,421	\$243,241	1%

Recommendation 124

△ Item 49866: Change the descriptor.

- Clarify the descriptor by replacing ‘neurectomy for plantar or digital neuritis’ with ‘excision of intermetatarsal or digital neuroma,’ removing the reference to Morton’s or Bett’s syndrome and adding the phrase ‘per web space.’
- Clarify that the procedure includes release of metatarsal or digital ligament and excision of bursae and neurolysis, if performed.
- The proposed item descriptor is as follows:
 - Excision of intermetatarsal or digital neuroma. Inclusive of release of metatarsal or digital ligament, excision of bursae, and neurolysis, if performed. Per webspace. (Anaes.) (Assist.)

△ Create a new revision item for excision of intermetatarsal or digital neuroma.

- The proposed item descriptor is as follows:
 - Item 498XZ: Revision of, excision of intermetatarsal or digital neuroma. Inclusive of release of tissues, excision bursae, and neurolysis if performed. Per web space. (Anaes.) (Assist.)

△ Create a **new item** for tarsal tunnel release, previously billed using item 39330 for neurolysis (Recommendation 58).

- The Committee recommended a schedule fee that is similar to item 39330.

- The proposed item descriptor is as follows:
 - Item 498YA: Release tarsal tunnel. Inclusive of, if performed: release of ligaments, synovectomy, neurolysis. Per foot. (Anaes.) (Assist.)

△ Create a **new item** for revision of tarsal tunnel release.

- The proposed item descriptor is as follows:
 - Item 498YB: Revision of, release tarsal tunnel. Inclusive of, if performed: release of ligaments, synovectomy, neurolysis. Per foot. (Anaes.) (Assist.)

Rationale

This recommendation focuses on modernising the MBS and ensuring that MBS items provide rebates for high-value services. It is based on the following.

△ Item 49866:

- Changes to the item provide a more accurate and complete description of the procedure (covering all the steps of a routine surgery) that better reflects modern clinical practice.

△ **New item** for new tarsal tunnel release:

- This **new item** (498YA) is required to accurately describe this procedure when performed on the foot. At present, there is no item for this procedure, which leads to inconsistent billing practices, including multiple claiming of item 39330 (neurolysis). The Committee expressed concerns about potential inappropriate use of item 39330 and has recommended it for deletion. A **new item** specific to the foot and ankle addresses the potential gap created by this deletion and provides a more accurate and complete description that covers all the steps of a routine surgery.
- The phrase ‘per foot’ has been included in the descriptor because there can be more than one nerve involved in tarsal tunnel release. Including this will prevent clinicians from billing for the release of each nerve.

△ Revision items for item 49866 and tarsal tunnel release:

- These items (498XZ and 498YB) are required because revision procedures are more complicated than the primary procedures due to scar tissue, nerve adherence and the need to make different incisions.

9.6.10 Arthrodesis procedures

Table 119: Item introduction table for items 49712, 50118, 49815, 49845, 49848 and 49851

Item	Descriptor	Schedule fee	Volume of services FY2014/15	Total benefits FY2014/15	Services 5-year-average annual growth
49712	Ankle, arthrodesis of, with synovectomy if performed (Anaes.) (Assist.)	\$753	812	\$430,346	6%
50118	Subtalar joint, arthrodesis of, with synovectomy if performed (Anaes.) (Assist.)	\$433	479	\$68,081	4%
49815	Foot, triple arthrodesis of, with synovectomy if performed (Anaes.) (Assist.)	\$753	222	\$115,680	-5%
49845	Foot, arthrodesis of, first metatarsophalangeal joint, with synovectomy if performed (Anaes.) (Assist.)	\$471	2,020	\$504,074	4%
49848	Foot, correction of claw or hammer toe	\$160	261	\$14,918	-8%

Item	Descriptor	Schedule fee	Volume of services FY2014/15	Total benefits FY2014/15	Services 5-year-average annual growth
49851	Foot, correction of claw or hammer toe with internal fixation (Anaes.)	\$207	3,037	\$180,650	-4%

Recommendation 125

The following recommendations create items that better reflect the range of complexity associated with arthrodesis procedures.

- △ Item 49712: Change the descriptor.
 - Clarify that the procedure can be performed open or arthroscopically.
 - Clarify that the procedure includes internal or external fixation by any method.
 - Clarify that the procedure includes capsulotomy, joint release, synovectomy and removal of osteophytes at the joint, if performed.
 - The Committee recommended a review of the schedule fee. This procedure is undervalued relative to wrist arthrodesis (item 49200) and elbow arthrodesis (item 49106), given that this is a more complex procedure that involves joint deformity correction.
 - The proposed item descriptor is as follows:
 - Ankle arthrodesis, open or arthroscopic, with internal or external fixation by any method. Inclusive of, if performed: capsulotomy, joint release, synovectomy, and removal of osteophytes at joint. (Anaes.) (Assist.)
 - The intention of the Committee is that capsulotomy, joint release, synovectomy and removal of an exostosis at the joint (if performed) are included in this item and cannot be claimed separately.
- △ Create a **new item** for revision of ankle arthrodesis.
 - The Committee recommended a schedule fee that is 150 per cent of the schedule fee for the primary procedure (item 49712).
 - The proposed item descriptor is as follows:
 - Item 497XX: Revision of ankle arthrodesis, open or arthroscopic, with internal or external fixation by any method. Inclusive of, if performed: capsulotomy, joint release, synovectomy, removal of osteophytes at joint, removal of hardware, neurolysis and osteotomy of non-union or malunion. (Anaes.) (Assist.)
- △ Item 50118: Change the descriptor, and change the item categorisation so that it appears in the foot and ankle section of the MBS.
 - Clarify the descriptor by replacing ‘subtalar joint’ with ‘hindfoot joint’ and adding the phrase ‘per joint.’
 - Clarify that the procedure can be performed open or arthroscopically.
 - Clarify that the procedure includes capsulotomy, joint release, synovectomy and removal of osteophytes at the joint, if performed.
 - The proposed item descriptor is as follows:
 - Hindfoot joint arthrodesis, open or arthroscopic, with internal or external fixation by any method. Inclusive of, if performed: capsulotomy, joint release, synovectomy, removal of osteophytes at joints. Per joint. (Anaes.) (Assist.)

- △ Item 49815: Change the descriptor.
 - Specify that the procedure applies to the hindfoot and add the phrase ‘per joint.’
 - Clarify that the procedure includes internal or external fixation by any method.
 - Clarify that the procedure includes capsulotomy, joint release, synovectomy and removal of osteophytes at the joint, if performed.
 - The proposed item descriptor is as follows:
 - Hindfoot joint, triple arthrodesis, with internal or external fixation by any method. Inclusive of, if performed: capsulotomy, joint release, synovectomy, removal osteophytes at joints. (Anaes.) (Assist.)
 - The intention of the Committee is that internal or external fixation is considered a mandatory component of the procedure, and that capsulotomy, joint release, synovectomy and removal of osteophytes at the joint (if performed) are included in this item and cannot be claimed separately.
- △ Create a **new item** for revision of hindfoot joint arthrodesis.
 - The proposed item descriptor is as follows:
 - Item 498YC: Revision of hindfoot joint arthrodesis, open or arthroscopic, with internal or external fixation by any method. Inclusive of, if performed: capsulotomy, joint release, synovectomy, removal osteophytes at joints, removal hardware, osteotomy of non-union or malunion. Per joint. (Anaes.) (Assist.)
- △ Create a **new item** for midfoot joint arthrodesis.
 - The proposed item descriptor is as follows:
 - Item 498YD: Midfoot joint arthrodesis, with internal or external fixation by any method. Inclusive of, if performed: capsulotomy, joint release, synovectomy, or removal osteophytes at joints. Per joint. (Anaes.) (Assist.)
- △ Create a **new item** for revision of midfoot joint arthrodesis.
 - The proposed item descriptor is as follows:
 - Item 498YE: Revision of, midfoot joint arthrodesis, with internal or external fixation by any method. Inclusive of, if performed: capsulotomy, joint release, synovectomy, removal osteophytes at joints, removal of hardware, osteotomy of nonunion or malunion. Per joint. (Anaes.) (Assist.)
- △ Item 49845: Change the descriptor.
 - Clarify the descriptor by adding ‘by open or arthroscopic technique’ and ‘with internal or external fixation by any method.’
 - Clarify that the procedure includes capsulotomy, joint release, synovectomy and removal of osteophytes at the joint, if performed.
 - The proposed item descriptor is as follows:
 - First metatarsophalangeal joint arthrodesis, by open or arthroscopic technique, with internal or external fixation by any method. Inclusive of, if performed: capsulotomy, joint release, synovectomy, removal of osteophytes at joints. (Anaes.) (Assist.)
- △ Create a **new item** for revision of first metatarsophalangeal joint arthrodesis.
 - The proposed item descriptor is as follows:

- Item 498YF: Revision of first metatarsophalangeal joint arthrodesis. Inclusive of, if performed: capsulotomy, joint release, synovectomy, removal of exostosis at joints, removal of hardware, osteotomy of non union or malunion. (Anaes.) (Assist.)
- △ Create a **new item** for hallux interphalangeal or lesser metatarsophalangeal joint arthrodesis.
 - The proposed item descriptor is as follows:
 - Item 498YG: Hallux interphalangeal or lesser metatarsophalangeal joint arthrodesis, with internal or external fixation by any method. Inclusive of, if performed: capsulotomy, joint release, synovectomy, removal osteophytes at joints. (Anaes.) (Assist.)
- △ Item 49848: Delete item.
- △ Item 49851: Change the descriptor.
 - Clarify the descriptor by removing the reference to claw or hammer toe, identifying the procedure as arthrodesis or interpositional arthroplasty, and making internal fixation optional.
 - Specify that the surgery allows for an assistant by adding the term '(Assist.).'
 - Clarify that the procedure includes capsulotomy, joint release, synovectomy and removal of osteophytes at the joint, if performed.
 - The Committee recommended a review of the current schedule fee because the procedure currently receives a lower rebate than item 49809 (open tenotomy), which is less complex.
 - The proposed item descriptor is as follows:
 - Lesser toe, proximal and/or distal joint arthrodesis or interpositional arthroplasty,. Inclusive of, if performed: internal fixation by any method, capsulotomy, joint release, synovectomy, removal of osteophytes at joints. (Anaes.) (Assist.)
 - The intention of the Committee is that the amended item covers treatment of claw toe, hammer toe and mallet toe and includes treatment of both joints. This item can be billed a maximum of eight times in a single episode (four toes on each foot).

Rationale

This recommendation focuses on modernising the MBS and ensuring that MBS items provide rebates for high-value services. It is based on the following.

- △ Revision items have been created because there are currently no items for revision surgery of arthrodesis in the foot, which is required in cases of non-union and malunion. Unlike other anatomical sites, there are few arthroplasty options available for foot joints. The main treatment is fusion, which can lead to non-union or malunion and require revision of the procedure. A revision arthrodesis procedure is more complicated than the primary procedure because of the previous incision, scar tissue, nerve adherence, removal of previous hardware and bone defects.
- △ Item 49712:
 - Changes to the descriptor clarify that the procedure can be performed open or arthroscopically. This will prevent inappropriate co-claiming of multiple items that are part of the arthrodesis procedure. Among item 49712 services, 18 per cent were co-claimed with item 48406 (osteotomy or osteectomy of various bones including the fibula and tarsus) and 17 per cent were co-claimed with item 49703 (arthroscopic ankle surgery). These are components of the procedure and should not be co-claimed when related to an ankle arthrodesis procedure. The Committee noted that it is appropriate for clinicians to co-claim using the bone graft section (Section 4.2), where required. The Committee also noted that in

cases of complex foot deformity, item 48406 may be appropriately co-claimed for procedures at sites that are separate to the primary ankle arthrodesis procedure. For example, osteotomy and fixation at sites separate to the ankle fusion site may be required to produce a plantigrade foot. This would be performed at the same time as a fusion but as a separate procedure to ankle arthrodesis. To account for these cases, the Committee elected not to introduce a co-claiming exclusion, which would risk creating access issues for consumers.

△ Item 50118:

- Changes to the descriptor are required because there is currently no item for the talonavicular or calcaneocuboid joint (Section 4, Definitions). These joints have previously been billed using item 50109 (arthrodesis of other joints), which is recommended for deletion. Listing hindfoot joints under one item and moving the item into the foot and ankle section will make the MBS more user-friendly and reflect modern clinical practice.

△ Item 49815:

- Changes to this item provide a more accurate and complete description of the procedure (covering all the steps of a routine surgery) that better reflects modern clinical practice.
- Triple arthrodesis remains part of modern clinical practice and retaining the item allows the procedure to be reimbursed as a single, complete medical service.

△ **New item** for midfoot joint arthrodesis (primary and revision):

- This **new item** (498YD) is required because the MBS does not currently include an item for midfoot joint fusion. Clinicians currently use item 50109 (general joint arthrodesis item), which is recommended for deletion (Recommendation X). Item 498YD is required in order to prevent gaps from appearing in the MBS and preserve access for consumers.
- The proposed descriptor (which includes capsulotomy, joint release, synovectomy and removal of osteophytes at the joint) is intended to prevent co-claiming of separate items for joint or osteophyte removal.
- Item 498YE is the revision item for this procedure (see rationale above).

△ Item 49845:

- Changes to this descriptor clarify that the procedure includes capsulotomy, joint release, synovectomy and removal of osteophytes at the joint and will prevent inappropriate co-claiming. Among item 49845 services, 18 per cent were co-claimed with item 48403 (osteotomy or osteectomy of the phalanx or metatarsal, with internal fixation), 15 per cent were co-claimed with item 49851 (correction of claw or hammer toe with internal fixation), 11 per cent were co-claimed with item 48400 (osteotomy or osteectomy of the phalanx, metatarsal, accessory bone or sesamoid bone with internal fixation), and 11 per cent were co-claimed with item 48909 (open tenotomy in the foot).^x In some cases, this co-claiming is part of the item, but the above co-claiming is not inappropriate in all circumstances (such as when the surgery relates to the lesser metatarsals or lesser toes, rather than the first metatarsophalangeal joint). It is not an uncommon practice to address multiple deformities in combination with first metatarsophalangeal joint arthrodesis in order to provide a better outcome for consumers and address multiple toe deformities in one surgical sitting. To account for these cases, the Committee elected not to introduce a co-claiming exclusion, which would risk creating access issues for consumers.
- Item 498YA—which is the revision item for this procedure (see rationale above)—also includes capsulotomy, joint release, synovectomy and removal of osteophytes at the joint.

- The Committee noted that it is appropriate for clinicians to co-claim items from the bone graft section (Section 4.2), where required.

△ **New item** for hallux interphalangeal or lesser metatarsophalangeal joint arthrodesis:

- This **new item** (498YG) is required to account for the deletion of item 50109 (Recommendation X) in order to prevent gaps from appearing in the MBS and preserve consumer access.

△ Item 49848:

- This item has been recommended for deletion because it is a low-volume item and does not represent modern clinical practice with regard to lesser toe deformity. The recommended items better describe the current treatment for lesser toe deformities, covering procedures both with and without internal fixation.

△ Item 49851:

- This item descriptor has been changed to identify the procedure involved, rather than the clinical indication. This aligns the descriptor with other arthrodesis items.
- The descriptor includes the phrase ‘per toe’ to limit multiple co-claiming of items for procedures at the distal interphalangeal joint when a wire is passed across to address the proximal interphalangeal joint. It is necessary to perform a fusion at both joints on the same toe to maximise patient outcomes.
- Provision for an assistant is required to limit injury to the neurovascular bundles and support improved patient outcomes.

9.6.11 Arthroplasty procedures

Table 120: Item introduction table for items 49715, 49716, 49717, 49839, 49842, 49857, 49821 and 49824

Item	Descriptor	Schedule fee	Volume of services FY2014/15	Total benefits FY2014/15	Services 5-year-average annual growth
49715	Ankle, total joint replacement of (Anaes.) (Assist.)	\$1,130	134	\$110,958	-4%
49716	Ankle, total replacement arthroplasty of, revision procedure, including removal of prosthesis (Anaes.) (Assist.)	\$1,491	14	\$15,297	1%
49717	Ankle, total replacement arthroplasty of, revision procedure, requiring bone grafting, including removal of prosthesis (Anaes.) (Assist.)	\$1,789	7	\$8,842	-13%
49839	Foot, correction of hallux rigidus or hallux valgus by prosthetic arthroplasty - unilateral (Anaes.) (Assist.)	\$518	71	\$25,118	-16%
49842	Foot, correction of hallux rigidus or hallux valgus by prosthetic arthroplasty - bilateral (Anaes.) (Assist.)	\$894	11	\$7,198	-14%
49857	Foot, metatarso-phalangeal joint replacement (Anaes.) (Assist.)	\$348	16	\$3,172	-16%
49821	Foot, correction of hallux valgus or hallux rigidus by excision arthroplasty (Keller's or similar procedure) - unilateral (Anaes.) (Assist.)	\$433	210	\$55,654	-5%
49824	Foot, correction of hallux valgus or hallux rigidus by excision arthroplasty (Keller's or similar procedure) - bilateral (Anaes.) (Assist.)	\$758	26	\$14,544	-14%

Recommendation 126

- △ Item 49715: Change the descriptor.
 - Specify that the procedure requires prosthetic replacement of the ankle joint.
 - Clarify that the procedure includes capsulotomy, joint release, synovectomy and removal of osteophytes at the joint, if performed.
 - The proposed item descriptor is as follows:
 - Ankle, total joint replacement – involving prosthetic replacement of ankle joint. Inclusive of, if performed: capsulotomy, joint release, synovectomy, and removal of osteophytes at joints. (Anaes.) (Assist.)
 - The intention of the Committee is that insertion of a prosthesis is considered a mandatory component of the procedure. Capsulotomy, joint release, synovectomy and removal of osteophytes at the joint are considered part of the procedure and separate items cannot be claimed. This item can be claimed with the bone graft section (Section 4.2).
- △ Item 49716: Change the descriptor.
 - Clarify the descriptor by adding the phrase ‘involving exchange of plastic insert, change to tibial and/or talar components.’
 - Clarify that the procedure includes insertion of a cement spacer for infection, capsulotomy, joint release, neurolysis, debridement of cysts, synovectomy and joint debridement, if performed.
 - The proposed item descriptor is as follows:
 - Revision total ankle replacement – involving exchange of plastic insert, exchange of tibial and/or talar component and/or removal of components. Inclusive of, if performed: insertion of a cement spacer for infection, capsulotomy, joint release, neurolysis, debridement of cysts, synovectomy, and joint debridement. (Anaes.) (Assist.)
 - The intention of the Committee is that exchange of a plastic insert, exchange of the tibial and/or talar component, and/or removal of components are considered mandatory parts of the procedure. The insertion of a cement spacer for infection, capsulotomy, joint release, neurolysis, debridement of cysts, synovectomy and joint debridement (if performed) are considered part of the procedure and separate items cannot be claimed.
- △ Item 49717: Delete item.
- △ Item 49839: Change the descriptor.
 - Clarify the descriptor by removing the reference to hallux valgus and hallux rigidus, specifying the site of the joint replacement and adding ‘involving replacement of both joint surfaces.’
 - Clarify that the procedure includes capsulotomy, synovectomy and joint debridement, if performed.
 - The proposed item descriptor is as follows:
 - Total first metatarsophalangeal joint replacement – involving replacement of both joint surfaces. Inclusive of, if performed: capsulotomy, synovectomy, and joint debridement. (Anaes.) (Assist.)
- △ Item 49842: Delete item.
- △ Item 49857: Change the descriptor.

- Clarify the descriptor by adding the following: ‘hemi joint replacement of first or lesser metatarsophalangeal joint.’
 - Clarify that the procedure includes capsulotomy, synovectomy and joint debridement, if performed.
 - The proposed item descriptor is as follows:
 - Hemi joint replacement of first or lesser metatarsophalangeal joint. Inclusive of, if performed: capsulotomy, synovectomy, joint debridement. (Anaes.) (Assist.)
- △ Item 49821: Change the descriptor.
- Clarify the descriptor by removing the references to hallux valgus, hallux rigidus and Keller’s syndrome, and by adding the words ‘interpositional arthroplasty’ and ‘per joint.’
 - Specify that the procedure applies to tarsometatarsal and metatarsophalangeal joints.
 - Clarify that the procedure includes capsulotomy, joint release, synovectomy, local tendon transfer and joint debridement, if performed.
 - The proposed item descriptor is as follows:
 - Metatarsophalangeal or tarsometatarsal joint, excisional or interpositional arthroplasty of joint. Inclusive of, if performed: capsulotomy, joint release, synovectomy, local tendon transfer, joint debridement. Per joint. (Anaes.) (Assist.)
- △ Item 49824: Consolidate with item 49821.
- △ Create a **new item** number for subtalar joint arthroereisis.
- The proposed item descriptor is as follows:
 - Item 498AB: Subtalar joint arthroereisis. Inclusive of, if performed: capsulotomy, synovectomy, joint debridement. (Anaes.) (Assist.)

Rationale

This recommendation focuses on modernising the MBS and ensuring that MBS items provide rebates for high-value services. It is based on the following.

- △ Item 49715:
- Changes to this descriptor clarify the components that are included in this procedure and limit inappropriate co-claiming. Among item 49715 episodes, 21 per cent were co-claimed with item 48418 (tibia osteotomy or osteectomy).^{ixi} This forms part of the procedure and should not be co-claimed.
- △ Item 49716:
- Changes to this descriptor clarify the circumstances in which it is appropriate to bill for a revision procedure. A revision involves changing replacement components and is not for isolated joint debridement or isolated treatment of cysts.
 - The Committee noted that for procedures requiring component removal and a change to an arthrodesis, it may be appropriate to co-claim with items 49712 (ankle arthrodesis) and 50118 (hindfoot fusion) because of the significant increase in complexity compared with revision of components only.

- △ Item 49717:
 - This item is no longer required because item 49716 can be co-claimed with an appropriate bone graft item. This better reflects the range of complexity associated with bone grafting.
- △ Item 49839:
 - Although this service is infrequently performed, this item remains clinically relevant and required.
 - This descriptor has been changed to reflect the procedure involved, rather than the clinical indication.
 - The item now reflects modern clinical practice and will make the MBS more user-friendly for consumers and clinicians.
- △ Item 49842:
 - This item is no longer required because item 49839 can be billed twice, applying the multiple operations rule.
 - The item currently has a low service volume, with only 11 services claimed in FY2014–15. Removing this item will simplify the MBS.
- △ Item 49857:
 - The item now provides a more accurate and complete description of the procedure (covering all the steps of a routine surgery) that better reflects modern clinical practice. The descriptor clarifies that the item covers hemi replacement of the first metatarsophalangeal joint or replacement of lesser metatarsophalangeal joints. The item also includes replacement of one half of the joint with plastic or metal.
- △ Item 49821:
 - The terminology in this descriptor has been changed to allow the item to be used for procedures on the tarsometatarsal and metatarsophalangeal joints, rather than for specific clinical indications. Previously, the interposition of lesser metatarsophalangeal joints may have been billed under multiple items such as items 48400 (osteectomy of metatarsal or phalanx), 49866 (synovectomy), 49812 (tendon transfer) or 50127 (arthroplasty of other joint), leading to inconsistent billing practices.
 - The item now provides an accurate description of a complete medical service that better reflects modern clinical practice.
 - Specifying the components included in the procedure will prevent inappropriate co-claiming. Among item 49821 episodes, 14 per cent were co-claimed with item 48403 (phalanx or metatarsal osteotomy or osteectomy).^{lxii} If performed on the same part of the foot, this is part of the procedure and should not be co-claimed. It should be noted that the above co-claiming is not inappropriate in all circumstances—for example, where the co-claiming relates to procedures carried out concurrently to correct other metatarsals or lesser toes.
- △ Item 49824:
 - This item is no longer required because item 49821 can be billed twice, applying the multiple operations rule.
 - The item currently has a low service volume, with only 26 services claimed in FY2014–15. Removing this item will help to make the MBS more user-friendly.
- △ **New item** for subtalar arthroereisis.

- This **new item** (498AB) is required because there is no specific MBS item for lesser joint interposition. The procedure consists of inserting a spacer into the sinus tarsi region and is currently being billed inconsistently (for example, using item 50106 or item 50127). Creating a specific item will make it easier for clinicians to determine which item to use.

9.6.12 Arthroscopy procedures

Table 121: Item introduction table for items 49700 and 49703

Item	Descriptor	Schedule fee	Volume of services FY2014/15	Total benefits FY2014/15	Services 5-year-average annual growth
49700	Ankle, diagnostic arthroscopy of, including biopsy (Anaes.) (Assist.)	\$273	68	\$7,180	-1%
49703	Ankle, arthroscopic surgery of, not being a service associated with any other arthroscopic procedure of the ankle (Anaes.) (Assist.)	\$612	4,702	\$1,547,891	4%

Recommendation 127

- △ Create an explanatory note for foot and ankle arthroscopy items.
 - The proposed explanatory note is as follows:
 - *Arthroscopy of joint includes associated intraarticular pathology treatment, such as treatment of cartilage, loose bodies, synovectomy, scar removal, and excision of exostosis by arthroscopic means. In cases of inflammatory synovitis, it is appropriate to use item 50312.*
- △ Item 49700: Delete item.
- △ Item 49703: Change the descriptor.
 - Clarify that the procedure includes cartilage treatment, removal of loose bodies, synovectomy and excision of joint osteophytes by arthroscopic means, if performed.
 - Clarify that the procedure can be used in both trauma and elective contexts.
 - The proposed item descriptor is as follows:
 - Ankle joint, arthroscopic surgery of. Inclusive of, if performed: cartilage treatment, removal loose bodies, synovectomy, excision of joint osteophytes by arthroscopic means, not being a service associated with any other arthroscopic procedure of the ankle, elective or trauma. (Anaes.) (Assist.)
- △ Create a **new item** for arthroscopic surgery in the foot, based on item 50102 (joint arthroscopic surgery).
 - The proposed item descriptor is as follows:
 - Item 497AC: Hindfoot joint other than ankle or first metatarsophalangeal joint, arthroscopic surgery of, inclusive of, if performed: cartilage treatment, removal loose bodies, synovectomy, excision joint osteophytes by arthroscopic means, per joint, not being a service associated with any other arthroscopic procedure of the ankle (Anaes.) (Assist.)
- △ Create a **new item** for endoscopy of large tendons of the foot.
 - The proposed item descriptor is as follows:

- Item 497AD: Endoscopy of large tendons of the foot. Including, if performed: debridement tendon and sheath, removal of loose bodies, synovectomy, excision tendon impingement by endoscopic means. Not associated with open repair or reconstruction (items 49718 and 49724). (Anaes.) (Assist.)

Rationale

This recommendation focuses on modernising the MBS and ensuring that MBS items provide rebates for high-value services. It is based on the following.

△ Item 49700:

- This item has been recommended for deletion because it is a low-volume diagnostic service and is of limited clinical value.

△ Item 49703:

- Changes to this descriptor clarify the components included in the procedure and will prevent inappropriate co-claiming. Among item 49703 episodes, 16 per cent were co-claimed with item 48406 (osteotomy or osteectomy of various bones including the fibula and the tarsus) and 12 per cent were co-claimed with item 48418 (osteotomy or osteectomy of the tibia).^{lxiii} These items should not be co-claimed when performed as part of the arthroscopy procedure. The Committee noted that the above co-claiming is not inappropriate in all circumstance—for example, where it relates to procedures carried out concurrently to correct hindfoot bones, ligaments and tendons.
- The phrase ‘trauma and elective’ has been added to the descriptor to allow the item to be claimed in a trauma context. The procedure has a clinical role in the treatment of syndesmotic injuries (item 47600).

△ **New item** for arthroscopic surgery of the hindfoot:

- This **new item** is required to account for the recommended deletion of item 50102 (Recommendation 9), preventing gaps from appearing in the MBS and preserving access for consumers. Arthroscopy of the hindfoot and first metatarsophalangeal joint are both procedures with a long clinical history, and peer-reviewed publications support their clinical value for the consumer.^{lxiv}

△ **New item** for endoscopy of large tendons of the foot:

- This **new item** is required to account for the recommended deletion of item 50102 (Recommendation 9), preventing gaps from appearing in the MBS and preserving access for consumers.
- The Committee restricted co-claiming with other arthroscopic procedures of the ankle and open repair or reconstruction of the Achilles’ tendon because this item is intended to be an independent procedure.

9.6.13 Soft tissue procedures

Table 122: Item introduction table for items 49706, 49709, 49818 and 49854

Item	Descriptor	Schedule fee	Volume of services FY2014/15	Total benefits FY2014/15	Services 5-year-average annual growth
49706	Ankle, arthrotomy of, involving 1 or more of: lavage, removal of loose body or division of contracture (Anaes.) (Assist.)	\$330	1,338	\$149,115	3%
49709	Ankle, ligamentous stabilisation of (Anaes.) (Assist.)	\$706	2,430	\$1,245,607	8%

Item	Descriptor	Schedule fee	Volume of services FY2014/15	Total benefits FY2014/15	Services 5-year-average annual growth
49818	Foot, excision of calcaneal spur (Anaes.) (Assist.)	\$273	79	\$10,205	-6%
49854	Foot, radical plantar fasciotomy or fasciectomy of (Anaes.) (Assist.)	\$377	412	\$91,225	0%

Recommendation 128

- △ Item 49706: Change the descriptor.
 - Clarify the descriptor by replacing ‘involving 1 or more of lavage, removal of loose body or division of contracture’ with ‘for infection, removal of loose bodies, joint debridement, and/or release joint contracture.’
 - The proposed item descriptor is as follows:
 - Ankle joint arthrotomy, for infection, removal of loose bodies, joint debridement, and/or release joint contracture. (Anaes.) (Assist)
- △ Create a **new item** for arthrotomy of a joint other than the ankle, based on item 50103 (joint arthrotomy).
 - The proposed item descriptor is as follows:
 - Item 497AE: Hindfoot, midfoot or metatarsophalangeal joint arthrotomy, for infection, removal loose bodies, joint debridement, and/or release joint contracture. Per incision. (Anaes.) (Assist.)
- △ Item 49709: Change the descriptor.
 - Clarify the descriptor by adding ‘subtalar joint,’ ‘per joint,’ ‘per incision,’ and ‘Inclusive of, if performed: capsulotomy, joint release, synovectomy, joint debridement.’
 - Clarify that the procedure can be used in both trauma and elective contexts.
 - The proposed item descriptor is as follows:
 - Ankle and/or subtalar joint, ligamentous stabilisation of. Inclusive of, if performed: capsulotomy, joint release, synovectomy, joint debridement. Per incision, elective or trauma. (Anaes.) (Assist.)
- △ Create a **new item** for joint stabilisation.
 - The proposed item descriptor is as follows:
 - Item 497AF: Talonavicular joint or metatarsophalangeal joint, ligamentous stabilisation of. Including, if performed: capsulotomy, joint release, synovectomy, local tendon transfer, joint debridement. (Anaes.) (Assist.)
- △ Item 49818: Change the descriptor.
 - Clarify the descriptor by adding ‘plantar fascia release.’
 - Clarify that the procedure includes excision of a calcaneal spur, if performed.
 - The proposed item descriptor is as follows:
 - Plantar fascia release. Inclusive of, if performed, excision of calcaneal spur. (Anaes.) (Assist.)

- The intention of the Committee is that plantar fascia release is considered a mandatory component of the procedure. Excision of a calcaneal spur (if performed) is also part of the procedure and a separate item cannot be co-claimed.

△ Item 49854: Change the descriptor.

- Clarify that the procedure requires extensive incisions in the foot and excision of fascia.
- Clarify that the procedure includes excision of a calcaneal spur, if performed.
- Exclude co-claiming with item 49818.
- The proposed item descriptor is as follows:
 - Radical plantar fasciotomy or fasciectomy – involves extensive incision into foot and excision of fascia. Inclusive of excision of calcaneal spur, if performed. Not to be co-claimed with item 49818. (Anaes.) (Assist.)

△ Add an explanatory note for items 49818 and 49854 to clarify their use.

- The proposed explanatory note is as follows:
 - Item 49818 is for simple release of the plantar fascia and item 49854 is for extensive plantar fascia release.

Rationale

This recommendation focuses on modernising the MBS and ensuring that MBS items provide rebates for high-value services. It is based on the following.

△ Item 49706:

- This descriptor has been updated so that it is consistent with the hand and wrist items, and to reduce inappropriate co-claiming by specifying the clinical purpose for which the item should be used. Among item 49706 episodes, 34 per cent were co-claimed with item 49703 (ankle fracture with internal fixation of more than one of the malleolus, fibula or diastasis), 19 per cent were co-claimed with item 49703 (ankle arthroscopic surgery), 16 per cent were co-claimed with item 49709 (ankle ligamentous stabilisation), 16 per cent were co-claimed with item 48406 (osteotomy or osteectomy of various bones including the fibula and tarsus), 15 per cent were co-claimed with item 47600 (ankle fracture with internal fixation of one of the malleolus, fibula or diastasis), and 14 per cent were co-claimed with item 48418 (tibia osteotomy or osteectomy).^{lxv} Arthrotomy is part of these procedures and should not be co-claimed. Additionally, co-claiming with item 49703 (ankle fracture with internal fixation) will be restricted as that item is limited to a trauma context.
- Inappropriate use will also be limited because the procedure is now an elective item only, and because arthrotomy or capsulotomy have been included in the descriptors for other ankle items.

△ **New item** for arthrotomy in the foot:

- This **new item** (497AE) is required to account for the deletion of item 50103 (Recommendation X), in particular for open joint release as part of deformity correction. This prevents gaps from appearing in the MBS and preserves consumer access.
- The potential for inappropriate use will be limited because the item is for elective procedures only, and because arthrotomy or capsulotomy have been included in the descriptors for other foot items. The item is also limited to ‘per incision’ for consistency with other items and to prevent multiple claiming of this item for joints accessed through the same incision.

- △ Item 49709:
 - The proposed descriptor now covers a complete medical service, reflects modern clinical practice and clarifies the anatomical site at which this procedure is performed.
 - Adding ‘per incision’ to the descriptor is intended to limit claiming of individual ligament reconstruction through the same incision.
 - It is appropriate to use this item in both elective and trauma contexts.
- △ **New item** for talonavicular joint stabilisation:
 - This **new item** (497AF) is required to account for the deletion of item 50106 for joint stabilisation (Recommendation X). This prevents gaps from appearing in the MBS and preserves consumer access.
- △ Items 49818 and 49854:
 - The proposed descriptors now cover complete medical services and reflect modern clinical practice. Changes to the descriptor for item 49818 clarify that it should be used for simple release of the plantar fascia. The proposed descriptor for item 49854 specifies that it should be used for extensive plantar fascia release.
 - The Committee was concerned that clinicians may have been billing item 49854 for simple fascia release because the previous descriptor for item 49818 described the procedure as for excision of a calcaneal spur. The Committee noted that clarifying the descriptor would likely result in a shift in item use from item 49854 to item 49818. Item 49854 remains clinically relevant but should have a relatively low service volume.

9.6.14 Tendon procedures

Table 123: Item introduction table for items 49721, 49724, 49727, 49728, 49812, 49803, 49806 and 49809

Item	Descriptor	Schedule fee	Volume of services FY2014/15	Total benefits FY2014/15	Services 5-year-average annual growth
49721	Ankle, Achilles' tendon rupture managed by non-operative treatment	\$236	134	\$26,339	10%
49724	Ankle, Achilles' tendon, secondary repair or reconstruction of (Anaes.) (Assist.)	\$659	913	\$426,682	7%
49727	Ankle, Achilles' tendon, operation for lengthening (Anaes.) (Assist.)	\$282	760	\$70,875	1%
49728	Ankle, lengthening of the gastrocnemius aponeurosis and soleus fascia, for the correction of equinus deformity in children with cerebral palsy (Anaes.) (Assist.)	\$565	56	\$17,858	5%
49812	Foot, tendon or ligament transplantation of, not being a service to which another item in this Group applies (Anaes.) (Assist.)	\$433	1,213	\$170,062	2%
49803	Foot, flexor or extensor tendon, secondary repair of (Anaes.)	\$170	34	\$1,567	2%
49806	Foot, subcutaneous tenotomy of, 1 or more tendons (Anaes.)	\$132	230	\$10,618	2%
49809	Foot, open tenotomy of, with or without tenoplasty (Anaes.)	\$217	3,571	\$196,308	-3%

Recommendation 129

- △ Acute injuries are listed in the trauma section.

- △ Item 49721: Delete item.
- △ Item 49724: Change the descriptor.
 - Clarify the descriptor by replacing ‘Achilles’ tendon’ with ‘major ankle tendon’ and removing the reference to secondary repair.
 - Clarify that the procedure includes synovial biopsy/synovectomy, adjacent tendon transfer and/or turn down flaps, if performed.
 - Add an explanatory note that defines ‘major ankle tendon.’
 - The proposed item descriptor is as follows:
 - Major ankle tendon, reconstruction of, by any method. Inclusive of, if performed: synovial biopsy/synovectomy, adjacent tendon transfer, turn down flaps. Not a service for which 49718 applies.
 - The proposed explanatory note is as follows:
 - Major ankle tendon is defined as the Achilles’, tibialis anterior, tibialis posterior, peroneal (both longus and brevis), extensor hallucis longus and flexor hallucis longus tendons.
- △ Item 49727: Change the descriptor.
 - Replace ‘Achilles’ tendon’ with ‘major ankle tendon.’
 - Clarify that the procedure includes synovial biopsy/synovectomy, if performed.
 - The proposed item descriptor is as follows:
 - Major ankle tendon, lengthening of. Inclusive of, if performed: synovial biopsy/synovectomy. (Anaes.) (Assist.)
- △ Item 49728: Change the descriptor.
 - Replace ‘Ankle, lengthening of the gastrocnemius aponeurosis and soleus fascia’ with ‘Achilles’ tendon lengthening, incorporating gastro-soleus lengthening.’
 - Remove the restriction that limits this item to children only.
 - The proposed item descriptor is as follows:
 - Achilles’ tendon lengthening, by any method, incorporating gastro-soleus lengthening for the correction of equinus deformity. Inclusive of, if performed: synovial biopsy/synovectomy. Not a service for which 49727 applies. (Anaes.) (Assist.)
- △ Create a **new item** for major ankle tendon transfer.
 - The proposed item descriptor is as follows:
 - Item 497AG: Foot and ankle, major ankle tendon transfer, involving split or whole transfer to contralateral side of foot, passage of tendon posterior, anterior to or through interosseous membrane. Inclusive of, if performed: synovial biopsy/synovectomy, tendon lengthening, inseting of tendon. (Anaes.) (Assist.)
- △ Item 49812: Change the descriptor.
 - Specify that the procedure requires side-to-side transfer and harvesting and is for the purpose of ligament or minor foot tendon reconstruction.
 - Clarify that the procedure includes synovial biopsy or synovectomy, if performed.
 - Clarify the descriptor by adding ‘per major tendon or per toe.’

- The proposed item descriptor is as follows:
 - Foot, tendon or ligament transfer, advancement of, involving side to side transfer, harvesting and transfer for ligament or minor foot tendon reconstruction. Inclusive of, if performed: synovial biopsy/synovectomy. Per major tendon or per toe. (Anaes.) (Assist.)
- △ Item 49803: Change the descriptor.
 - Clarify the descriptor by adding ‘per toe.’
 - Clarify that the procedure includes synovial biopsy/synovectomy, if performed.
 - The proposed item descriptor is as follows:
 - Foot, flexor or extensor tendon, secondary repair of. Inclusive of, if performed: synovial biopsy/synovectomy. Per toe. (Anaes.)
- △ Item 49806: Change the descriptor.
 - Clarify the descriptor by adding ‘via small percutaneous incisions.’
 - The proposed item descriptor is as follows:
 - Foot, subcutaneous tenotomy of, 1 or more tendons, via small percutaneous incisions. (Anaes.)
- △ Item 49809: Change the descriptor.
 - Clarify the descriptor by adding ‘via open incision of skin’ and ‘per toe.’
 - Clarify that the procedure includes synovial biopsy/synovectomy, if performed.
 - The proposed item descriptor is as follows:
 - Foot, open tenotomy of or lengthening, via open incision of skin, with or without tenoplasty. Inclusive of, if performed: synovial biopsy/synovectomy. Per toe. (Anaes.)
 - For the purposes of the foot and ankle items there are only considered to be two tendons per toe, not including the hallux (see Definitions section). The maximum claim for this item should therefore be limited to eight items across both feet.

Rationale

This recommendation focuses on modernising the MBS and ensuring that MBS items provide rebates for high-value services. It is based on the following.

- △ Item 49721:
 - Item 49721 is not required because it is more appropriate to reimburse this treatment through attendance items. Item 49721 is intended to provide for longer term management of Achilles’ tendon rupture, usually in a GP context. However, among item 49721 episodes, 42 per cent are currently billed by radiologists, who are unlikely to be providing ongoing care.^{lxvi} Deleting this item and shifting billing to consultation items will better guide appropriate use of MBS items.
- △ Item 49724:
 - Changes to this descriptor reflect modern clinical practice. The phrase ‘secondary repair’ has been removed from the descriptor to better guide appropriate use and prevent the item’s use in cases where the clinician is waiting for acute swelling to resolve. The Committee also recommended changing ‘Achilles’ to ‘major ankle tendon’ because the item also appropriately describes reconstruction of the other major ankle tendons, which were previously billed inconsistently using other items. Adjacent tendon transfer has been

included because the transferred tendon is adjacent to the affected tendon and transfer is through the same incision. This will limit co-claiming with item 49812.

- The addition of ‘not a service to which 49718 applies’ indicates that the item is not intended for primary repair of a tendon. The addition of ‘by any method’ indicates that the procedure covers open, minimally invasive or endoscopic techniques. This removes the need for separate items for different techniques and the potential for co-claiming for performing different techniques.
- The addition of ‘by any method’ indicates that the procedure covers open, minimally invasive or endoscopic techniques. This removes the need for separate items for different techniques and the potential for co-claiming for performing different techniques.

△ Item 49727:

- Changes to this descriptor allow the item to provide reimbursement for surgery to lengthen major tendons to the ankle. At present, there is no MBS item that represents a complete medical service and describes modern clinical practice for the lengthening of major ankle tendons other than the Achilles’ tendon. The changes also provide a more accurate and complete description of the procedure (covering all the steps of a routine surgery) that better reflects modern clinical practice.

△ Item 49728:

- This item now reflects modern clinical practice. The reference to children has been removed because the same procedure is used in adults for the same indication.
- The addition of ‘by any method’ indicates that the procedure covers open, minimally invasive or endoscopic techniques. This removes the need for separate items for different techniques and the potential for co-claiming for performing different techniques.

△ **New item** for major ankle tendon transfer:

- This **new item** (497AG) is required for more complex procedures transferring a major ankle tendon to the contralateral side of the foot because item 50342 is currently in the paediatric section of the MBS. Adding this item to the foot and ankle section will make the MBS more user-friendly and consistent.

△ Item 49812:

- This item now provides a more accurate and complete description of the procedure (covering all the steps of a routine surgery) that better reflects modern clinical practice. Including ‘involving side to side transfer, advancement of, harvesting and transfer for ligament or minor foot tendon reconstruction’ in the descriptor clearly defines intended use of the item.

△ Items 49803, 49806 and 49809:

- These items now provide more accurate and complete descriptions of the procedures (covering all the steps of a routine surgery) that better reflect modern clinical practice. Including ‘per toe’ in item 49803 and ‘per tendon’ in item 49809 clarifies the appropriate use of these items and limits the number of times an item can be claimed in a single episode.

9.7 Trauma section

9.7.1 Non-surgical management

Table 124: Item introduction table for items 47594, 47607, 47627, 47633, 47642 and 47651

Item	Descriptor	Schedule fee	Volume of services FY2014/15	Total benefits FY2014/15	Services 5-year-average annual growth
47594	Ankle joint, treatment of fracture of, not being a service to which item 47597 applies (Anaes.)	\$217	1,720	\$303,464	-3%
47606	Calcaneum or talus, treatment of fracture of, not being a service to which item 47609, 47612, 47615 or 47618 applies, with or without dislocation (Anaes.)	\$236	526	\$101,430	0%
47627	Tarsus (excluding calcaneum or talus), treatment of fracture of (Anaes.)	\$160	240	\$29,532	-5%
47633	Metatarsal, 1 of, treatment of fracture of (Anaes.)	\$113	3,795	\$358,530	-3%
47642	Metatarsals, 2 of, treatment of fracture of (Anaes.)	\$151	260	\$32,364	-1%
47651	Metatarsals, 3 or more of, treatment of fracture of (Anaes.)	\$236	134	\$25,354	-2%

Recommendation 130

- △ Items 47594, 47607, 47627, 47633, 47642 and 47651: Replace items with a **new item** for non-surgical management.
- △ Create a **new item** for non-surgical management.
 - The proposed item descriptor is as follows:
 - Item 475ZX: Ankle joint, hindfoot, midfoot, metatarsals or toes – treatment by non-surgical management, per leg. (Anaes.)
 - The intention of the Committee is that the **new item** can be up to two times, once for each leg.

Rationale

This recommendation focuses on ensuring that MBS items provide rebates for high-value care and simplifies the MBS.

- △ Items 47594, 47607, 47627, 47633, 47642, 47651 and 475ZC:
 - The Committee recommended replacing these items with a **new item** 475ZC. This will better reflect the appropriate use of non-surgical treatment items for several fractures to the same limb. Non-surgical treatment is often the same for all injuries, such as the application of a walking boot.

9.7.2 Closed reduction of fractures or dislocations

Table 125: Item introduction table for items 47063, 47597, 47609, 47612, 47621, 47636, 47645, 47654, 47663 and 47069

Item	Descriptor	Schedule fee	Volume of services FY2014/15	Total benefits FY2014/15	Services 5-year-average annual growth
47063	Ankle or tarsus, treatment of dislocation of, by closed reduction (Anaes.)	\$254	124	\$22,504	-3%
47597	Ankle joint, treatment of fracture of, by closed reduction (Anaes.)	\$325	403	\$97,686	4%

Item	Descriptor	Schedule fee	Volume of services FY2014/15	Total benefits FY2014/15	Services 5-year-average annual growth
47609	Calcaneum or talus, treatment of fracture of, by closed reduction, with or without dislocation (Anaes.) (Assist.)	\$353	23	\$5,728	14%
47612	Calcaneum or talus, treatment of intra-articular fracture of, by closed reduction, with or without dislocation (Anaes.) (Assist.)	\$410	14	\$3,471	-5%
47621	Tarso-metatarsal, treatment of intra-articular fracture of, by closed reduction, with or without dislocation (Anaes.) (Assist.)	\$410	32	\$7,136	-7%
47636	Metatarsal, 1 of, treatment of fracture of, by closed reduction (Anaes.)	\$170	325	\$45,023	-3%
47645	Metatarsals, 2 of, treatment of fracture of, by closed reduction (Anaes.)	\$226	24	\$3,656	-3%
47654	Metatarsals, 3 or more of, treatment of fracture of, by closed reduction (Anaes.) (Assist.)	\$353	19	\$4,202	3%
47663	Phalanx of great toe, treatment of fracture of, by closed reduction (Anaes.)	\$141	723	\$84,102	2%
47069	Toe, treatment of dislocation of, by closed reduction (Anaes.)	\$71	314	\$18,765	-2%

Recommendation 131

- △ Item 47063: Change the descriptor.
 - Specify that the surgery can include a surgical assistant by adding the term '(Assist.)'
 - The proposed item descriptor is as follows:
 - Ankle or tarus, treatment of dislocation of, by closed reduction. (Anaes.) (Assist.)
- △ Item 47597: Change the descriptor.
 - Specify that the surgery can include a surgical assistant by adding the term '(Assist.)'
 - The proposed item descriptor is as follows:
 - Ankle joint, treatment of fracture of, by closed reduction. (Anaes.) (Assist.)
- △ Item 47609 and 47612: Consolidate under item 47612.
 - Change 'calcaneum or talus' to 'hindfoot.'
 - The proposed item descriptor is as follows:
 - Hindfoot, treatment of intra-articular fracture of, by closed reduction, with or without dislocation. Per foot. (Anaes.) (Assist.)
- △ Item 47621: Change the descriptor.
 - Clarify the descriptor by adding 'per foot'.
 - Change 'tarso-metatarsal' to 'midfoot.'
 - The proposed item descriptor is as follows:
 - Midfoot, treatment of intra-articular fracture of, by closed reduction, with or without dislocation. Per foot. (Anaes.) (Assist.)

- △ Items 47636, 47645 and 47654: Replace items with a **new item** for closed reduction of a metatarsal fracture.
 - The proposed item descriptor is as follows:
 - Item 476XX: Metatarsal, treatment of fractures of, by closed reduction. Per foot. (Anaes.) (Assist.)
- △ Item 47663: Change the descriptor.
 - Clarify the descriptor by adding ‘per toe’ and removing the word ‘great.’
 - The proposed item descriptor is as follows:
 - Phalanx of toe, treatment of fracture of, by closed reduction. Per toe. (Anaes.)
- △ Item 47069: Change the descriptor.
 - Clarify the descriptor by adding ‘per toe’
 - The proposed item descriptor is as follows:
 - Toe, treatment of dislocation of, by closed reduction. Per toe. (Anaes.)

Rationale

This recommendation focuses on modernising the MBS and ensuring that MBS items reflect modern clinical practice. It is based on the following.

- △ For closed reduction of fractures and dislocations, it is recommended that:
 - Each item may be used once per leg.
 - Clinicians may bill for one item at each site in complex trauma.
 - Use of items involves manipulation and immobilisation of the fracture or dislocation to correct alignment under sedation.
 - Placing a boot, splint or cast for management without manipulation under sedation will be reimbursed using the **new item** for non-surgical management.
 - Dislocation of the metatarsophalangeal joint will be reimbursed using the elective item for joint stabilisation of the metatarsophalangeal joint (Recommendation 128).
- △ Items 47063 and 47597:
 - An assistant is required for counter traction when reducing the fracture or dislocation. This process often cannot be done by the surgeon alone, particularly when other injuries are present.
- △ Items 47609 and 47612:
 - This item can be consolidated with item 47612 because hindfoot fractures are more likely to have intraarticular involvement. All surgeries previously billed under item 47609 will be billed under item 47612.
 - Adding ‘hindfoot’ to the descriptor allows the item to provide reimbursement for all bones of the hindfoot (see Section 9.4, Definitions ‘hindfoot joints’) and clarifies the appropriate use of the item. The descriptor also clarifies that this item can be claimed once per foot.

- △ Item 47621:
 - Adding ‘midfoot’ to the descriptor allows the item to provide reimbursement for all midfoot bones or joints and clarifies the appropriate use of the item. The descriptor also clarifies that this item can be claimed once per foot. This will make the MBS more user-friendly.
- △ Items 47636, 47645 and 47654 and the **new item** for closed reduction of a metatarsal fracture:
 - These items have been replaced with a **new item** that groups together closed reduction of metatarsals on each foot. This grouping is possible because there is no difference in closed treatment between one metatarsal and three or more metatarsals. MBS data shows that items 47645 and 47654 have low service volumes.
 - The **new item** (476XX) is recommended to allow claiming for closed reduction of metatarsal fractures. This reflects the fact that treating multiple metatarsal fractures in the foot is as complex as treating a single fracture.
 - The Committee expects all surgeries claimed under existing items 47636, 47645 and 47654 to be claimed under item 476XX instead.
- △ Item 47663:
 - Removing ‘great’ from the descriptor means that the item will be billable for any toe fracture.
 - Adding ‘per toe’ to the descriptor clarifies that the item can be claimed once per toe. Although the item would only be infrequently used for more than one toes, the item better guides appropriate use when multiple toes or bones of toes are involved.
- △ Item 47069:
 - Adding ‘per toe’ to the descriptor clarifies that the item can be claimed once per toe. Although the item would only be infrequently used for more than one toes, the item better guides appropriate use when multiple toes or joints of toes are involved.

9.7.3 Fractures

9.7.3.1 Ankle

Table 126: Item introduction table for items 47066, 47600 and 47603

Item	Descriptor	Schedule fee	Volume of services FY2014/15	Total benefits FY2014/15	Services 5-year-average annual growth
47066	Ankle or tarsus, treatment of dislocation of, by open reduction (Anaes.) (Assist.)	\$339	88	\$12,183	4%
47600	Ankle joint, treatment of fracture of, by internal fixation of 1 of malleolus, fibula or diastasis (Anaes.) (Assist.)	\$433	1,645	\$442,331	3%
47603	Ankle joint, treatment of fracture of, by internal fixation of more than 1 of malleolus, fibula or diastasis (Anaes.) (Assist.)	\$565	2,075	\$784,435	5%

Recommendation 132

- △ Item 47066: Change the descriptor.
 - Clarify that the item includes arthrotomy at the dislocation site, washout of joint, removal of loose fragments or intervening soft tissue, and capsule repair as part of the procedure.
 - The proposed item descriptor is as follows:

- Ankle or tarsus, treatment of dislocation of, by open reduction. Inclusive of, if performed: arthrotomy at dislocation site, washout of joint, removal loose fragments or intervening soft tissue, and capsule repair. (Anaes.) (Assist.)

△ Items 47600 and 47603: Change the descriptors.

- Clarify that the items include arthrotomy at the fracture site, washout of joint, removal of loose fragments or intervening soft tissue, and capsule repair as part of the procedures.
- Item 47600 can be claimed in both elective and trauma contexts.
- Add ‘medial tissue interposition’ to the descriptor for item 47603.
- The proposed item descriptors are as follows:
 - Item 47600: Ankle joint, treatment of fracture of, by internal fixation of 1 of malleolus, fibula or diastasis. Inclusive of, if performed: arthrotomy at fracture site, washout of joint, removal loose fragments or intervening soft tissue, and capsule repair, trauma and elective. (Anaes.) (Assist.)
 - Item 47603: Ankle joint, treatment of fracture of, by internal fixation of more than 1 of malleolus, fibula or diastasis or medial tissue interposition. Inclusive of, if performed: arthrotomy at fracture site, washout of joint, removal of loose fragments or intervening soft tissue, and capsule repair. (Anaes.) (Assist.)

Rationale

This recommendation focuses on ensuring the MBS better guides appropriate use and reimburses high-value care. It is based on the following.

△ Item 47066:

- Changing the descriptor to include arthrotomy at the dislocation site, washout of joint, removal of loose fragments or intervening soft tissue, and capsule repair creates a complete medical service and will reduce inappropriate co-claiming. When performed at the same anatomical site, these are part of the procedure.

△ Item 47600:

- Changing the descriptor to include arthrotomy at the fracture site, washout of joint, removal of loose fragments or intervening soft tissue, and capsule repair creates a complete medical service and will reduce inappropriate co-claiming. Among item 47600 services, 17 per cent were co-claimed with item 49703 (ankle arthroscopic surgery) and 12 per cent were co-claimed with item 49706 (ankle arthrotomy).^{lxvii} When performed at the same anatomical site, these are part of the procedure. Use of item 49703 (ankle arthroscopy) is addressed by the co-claiming restrictions between elective and trauma items.
- The Committee recommended including ‘trauma and elective’ in the descriptor because the item can be used for elective treatment of syndesmotic injuries in conjunction with ankle arthroscopy (item 49703) and for ligament reconstruction (item 49709).

△ Item 47603:

- Changing the descriptor to include arthrotomy at the fracture site, washout of joint, removal of loose fragments or intervening soft tissue, and capsule repair creates a complete medical service and will reduce inappropriate co-claiming. Among item 47603 services, 22 per cent were co-claimed with item 49706 (ankle arthrotomy),^{lxviii} although it cannot be determined if co-claiming was for medial tissue interposition or part of the exposure.

- The Committee recommended adding ‘or medial tissue interposition’ to the descriptor to cover the treatment of fibula fracture and medial incision for soft tissue interposition.

9.7.3.2 Hindfoot joints

Table 127: Item introduction table for items 47615 and 47618

Item	Descriptor	Schedule fee	Volume of services FY2014/15	Total benefits FY2014/15	Services 5-year-average annual growth
47615	Calcaneum or talus, treatment of fracture of, by open reduction, with or without dislocation (Anaes.) (Assist.)	\$471	34	\$9,519	-4%
47618	Calcaneum or talus, treatment of intra-articular fracture of, by open reduction, with or without dislocation (Anaes.) (Assist.)	\$588	208	\$67,492	2%

Recommendation 133

- △ Items 47615 and 47618: Change the descriptors.
- Specify that arthrotomy of the joint and removal of bone fragments and cartilage in the joint are part of the surgery.
 - Clarify the descriptor by replacing ‘calcaneum or talus’ with ‘hindfoot.’
 - The proposed item descriptor is as follows:
 - Item 47615: Hindfoot, treatment of fracture of, by open reduction, with or without dislocation if performed: arthrotomy at fracture site, washout of joint, removal loose of fragments or intervening soft tissue, and capsule repair. (Anaes.) (Assist.)
 - Item 47618: Hindfoot, treatment of intra-articular fracture of, by open reduction, with or without dislocation if performed: arthrotomy at fracture site, washout of joint, removal loose of fragments or intervening soft tissue, and capsule repair. (Anaes.) (Assist.)

Recommendations

This recommendation focuses on modernising the MBS and ensuring that MBS items provide rebates for high-value care. It is based on the following.

- △ Items 47615 and 47618:
- Changes to the descriptors provide more accurate and complete descriptions of the procedures (covering all the steps of a routine surgery) and better reflect modern clinical practice.
 - Changing ‘calcaneum or talus’ to ‘hindfoot’ will allow the item to provide reimbursement for all hindfoot bones (Section 9.4, Definitions: ‘hindfoot bones’). This will remove the need for a **new item** for navicular or cuboid fractures.

9.7.3.3 Cuneiforms, tarsometatarsal joints and Lisfranc injuries

Table 128: Item introduction table for items 47624 and 47630

Item	Descriptor	Schedule fee	Volume of services FY2014/15	Total benefits FY2014/15	Services 5-year-average annual growth
47624	Tarso-metatarsal, treatment of fracture of, by open reduction, with or without dislocation (Anaes.) (Assist.)	\$565	734	\$211,763	16%

Item	Descriptor	Schedule fee	Volume of services FY2014/15	Total benefits FY2014/15	Services 5-year-average annual growth
47630	Tarsus (excluding calcaneum or talus), treatment of fracture of, by open reduction, with or without dislocation (Anaes.) (Assist.)	\$338	122	\$ 18,493	4%

Recommendation 134

△ Item 47624: Change the descriptor.

- Clarify the descriptor by specifying the parts of the procedure that are included in the item and adding ‘per joint’.
- The proposed item descriptor is as follows:
 - Tarso-metatarsal, treatment of fracture of, by open reduction, with or without dislocation. Including if performed: arthrotomy at fracture site, washout joint, removal loose fragments or intervening soft tissue, capsule repair. Per joint. (Anaes.) (Assist.)
 - The intention of the Committee is that this item is for the treatment of intra-articular tarsometatarsal or cuneiform injury, with bridge plating across the joint classed as one item per tarsometatarsal joint.

△ Item 47630: Change the descriptor.

- Clarify the descriptor by replacing ‘tarsus’ with ‘cuneiform, and adding ‘per bone’.
- The proposed item descriptor is as follows:
 - Cuneiform, treatment of fracture of, by open reduction, with or without dislocation. Including if performed: arthrotomy at fracture site, washout joint, removal loose fragments or intervening soft tissue, capsule repair. Per bone. (Anaes.) (Assist.)

Rationale

This recommendation focuses on modernising the MBS and ensuring that MBS items provide rebates for high-value care. It is based on the following.

△ Item 47624:

- Changing the descriptor to include the phrase ‘inclusive of, if performed’ creates a complete medical service and will reduce inappropriate co-claiming by including arthrotomy at the fracture site, washout of joint, removal of loose fragments or intervening soft tissue, and capsule repair. Among item 47624 services, 17 per cent were co-claimed with item 50106 (joint stabilisation) and 8 per cent were co-claimed with item 50103 (joint arthrotomy).^{lxix} Arthrotomy, removal of bone fragments and removal of cartilage in the joint are considered part of the procedure.

△ Item 47630:

- Changing this descriptor to include the phrase ‘inclusive of, if performed’ creates a complete medical service and will reduce multiple co-claiming by including arthrotomy at the fracture site, washout of joint, removal of loose fragments or intervening soft tissue, and capsule repair. Arthrotomy, removal of bone fragments and removal of cartilage in the joint are considered to be part of the procedure. Among item 47630 services, 12 per cent were co-claimed with item 50103 (joint arthrotomy).
- Replacing ‘tarsus’ with ‘cuneiform’ clearly identifies the bones covered by the item.

9.7.3.4 Metatarsal fractures

Table 129: Item introduction table for items 47639, 47648 and 47657

Item	Descriptor	Schedule fee	Volume of services FY2014/15	Total benefits FY2014/15	Services 5-year-average annual growth
47639	Metatarsal, 1 of, treatment of fracture of, by open reduction (Anaes.)	\$226	277	\$30,554	4%
47648	Metatarsals, 2 of, treatment of fracture of, by open reduction (Anaes.) (Assist.)	\$301	23	\$2,979	-4%
47657	Metatarsals, 3 or more of, treatment of fracture of, by open reduction (Anaes.) (Assist.)	\$471	21	\$5,342	-4%

Recommendation 135

- △ Item 47639: Change the descriptor.
 - Specify that the surgery includes the removal of loose fragments or intervening soft tissue, if performed.
 - Specify that the surgery can include a surgical assistant by adding the term '(Assist.)'
 - The proposed item descriptor is as follows:
 - Metatarsal, 1 of, treatment of fracture of, by open reduction. Including if performed: removal of loose fragments or intervening soft tissue. (Anaes.) (Assist.)
- △ Item 47648: Change the descriptor.
 - Specify that the surgery includes the removal of loose fragments or intervening soft tissue, if performed.
 - The proposed item descriptor is as follows:
 - Metatarsal, 2 of, treatment of fracture of, by open reduction. Including if performed: removal of loose fragments or intervening soft tissue. (Anaes.) (Assist.)
- △ Item 47657: Change the descriptor.
 - Specify that the surgery includes the removal of loose fragments or intervening soft tissue, if performed.
 - The proposed item descriptor is as follows:
 - Metatarsal, 3 or more of, treatment of fracture of, by open reduction. Including if performed: removal of loose fragments or intervening soft tissue. (Anaes.) (Assist.)

Rationale

This recommendation focuses on modernising the MBS and ensuring that MBS items reflect modern clinical practice. It is based on the following.

- △ Items 47639, 47648 and 47657:
 - Changing the descriptor to include the removal of loose fragments or intervening soft tissue clarifies the components included in the procedure. This will make it easier for clinicians to determine which item to use.
 - Surgical assistance is required in order to undertake safe and correct surgery in the difficult anatomical region of the foot. Careful retraction by an assistant is required for surgical treatment of one metatarsal fracture, not just for two or more fractures.

9.7.3.5 Toe fractures

Table 130: Item introduction table for items 47072, 47666, 47672 and 47678

Item	Descriptor	Schedule fee	Volume of services FY2014/15	Total benefits FY2014/15	Services 5-year-average annual growth
47072	Toe, treatment of dislocation of, by open reduction (Anaes.)	\$94	35	\$1,394	-3%
47666	Phalanx of great toe, treatment of fracture of, by open reduction (Anaes.)	\$236	112	\$13,421	-1%
47672	Phalanx of toe (other than great toe), 1 of, treatment of fracture of, by open reduction (Anaes.)	\$113	169	\$14,474	-6%
47678	Phalanx of toe (other than great toe), more than 1 of, treatment of fracture of, by open reduction (Anaes.)	\$170	22	\$2,071	-4%

Recommendation 136

- △ Item 47072: Consolidate with items 47666, 47672 and 47678.
- △ Items 47666, 47672 and 47678: Change the descriptors.
 - Add “or dislocation” to account for the removal of item 47072.
 - Clarify the descriptor by specifying the included components for each procedure and adding the words ‘per foot.’
 - Specify that, if performed, arthrotomy at fracture site, washout of joint, the removal of bone fragments or intervening soft tissue, and capsule repair are part of the surgery.
 - The proposed item descriptors are as follows:
 - Item 47666: Phalanx of great toe, treatment of fracture or dislocation of, by open reduction. Including if performed: arthrotomy at fracture site, washout of joint, removal of loose fragments or intervening soft tissue, and capsule repair. Per foot. (Anaes.)
 - Item 47672: Phalanx of toe (other than great toe), 1 of, treatment of fracture or dislocation of, by open reduction. Including if performed: arthrotomy at fracture site, washout of joint, removal loose fragments or intervening soft tissue, capsule repair. Per foot. (Anaes.)
 - Item 47678: Phalanx of toe (other than great toe), more than 1 of, treatment of fracture or dislocation of, by open reduction. Including if performed: arthrotomy at fracture site, washout of joint, removal of loose fragments or intervening soft tissue, and capsule repair. Per foot. (Anaes.)

Rationale

This recommendation focuses on modernising the MBS, reducing inappropriate co-claiming, ensuring that MBS items reflect modern clinical practice. It is based on the following.

- △ Item 47072:
 - Open treatment of a toe dislocation is likely to involve a fracture that is limiting closed reduction of the dislocation, as indicated by the low service volume for this item. The descriptors for items 47666, 47672 and 47678 have been changed to prevent a gap in the MBS Schedule.

△ Items 47666, 47672 and 47678:

- Changing the descriptors to include the removal of loose fragments or intervening soft tissue clarifies the components included in the procedure as part of a complete medical service. This will make it easier for clinicians to determine which item to use.
- Adding ‘per foot’ to the descriptors clarifies that each item can only be claimed once per foot.
- Adding ‘or dislocation’ to the descriptor reflects the removal of item 47072 and allows the items to be used in cases where open reduction is required because a fracture prevents successful closed reduction.

9.7.4 Tendon procedures

Table 131: Item introduction table for items 49718 and 49800

Item	Descriptor	Schedule fee	Volume of services FY2014/15	Total benefits FY2014/15	Services 5-year-average annual growth
49718	Ankle, Achilles' tendon or other major tendon, repair of (Anaes.) (Assist.)	\$377	2,191	\$490,948	2%
49800	Foot, flexor or extensor tendon, primary repair of (Anaes.)	\$132	187	\$7,036	0%

Recommendation 137

△ Item 49718: Change the descriptor.

- Clarify the descriptor by replacing ‘Ankle, Achilles’ tendon or other major tendon’ with ‘Major ankle tendon,’ adding ‘per tendon’ and specifying the components included in the procedure.
- Add an explanatory note to define ‘major ankle tendon.’
- The proposed item descriptor is as follows:
 - Major ankle tendon, primary repair of, by any method, inclusive of, if performed: synovial biopsy/synovectomy, per tendon. (Anaes.) (Assist.)
- The proposed explanatory note is as follows:
 - *Major ankle tendon is defined as the Achilles’, tibialis anterior, tibialis posterior, peroneal (both longus and brevis), extensor hallucis longus and flexor hallucis longus tendons.*

△ Item 49800: Change the descriptor.

- Clarify the descriptor by adding ‘per toe’ and specifying the components included in the procedure.
- Specify that the surgery can include a surgical assistant by adding the term ‘(Assist.)’
- It is the intention of the Committee that flexor digitorum longus and flexor digitorum brevis are considered one tendon and extensor hallucis longus and flexor hallucis longus tendons are considered one tendon (Section 9.4, Definitions: ‘flexor tendon’ and ‘extensor tendon’).
- The proposed item descriptor is as follows:
 - Foot, flexor or extensor, primary repair of, inclusive of if performed: synovial biopsy/synovectomy, per toe. (Anaes.) (Assist.)

- △ For both items 49718 and 49800, it is the Committee's intention that an item from the elective tendon section will be used for reconstruction where primary repair is not possible.

Rationale

This recommendation focuses on modernising the MBS, reducing inappropriate co-claiming and ensuring that MBS items reflect modern clinical practice. It is based on the following.

- △ Item 49718:
 - Clarifying the components included in the procedure creates a complete medical service and will reduce inappropriate co-claiming. Among item 49718 services, 10 per cent were co-claimed with item 47969 (tenosynovectomy).^{lxx}
 - The addition of the word 'primary' clarifies that it is appropriate to claim this item in a trauma context.
 - The addition of 'by any method' indicates that the procedure covers open, minimally invasive or endoscopic techniques. This removes the need for separate items for different techniques and the potential for co-claiming for performing different techniques.
 - Replacing 'Achilles' with 'major ankle tendon' clearly defines the difference between items 49718 and 49800 and creates consistency across the foot and ankle items.
- △ Item 49800:
 - Including the words 'per toe' in the descriptor creates consistency across the foot and ankle items.
 - The addition of surgical assistance reflects the need for careful retraction of surrounding nerves and vessels in order to reduce the risk of complications and provide the best outcome for the patient.

10. Paediatric orthopaedic surgery

10.1 Introduction

The Paediatrics Working Group was set up by the Committee to review 110 MBS items, representing 12,207 services and \$5.7 million in benefits paid in FY2014 – 15. The Paediatrics Working Group based its review on the clinical expertise of its members and the principles of a rapid evidence review.

The Paediatrics Working Group consisted of eight members. Members' names, positions, organisations and declared conflicts of interest are listed in Table 8.

The Working Group's recommendations aim to align the MBS with modern clinical practice and support affordable and universal consumer access. It made three main types of change:

1. Improving item descriptors and indications to prevent inappropriate use.
2. Consolidating items to reflect complete medical services.
3. Re-categorising items into appropriate groupings within the schedule.

In particular, the Committee recommended two main changes to paediatric orthopaedics items. Firstly, it recommended removing restrictions on claiming limb-lengthening items more than once in a 12-month period (Recommendation 161) in order to improve consumer access to the procedure. Secondly, it recommended restricting epiphysiodesis items to patients under the age of 18 in order to address inappropriate use of this item in adult patients (Recommendation 163).

10.2 Item structure

Recommendation 138

△ Re-categorise all paediatric items into seven sub-groups:

1. Paediatric hip (including slipped capital femoral epiphysis).
2. Paediatric lower extremity.
3. Limb lengthening.
4. Growth plate procedures.
5. Paediatric fractures and dislocations.
6. Paediatric spine.
7. Single-event multilevel surgery for children with cerebral palsy.

Table 132 shows the mapping of current categories into these new sub-groups. Appendix X shows the new structure for all items.

Table 132: Proposed structure for paediatric items

Current subgroup	Items within subgroup	Proposed new subgroup
Osteotomy and osteectomy	48424, 48427	Paediatric hip
Foot	49878	Paediatric lower extremity
Limb lengthening and deformity correction	50300–50309	Limb lengthening
Limb lengthening and deformity correction	50315–50345	Paediatric lower extremity
Limb lengthening and deformity correction – hip, knee and leg procedures	50348, 50354–50394	Paediatric lower extremity

Current subgroup	Items within subgroup	Proposed new subgroup
Limb lengthening and deformity correction – hip, knee and leg procedures	50349–50353	Paediatric hip
Limb lengthening and deformity correction – amputations or reconstructions for congenital deformities	All (50411–50426)	Paediatric lower extremity
Epiphysiodesis	All (48500–48512)	Growth plate procedures
Treatment of hip dysplasia or dislocation in paediatric patients items	All (50650–50658)	Paediatric hip
Treatment of fractures in paediatric patients	All (50500–50588)	Paediatric fractures and dislocations
Treatment of fractures (in the general orthopaedics section)	47540, 47708–47723	Paediatric fractures and dislocations
Spine surgery for scoliosis and kyphosis in paediatric patients	All (50600–50644)	Paediatric spine
Single-event multilevel surgery for children with cerebral palsy	All (50450–50471)	Single-event multilevel surgery for children with cerebral palsy

△ Move item 50402 to miscellaneous surgery section of the MBS.

Table 133: Items reviewed by the Paediatrics Working Group that should be in other parts of the MBS

Current subgroup	Items within subgroup	Proposed new subgroup
Limb lengthening and deformity correction – shoulder, arm and forearm procedures	50402	Miscellaneous surgery (consolidated with item 44133)

Rationale

△ The re-categorisation of items more accurately reflects the procedures involved and makes the MBS more user-friendly.

10.3 Paediatric hip

10.3.1 Osteotomy items

Table 134: Item introduction table for items 48424 and 48427

Item	Descriptor	Schedule fee	Services FY2014/15	Total benefits	Services average annual growth
48424	Femur or pelvis, osteotomy or osteectomy of, excluding services to which items 47933 or 47936 apply (Anaes.) (Assist.)	\$753	3,934	\$1,781,806	10%
48427	Femur or pelvis, osteotomy or osteectomy of, with internal fixation, and excluding services to which items 47933 or 47936 apply (Anaes.) (Assist.)	\$913	534	\$275,415	1%

Recommendation 139

- △ Items 48424 and 48427: Change the descriptors.
- Limit item 48424 to the pelvis and item 48427 to the femur.
 - Specify that item 48424 can occur ‘with or without’ internal fixation and includes the application of a hip spica

- Specify that both procedures should be performed in patients under the age of 18 years.
- Remove the term ‘osteectomy’ from both item descriptors.
- Clarify that the items should not be co-claimed with the bone graft section.
- The proposed item descriptors are as follows:
 - Item 48424: Pelvic osteotomy, with or without internal fixation and including the application of a hip spica, for patients less than 18 years of age, not to be claimed with bone graft items. (Anaes.) (Assist.)
 - Item 48427: Femoral osteotomy, for patients less than 18 years of age, not to be claimed with bone graft items. (Anaes.) (Assist.)

Rationale

This recommendation focuses on ensuring that MBS items provide rebates for high-value care. It is based on the following.

- △ Distinguishing the items by anatomical site rather than the requirement for internal fixation more accurately reflects differences in clinical practice.
- △ The Committee agreed that it is important to differentiate between adult and paediatric procedures, which differ in nature. At present, items 48424 and 48427 are both claimed for adult patients, with 77 per cent of item 48424 services and 57 per cent of item 48427 services performed in patients aged 25 or older.^{lxxi} Separate items for osteotomy of the hip and pelvis in adult patients have been created to prevent a gap from appearing in the MBS as a result of this recommendation, and to preserve consumer access (see Section 8.11).
- △ As per Recommendation 2, the term ‘osteectomy’ has been removed from the item descriptors.
- △ The restriction on co-claiming bone grafting items clarifies the appropriate use of this item and the proposed bone graft items (Recommendation 1). When performed, bone grafting is a standard part of clinical practice and does not represent a unique procedure.

Table 135: Item introduction table for item 50394

Item	Descriptor	Schedule Fee	Services FY2014/15	Total benefits	Services average annual growth
50394	Acetabular dysplasia, treatment of, by multiple peri-acetabular osteotomy, including internal fixation where performed (Anaes.) (Assist.)	\$2,777	73	\$151,367	16%

Recommendation 140

- △ Item 50394: Change the descriptor.
 - Remove the term ‘acetabular dysplasia’ from the descriptor.
 - The proposed item descriptor is as follows:
 - Multiple peri-acetabular osteotomy, including internal fixation where performed. (Anaes.) (Assist.)

Rationale

- △ The proposed descriptor provides a clearer description of the procedure. The reference to ‘acetabular dysplasia’ has been removed because there is no clear definition of this term and it is not a useful component of the item descriptor.

Recommendation 141

- △ Create a **new item** for osteotomy and distalisation of the greater trochanter.
 - The proposed item descriptor is as follows:
 - Item 503XX: Osteotomy and distalisation of greater trochanter with internal fixation. (Anaes.) (Assist.)

Rationale

- △ There is currently no item for trochanteric transfer where it is moved distally to address a Trendelenburg gait in patients with Perthes' disease or developmental dysplasia of the hip. Creating an item for this procedure reflects modern clinical practice and will prevent inappropriate use of items that do not accurately describe clinical practice, such as the femoral osteotomy item.

10.3.2 Hip dysplasia or dislocation

Table 136: Item introduction table for items 50349, 50351, 50352, 50650, 50653, 50654 and 50658

Item	Descriptor	Schedule fee	Services FY2014/15	Total benefits	Services average annual growth
50349	Hip, congenital dislocation of, treatment of, by closed reduction (Anaes.)	\$320	36	\$3,575	-3%
50351	Hip, developmental dislocation of, open reduction of (Anaes.) (Assist.)	\$1,597	39	\$41,152	-4%
50352	Hip, congenital dislocation of, treatment of, involving supervision of splint, harness or cast - each attendance (Anaes.)	\$57	312	\$20,885	-7%
50353	Hip spica, initial application of, for congenital dislocation of hip (excluding aftercare) (Anaes.) (Assist.)	\$355	18	\$3,051	5%
50650	Hip dysplasia or dislocation, in a child, examination, manipulation and arthrography of the hip under anaesthesia (Anaes.)	\$415	181	\$39,438	7%
50654	Hip dysplasia or dislocation, in a child, application or reapplication of a hip spica, including examination of the hip (Anaes.) (Assist.)	\$497	91	\$25,967	-5%
50658	Hip dysplasia or dislocation, in a child, examination and manipulation of the hip under anaesthesia (Anaes.)	\$198	59	\$5,082	1%

Recommendation 142

- △ Reorder the hip dysplasia items by increasing complexity items. The proposed order is as follows: amended item 50352, amended item 50654, amended item 50351.
- △ Items 50352 and 50353: Consolidate items under item 50352 and change the descriptor for item 50352 to reflect this.
 - Change 'Hip, congenital dislocation' to 'developmental dysplasia of the hip.'
 - Change 'each attendance' to 'initial application of'.
 - The proposed item descriptor is as follows:

- Item 50352: Developmental dysplasia of the hip, treatment of, involving supervision of splint, harness or cast - initial application of, not being a service associated with a service to which another item in this Group applies. (Anaes.)
- The intention of the Committee is that this item can be claimed with a consultation item but not with a surgery item.
- △ Items 50349, 50650, 50654 and 50658: Consolidate items under item 50654 and change the descriptor for item 50654 to reflect this.
 - Add ‘examination and/or closed reduction’ and ‘with or without arthrography of the hip under anaesthesia’ to the descriptor.
 - Make application of a hip spica a component of the procedure.
 - Change ‘in a child’ to ‘in a patient under 18 year of age’.
 - The proposed item descriptor is as follows:
 - Item 50654: Hip dysplasia or dislocation, examination and/or closed reduction, with or without arthrography of the hip under anaesthesia, application or reapplication of hip spica, in a patient under the age of 18. (Anaes.) (Assist.)
- △ Item 50351: Change the descriptor.
 - Add ‘including application of hip spica’ to the descriptor.
 - The proposed item descriptor is as follows:
 - Hip, developmental dislocation of, open reduction of, including application of hip spica. (Anaes.) (Assist.)

Rationale

This recommendation focuses on modernising the MBS and creating complete medical services. It is based on the following.

- △ Items 50352 and 50353:
 - These items cover similar procedures. Consolidating the items will assist in making the MBS more user-friendly and consistent.
 - The change from ‘congenital dislocation’ to ‘developmental dysplasia’ reflects modern clinical terminology.
 - It is only appropriate to provide reimbursement for the initial application of a splint or a harness because subsequent attendances should be reimbursed as part of consultation items.
- △ Items 50349, 50650, 50654 and 50658:
 - These items cover similar procedures. Consolidating the items will assist in making the MBS more user-friendly and consistent. The changes to the descriptor for item 50654 account for the consolidation of items and reflect modern clinical practice.
 - The use of ‘and/or’ in reference to closed reduction indicates that this item can be used in cases where closed reduction is not successful.
 - The phrase ‘in a child’ has been replaced with ‘in patients under the age of 18’ for clarity and consistency with other items.

△ Item 50651:

- Changes to this descriptor clarify that application of a hip spica is part of the procedure and create a complete medical service.

10.3.3 Slipped capital femoral epiphysis

Table 137: Item introduction table for item 47925

Item	Descriptor	Schedule fee	Services FY2014/15	Total benefits	Services average annual growth
47525	Femur, treatment of fracture of, for slipped capital femoral epiphysis (Anaes.) (Assist.)	\$866	73	\$42,222	-6%

Recommendation 143

- △ Item 47525: Replace item with two **new items** for slipped capital femoral epiphysis procedures.
- △ Create two **new items** for slipped capital femoral epiphysis procedures: one for internal fixation to stabilise slipped capital femoral epiphysis, and one for open subcapital realignment for slipped capital femoral epiphysis.
 - The proposed item descriptors are as follows:
 - Item 479ZA: Internal fixation to stabilise slipped capital femoral epiphysis. (Anaes.) (Assist.)
 - Item 479ZB: Open subcapital realignment for slipped capital femoral epiphysis, not to be claimed with 48427. (Anaes.) (Assist.)

Rationale

- △ Paediatric-specific items have been created to prevent inappropriate use of item 47525. At present, 9 per cent of services for this item are being claimed for adult patients.^{lxvii} The changes clarify appropriate use of these items in paediatric patients.

10.3.4 Other paediatric hip procedures

Table 138: Item introduction table for items 50375, 50378, 50381 and 50384

Item	Descriptor	Schedule fee	Services FY2014/15	Total benefits	Services average annual growth
50375	Hip, contracture of, medial release, involving lengthening of, or division of the adductors and psoas with or without division of the obturator nerve, unilateral (Anaes.) (Assist.)	\$499	62	\$14,546	-1%
50378	Hip, contracture of, medial release, involving lengthening of, or division of the adductors and psoas with or without division of the obturator nerve, bilateral (Anaes.) (Assist.)	\$873	18	\$8,744	-7%
50381	Hip, contracture of, anterior release, involving lengthening of, or division of the hip flexors and psoas with or without division of the joint capsule, unilateral (Anaes.) (Assist.)	\$652	122	\$31,440	38%
50384	Hip, contracture of, anterior release, involving lengthening of, or division of the hip flexors and psoas with or without division of the joint capsule, bilateral (Anaes.) (Assist.)	\$1,144	16	\$10,135	6%

Recommendation 144

- △ Items 50375, 50378, 50381 and 50384: Change the descriptors.
 - Replace ‘involving’ with ‘inclusive of’ in the descriptors to indicate that items cannot be co-claimed with other items.
 - The proposed item descriptors are as follows:
 - Item 50375: Hip, contracture of, medial release, inclusive of lengthening of, or division of the adductors and psoas, with or without division of the obturator nerve, unilateral. (Anaes.) (Assist.)
 - Item 50378: Hip, contracture of, medial release, inclusive of lengthening of, or division of the adductors and psoas, with or without division of the obturator nerve, bilateral. (Anaes.) (Assist.)
 - Item 50381: Hip, contracture of, anterior release, inclusive of lengthening of, or division of the hip flexors and psoas with or without division of the joint capsule, unilateral. (Anaes.) (Assist.)
 - Item 50384: Hip, contracture of, anterior release, inclusive of lengthening of, or division of the hip flexors and psoas with or without division of the joint capsule, bilateral. (Anaes.) (Assist.)
 - For items 50375 and 50378, the intention of the Committee is that the procedure must involve (as a mandatory component) lengthening or division of the adductors and psoas. The procedure may involve (as an optional component) division of the obturator nerve.
 - For items 50381 and 50384, the intention of the Committee is that the procedure must involve (as a mandatory component) lengthening or division of the adductors and psoas. The procedure may involve (as an optional component) division of the joint capsule.

Rationale

- △ Changes to the item descriptors for items 50375, 50378, 50381 and 50384 clarify that lengthening or division of the adductors and psoas are mandatory components of the procedure and cannot be co-claimed with other items.

Table 139: Item introduction table for item 50387

Item	Descriptor	Schedule fee	Services FY2014/15	Total benefits	Services average annual growth
50387	Hip, iliopsoas tendon transfer to greater trochanter, or transfer of abdominal musculature to greater trochanter, or transfer or adductors to ischium (Anaes.) (Assist.)	\$652	1	\$489	-13%

Recommendation 145

- △ Item 50387: Delete item.

Rationale

- △ This item no longer represents modern practice and is obsolete, as evidenced by the low service volume (one service) in FY2014–15.

Table 140: Item introduction table for items 50390 and 50393

Item	Descriptor	Schedule fee	Services FY2014/15	Total benefits	Services average annual growth
50390	Perthes, cerebral palsy, or other neuromuscular conditions, affecting hips or knees, application of cast under general anaesthesia, performed in the operating theatre of a hospital (Anaes.)	\$229	65	\$5,466	-7%
50393	Pelvis, bone graft or shelf procedures for acetabular dysplasia (Anaes.) (Assist.)	\$846	29	\$10,645	13%

Recommendation 146

- △ Item 50390: No change.
- △ Item 50393: Change the descriptor.
 - Clarify the descriptor by replacing ‘bone graft or shelf procedures for acetabular dysplasia’ with ‘acetabular shelf procedure.’
 - Introduce a co-claiming restriction with hip arthroplasty procedures.
 - The proposed item descriptor is as follows:
 - Acetabular shelf procedure, not to be used in conjunction with other hip arthroplasty procedures. (Anaes.) (Assist.)

Rationale

This recommendation focuses on modernising the MBS and ensuring that MBS items provide rebates for high-value care. It is based on the following.

- △ Item 50390:
 - The Committee did not identify any concerns regarding safety, access, value or modern best practice that required a change to item 50390.
- △ Item 50393:
 - The proposed descriptor provides a clearer definition of the procedure as it applies to paediatric patients.
 - The Committee noted that an age restriction was not appropriate for this item because the procedure could be required in rare situations for young adults.
 - The restriction on co-claiming with hip arthroplasty procedures clarifies appropriate use of this item.

10.4 Paediatric lower extremity

10.4.1 Deformity items

Recommendation 147

Table 141: Item introduction table for item 49878

Item	Descriptor	Schedule fee	Services FY2014/15	Total benefits	Services average annual growth
49878	Talipes equinovarus, calcaneo valgus or metatarsus varus, treatment by cast, splint or manipulation - each attendance (Anaes.)	\$57	55	\$3,391	-5%

Recommendation 148

△ Item 49878: No change.

Rationale

- △ The Committee did not identify any concerns regarding safety, access, value or modern best practice that required a change to this item.
- △ The Committee considered whether an age restriction was required to prevent inappropriate use in adult patients. However, it agreed that there are appropriate, rare exceptions for young adults over the age of 18 to undergo surgeries that relate to this item, which meant that it was inappropriate to add such a restriction.

Table 142: Item introduction table for items 50315, 50318, 50321, 50324, 50327, 50330 and 50333

Item	Descriptor	Schedule fee	Services FY2014/15	Total benefits	Services average annual growth
50315	Talipes equinovarus, posterior release of (Anaes.) (Assist.)	\$693	6	\$2,828	-14%
50318	Talipes equinovarus, medial release of (Anaes.) (Assist.)	\$693	3	\$1,588	-13%
50321	Talipes equinovarus, combined postero-medial release of (Anaes.) (Assist.)	\$929	2	\$1,393	-30%
50324	Talipes equinovarus, combined postero-medial release of, revision procedure (Anaes.) (Assist.)	\$1,324	12	\$10,925	19%
50327	Talipes equinovarus, bilateral procedures (Anaes.) (Assist.)	\$1,615	15	\$18,171	-4%
50330	Talipes equinovarus, or talus, vertical congenital - post operative manipulation and change of plaster, performed under general anaesthesia in the operating theatre of a hospital, not being a service to which item 50315, 50318, 50321, 50324 or 50327 applies (Anaes.)	\$229	51	\$5,346	-2%
50333	Tarsal coalition, excision of, with interposition of muscle, fat graft or similar graft (Anaes.) (Assist.)	\$617	155	\$64,953	3%

Recommendation 149

- △ Items 50315, 50318 and 50321: Consolidate items under item 50321 and change the descriptor for item 50321 to reflect this.
 - The Committee recommended maintaining the current schedule fee for item 50321.

- The proposed item descriptor is as follows:
 - Item 50321: Talipes equinovarus, open soft tissue release. (Anaes.) (Assist.)
- △ Item 50324: Change the descriptor.
 - Remove the phrase ‘combined postero-medial release of’ and add ‘open soft tissue’ to the descriptor.
 - The proposed item descriptor is as follows:
 - Talipes equinovarus, open soft tissue release, revision. (Anaes.) (Assist.)
- △ Item 50327: Consolidate with items 50321 and 50324.
- △ Item 50330: No change.
- △ Item 50333: Change the descriptor.
 - Add the words ‘per coalition’ to the descriptor.
 - The proposed item descriptor is as follows:
 - Tarsal coalition, excision of, with interposition of muscle, fat graft or similar graft, including, if performed, capsulotomy, synovectomy, and excision of osteophytes, per coalition. (Anaes.) (Assist.)

Rationale

This recommendation focuses on modernising the MBS and ensuring that MBS items provide rebates for high-value care. It is based on the following.

- △ Items 50315, 50318 and 50321:
 - These items have very low service volumes (11 services combined in FY2014–15) and separate items are not required. Combining these items will make the MBS more user-friendly.
- △ Item 50324:
 - This item covers the revision procedure for item 50321. The descriptor has been updated so that it is consistent with the proposed descriptor for item 50321.
- △ Item 50327:
 - This item has very low service volumes (15 services in FY2014–15) and a separate bilateral item is not required. Clinicians may instead use updated items 50321 or 50324, applying the multiple operations rule (as appropriate) for multiple claims.
- △ Item 50330:
 - The Committee did not identify any concerns regarding safety, access, value or modern best practice that required changes to this item.
- △ Item 50333:
 - The changes clarify appropriate use of this item and create consistency with other items used by foot and ankle surgeons.

Table 143: Item introduction table for item 50336

Item	Descriptor	Schedule fee	Services FY2014/15	Total benefits	Services average annual growth
50336	Talus, vertical, congenital, combined anterior and posterior reconstruction (Anaes.) (Assist.)	\$922	9	\$5,532	8%

Recommendation 150

- △ Create a **new item** for vertical, congenital talus procedures, which would appear in the MBS before item 50336.
 - The Committee recommended a schedule fee equivalent to item 50318 (talipes equinovarus) because this reflects the complexity of the service.
 - The proposed item descriptor is as follows:
 - Item 503XY: Talus, vertical, congenital, treatment by percutaneous or open stabilisation of talonavicular joint and Achilles’ tenotomy. (Anaes.) (Assist.)
- △ Item 50336: No change.

Rationale

This recommendation focuses on modernising the MBS and ensuring that MBS items provide rebates for high-value care. It is based on the following.

- △ **New item** for vertical, congenital talus procedures:
 - This **new item** (503XY) is required because item 50336 no longer represents first-line treatment for vertical talus deformity. Modern practice is now to reverse Ponseti casting followed by stabilisation of talonavicular joint via percutaneous K-wire fixation and Achilles tenotomy. No item currently exists for this technique. As a result, clinicians are currently using a range of different items to provide reimbursement for this procedure, causing variation in claiming practices.
 - The proposed **new item** for reverse Ponseti casting describes a complete medical service.
- △ Item 50336:
 - This item has been retained because it covers a procedure that may be required as a second-line treatment or treatment for late or severe cases.

Table 144: Item introduction table for items 50339 and 50342

Item	Descriptor	Schedule fee	Services FY2014/15	Total benefits	Services average annual growth
50339	Foot and ankle, tibialis anterior tendon (split or whole) transfer to lateral column (Anaes.) (Assist.)	\$562	34	\$11,671	-6%
50342	Foot and ankle, tibialis or tibialis posterior tendon transfer, through the interosseous membrane to anterior or posterior aspect of foot (Anaes.) (Assist.)	\$652	30	\$13,077	-9%

Recommendation 151

- △ Items 50339 and 50342: Consolidate items under item 50339 and change the descriptor for item 50339 to reflect this.

- Change the descriptor for item 50339 to remove the reference to ‘foot and ankle,’ include the tibialis posterior tendon and remove the phrase ‘transfer to lateral column.’
- The proposed item descriptor is as follows:
 - Item 50339: Tibialis anterior or tibialis posterior tendon transfer (split or whole). (Anaes.) (Assist.)

Rationale

This recommendation focuses on modernising the MBS and ensuring that MBS items provide rebates for high-value care. It is based on the following.

- △ Items 50339 and 50342 have been consolidated to simplify the MBS. The descriptor for item 50339 has been changed to account for this consolidation and variation in technique. It has also been changed to address ambiguities in the current wording regarding the appropriate circumstances in which the procedure can be performed. The phrase ‘foot and ankle’ has been removed from the descriptor because the tendons are identified.

Table 145: Item introduction table for item 50345

Item	Descriptor	Schedule fee	Services FY2014/15	Total benefits	Services average annual growth
50345	Hyperextension deformity of toe, release incorporating V-Y plasty of skin, lengthening of extensor tendons and release of capsule contracture. (Anaes.) (Assist.)	\$347	131	\$17,594	-4%

Recommendation 152

- △ Item 50345: No change.

Rationale

- △ The Committee did not identify any concerns regarding safety, access, value or modern best practice that required a change to this item.

10.4.2 Knee and leg procedures

Table 146: Item introduction table for items 50348

Item	Descriptor	Schedule fee	Services FY2014/15	Total benefits	Services average annual growth
50348	Knee, deformity of, post-operative manipulation and change of plaster, performed under general anaesthesia in the operating theatre of a hospital. (Anaes.)	\$229	42	\$7,124	12%

Recommendation 153

- △ No change.

Rationale

- △ Despite low service volumes, item 50348 remains clinically relevant. The Committee did not identify any concerns regarding safety, access, value or modern best practice that required a change to this item.

Table 147: Item introduction table for item 50354

Item	Descriptor	Schedule fee	Services FY2014/15	Total benefits	Services average annual growth
50354	Tibia, pseudarthrosis of, congenital, resection and internal fixation (Anaes.) (Assist.)	\$1,310	1	\$491	-

Recommendation 154

- △ Item 50354: Change the descriptor.
 - Remove the specification that fixation must be internal.
 - The proposed item descriptor is as follows:
 - Tibia, pseudarthrosis of, congenital, resection and fixation. (Anaes.) (Assist.)

Rationale

- △ Treatment of congenital pseudarthrosis of the tibia can involve internal or external fixation.

Table 148: Item introduction table for items 50357 and 50360

Item	Descriptor	Schedule fee	Services FY2014/15	Total benefits	Services average annual growth
50357	Knee, leg or thigh, rectus femoris tendon transfer or medial or lateral hamstring tendon transfer (Anaes.) (Assist.)	\$562	23	\$5,287	16%
50360	Knee, leg or thigh, combined medial and lateral hamstring tendon transfer (Anaes.) (Assist.)	\$652	1	\$489	-13%

Recommendation 155

- △ Items 50357 and 50360: Change the descriptors.
 - Remove the reference to ‘knee, leg or thigh’ from the descriptor.
 - The proposed item descriptors are as follows:
 - Item 50357: Rectus femoris tendon transfer or medial or lateral hamstring tendon transfer. (Anaes.) (Assist.)
 - Item 50360: Combined medial and lateral hamstring tendon transfer. (Anaes.) (Assist.)

Rationale

- △ The item descriptors describe the specific anatomical site and it is therefore unnecessary to specify ‘knee, leg or thigh.’

Table 149: Item introduction table for items 50363, 50366, 50369 and 50372

Item	Descriptor	Schedule fee	Services FY2014/15	Total benefits	Services average annual growth
50363	Knee, contracture of, posterior release involving multiple tendon lengthening or tenotomies, unilateral (Anaes.) (Assist.)	\$499	8	\$2,433	-14%
50366	Knee, contracture of, posterior release involving multiple tendon lengthening or tenotomies, bilateral (Anaes.) (Assist.)	\$873	8	\$4,227	-19%

Item	Descriptor	Schedule fee	Services FY2014/15	Total benefits	Services average annual growth
50369	Knee, contracture of, posterior release involving multiple tendon lengthening with or without tenotomies and release of joint capsule with or without cruciate ligaments, unilateral (Anaes.) (Assist.)	\$652	57	\$13,928	31%
50372	Knee, contracture of, posterior release involving multiple tendon lengthening with or without tenotomies and release of joint capsule with or without cruciate ligaments, bilateral (Anaes.) (Assist.)	\$1,144	3	\$2,145	8%

Recommendation 156

This recommendation focuses on modernising the MBS and ensuring that MBS items provide rebates for high-value care. It is based on the following.

- △ Items 50363, 50366 and 50369: Consolidate items under item 50369 and change the descriptor for item 50369 to reflect this.
 - Remove the reference to the cruciate ligaments from the descriptor for item 50369.
 - Clarify that the procedure must include multiple tendon lengthening or tenotomies and may include release of the capsule.
 - The Committee recommended maintaining the schedule fee for item 50369.
 - The proposed item descriptor is as follows:
 - Item 50369: Knee contracture, posterior release of, including multiple tendon lengthening or tenotomies, with or without release of joint capsule, not be claimed with knee replacement items. (Anaes.) (Assist.)
 - The intention of the Committee is that multiple tendon lengthening or tenotomies are considered a mandatory component of the procedure, and that release of the joint capsule is considered an optional component of the procedure. This item should not be co-claimed with primary or revision knee arthroplasty items.
- △ Item 50372: Change the descriptor.
 - Change the descriptor for item 50372 so that it is consistent with amended item 50369. (Item 50372 is the bilateral version of item 50369.)
 - The proposed item descriptor is as follows:
 - Knee contracture, posterior release of, including multiple tendon lengthening or tenotomies, with or without release of joint capsule, not to be claimed with knee replacement items, bilateral. (Anaes.) (Assist.)
 - The intention of the Committee is that multiple tendon lengthening or tenotomies are considered a mandatory component of the procedure, and that release of the joint capture is considered an optional component of the procedure. This item should not be co-claimed with primary or revision knee arthroplasty items.

Rationale

This recommendation focuses on modernising the MBS and ensuring that MBS items provide rebates for high-value care. It is based on the following.

- △ Items 50363, 50366 and 50369:
 - These items represent very similar procedures and have low service volumes. Consolidating these items into a single item will make the MBS more user-friendly.
- △ Item 50369:
 - Removing the reference to the cruciate ligaments and introducing a co-claiming restriction with knee replacement items prevents inappropriate co-claiming. Among item 50369 episodes, 33 per cent were co-claimed with item 49518 (total knee replacement), 23 per cent were co-claimed with item 49521 (total knee replacement requiring major bone grafting), and 16 per cent were co-claimed with item 49533 (total knee replacement revision procedure).^{lxviii} Release of the cruciate ligaments (if performed) is part of a knee replacement procedure.

10.4.3 Amputations or reconstruction for congenital deformities

Table 150: Item introduction table for items 50411, 50414, 50417, 50420, 50423 and 50426

Item	Descriptor	Schedule fee	Services FY2014/15	Total benefits	Services average annual growth
50411	Lower limb deficiency, treatment of congenital deficiency of the femur by resection of the distal femur and proximal tibia followed by knee fusion. (Anaes.) (Assist.)	\$1,310	-	\$-	-
50414	Lower limb deficiency, treatment of congenital deficiency of the femur by resection of the distal femur and proximal tibia followed by knee fusion and rotationplasty. (Anaes.) (Assist.)	\$1,768	-	\$-	-
50417	Lower limb deficiency, treatment of congenital deficiency of the tibia by reconstruction of the knee, involving transfer of fibula or tibia, and repair of quadriceps mechanism. (Anaes.) (Assist.)	\$1,310	-	\$-	-
50420	Patella, congenital dislocation of, reconstruction of the quadriceps. (Anaes.) (Assist.)	\$1,081	1	\$811	-37%
50423	Tibia, fibula or both, congenital deficiency of, transfer of the fibula to tibia, with internal fixation. (Anaes.) (Assist.)	\$998	1	\$604	-32%
50426	Diaphyseal aclasia, removal of lesion or lesions from bone - 1 approach. (Anaes.) (Assist.)	\$465	79	\$21,986	-2%

Recommendation 157

- △ Items 50411, 50414, 50417, 50420 and 50423: No change.
- △ Item 50426: Change the descriptor.
 - Replace ‘diaphyseal aclasia’ with ‘osteochondroma, either solitary or in the context of hereditary multiple exostoses’ in the descriptor.
 - Add the words ‘requiring histological examination’ and ‘per approach.’
 - The proposed item descriptor is as follows:
 - Osteochondroma, either solitary or in the context of hereditary multiple exostoses, removal of lesion or lesions from bone, requiring histological examination - per approach. (Anaes.) (Assist.)

- The Committee also noted the related recommendation to delete item 47936 for large exostoses from the MBS (Recommendation 18).

△ Create a **new item** for osteochondritis dessicans or other osteochondral lesion.

- The proposed item descriptor is as follows:
 - Item 504XX: Osteochondritis dessicans or other osteochondral lesion, percutaneous drilling. In patient with open growth plates or less than 18 years of age. (Anaes.) (Assist.)

Rationale

This recommendation focuses on modernising the MBS and ensuring that MBS items provide rebates for high-value care. It is based on the following.

△ Items 50411, 50414, 50417, 50420 and 50423:

- Despite low service volumes, these items remain clinically relevant.
- The Committee did not identify any concerns regarding safety, access, value or modern best practice that required a change to these items.

△ Item 50426:

- The descriptor has been updated to reflect contemporary terminology and now requires a specific diagnosis and histological examination to better guide appropriate use of this item following the deletion of item 47936 (excision of a large exostosis) (Section 4.5.5).

△ **New item** for percutaneous drilling for osteochondritis dessicans or other osteochondral lesions:

- This **new item** is required because no item currently exists for this procedure. The procedure is currently reimbursed using item 49559 (knee arthroscopic surgery), which does not accurately describe the procedure.

10.5 Neck, shoulder and elbow procedures

10.5.1 Shoulder, arm and forearm procedures

Table 151: Item introduction table for item 50402

Item	Descriptor	Schedule Fee	Services FY2014/15	Total benefits	Services average annual growth
50402	Torticollis, bipolar release of sternocleidomastoid muscle and associated soft tissue (Anaes.) (Assist.)	\$423	7	\$2,221	-5%

Recommendation 158

△ Item 50402: Consolidate item under item 44133 for unipolar release.

Rationale

△ Unipolar and bipolar release should be a single item because the procedures are similar and there are very low service volumes across the two items.

Table 152: Item introduction table for item 50405

Item	Descriptor	Schedule fee	Services FY2014/15	Total benefits	Services average annual growth
50405	Elbow, flexorplasty, or tendon transfer to restore elbow function (Anaes.) (Assist.)	\$575	590	\$136,151	49%

Recommendation 159

△ Item 50405: Delete item.

Rationale

- △ This item is not required as an independent paediatric item. At present, 96 per cent of services are performed in patients aged 25 or older, with the remainder of services performed in patients in the 15–24 age bracket.^{lxxiv}
- △ This item also does not cover a complete medical procedure. Over 90 per cent of item 50405 episodes were co-claimed with another item. The Committee agreed that item 50405 is likely to be a component of other items.^{lxxv}

Table 153: Item introduction table for item 50408

Item	Descriptor	Schedule fee	Services FY2014/15	Total benefits	Services average annual growth
50408	Shoulder, congenital or developmental dislocation, open reduction of. (Anaes.) (Assist.)	\$998	-	\$-	-

Recommendation 160

△ Item 50408: Delete item.

Rationale

- △ The item does not describe modern practice and is obsolete. No services were provided under this item in FY2014–15.

10.6 Limb lengthening

Table 154: Item introduction table for items 50300, 50303, 50306 and 50309

Item	Descriptor	Schedule fee	Services FY2014/15	Total benefits	Services average annual growth
50300	Joint deformity, slow correction of, using ring fixator or similar device, including all associated attendances - payable only once in any 12 month period. (Anaes.) (Assist.)	\$1,158	30	\$20,770	3%
50303	Limb lengthening, 5cm or less, by gradual distraction, with application of an external fixator or intra-medullary device, in the operating theatre of a hospital - payable only once per limb in any 12 month period. (Anaes.) (Assist.)	\$1,581	78	\$73,259	1%
50306	Limb lengthening, where the lengthening is bipolar, or bone transport is performed or where the fixator is extended to correct an adjacent joint deformity, or where the lengthening is greater than 5cm. (Anaes.) (Assist.)	\$2,468	22	\$39,655	8%
50309	Ring fixator or similar device, adjustment of, with or without insertion or removal of fixation pins, performed under general anaesthesia in the operating theatre of a hospital, not being a service to which item 50303 or 50306 applies. (Anaes.) (Assist.)	\$305	47	\$7,665	-6%

Recommendation 161

- △ Insert an explanatory note for items 50300, 50303, 50306 and 50309 to explain that each item can only be used once per bone, per treatment episode.
 - The proposed explanatory note is as follows:
 - Each item can only be used once per bone per treatment episode.
- △ Items 50300: Change the descriptor.
 - Remove the phrase ‘including all associated attendances – payable only once in any 12 month period’ from the descriptor.
 - Replace the phrase ‘using ring fixator or similar device’ with ‘application of external fixator’ in the descriptor.
 - The proposed item descriptor is as follows:
 - Joint deformity, application of external fixator for gradual correction of deformity. (Anaes.) (Assist.)
- △ Item 50303: Change the descriptor.
 - Remove the phrase ‘payable only once per limb in any 12 month period’ from the item descriptor.
 - Remove the requirement that the lengthening must be 5 cm or less.
 - The proposed item descriptor is as follows:
 - Limb lengthening, by gradual distraction, with application of an external fixator or intra-medullary device, in the operating theatre of a hospital. (Anaes.) (Assist.)
- △ Item 50306: Change the descriptor.
 - Update the technique specified for limb lengthening in the descriptor.
 - Remove the requirement that the lengthening must be greater than 5 cm.
 - The proposed item descriptor is as follows:
 - Limb lengthening, by gradual distraction, with application of an external fixator or intra-medullary device, where the lengthening is bipolar, or bone transport is performed or where the fixator is extended to correct an adjacent joint deformity, in the operating theatre of a hospital. (Anaes.) (Assist.)
- △ Item 50309: No change.
- △ Create a **new item** for major adjustments in a clinical setting.
 - The proposed item descriptor is as follows:
 - Item 503XZ: Ring fixator or similar device, major adjustment of, not being a service to which item 50303, 50306, or 50309 applies.

Rationale

This recommendation focuses on modernising the MBS and ensuring that MBS items provide rebates for high-value care. It is based on the following.

- △ Item 50300:

- Removing the phrase ‘payable only once in any 12 month period’ from the descriptor is intended to increase consumer access to clinically appropriate services. Slow correction of joint deformity using an external fixator is an important procedure in modern clinical practice. The procedure is not frequently performed but has high clinical value. Children who require this type of treatment often have congenital syndromes affecting multiple joints in multiple limbs. It would be detrimental to the health of children undergoing this type of treatment if their treatment programme was limited to a single joint per 12-month period. There is no clinical reason to limit this item to once in a 12-month period.
- Removing the phrase ‘including all associated attendances’ from the descriptor reflects the complexity of subsequent attendances to assess, modify and reprogramme external fixators. The technique for achieving slow correction of joint deformity using a ring fixator or similar device is very similar to the technique used for limb lengthening by gradual distraction (items 50303 and 50306). The requirement to include all associated attendances has previously been removed from items 50303 and 50306. More importantly, the technique for achieving slow correction of joint deformity using a ring fixator or a similar device is technically demanding and is only performed by a very small number of orthopaedic surgeons in Australia. Most attendances are of long duration, involving examination of the patient, treatment of complications (which are very common), assessment of deformity on X-rays, modification of the external fixator and reprogramming of future external fixator adjustments. It is unreasonable that a rebate for a consultation item is not available for such a long and difficult attendance.

△ Item 50303:

- Removing the phrase ‘payable only once per limb in any 12 month period’ from the descriptor is intended to increase consumer access to clinically appropriate services. Children who require this type of treatment often have congenital syndromes affecting multiple bones in multiple limbs. Children with congenital limb deficiency commonly have significant shortening in the femur (thigh bone) and tibia (leg bone) of the same limb. Both bones may require lengthening but it may be too risky to lengthen both bones in the same limb at the same time. There are therefore sound clinical reasons to perform limb lengthening more than once on the same limb in a 12-month period. It would be detrimental to the health of children undergoing this type of treatment if their treatment programme was limited to one limb per 12-month period. There is no clinical reason to limit this item to once in a 12-month period.
- Whether a bone is lengthened by less than 5 cm or more than 5 cm is not an accurate indicator of complexity.

△ Item 50306:

- Changes to this descriptor reflect modern clinical practice by updating the technique used for limb lengthening. As with item 50303, the extent of the bone lengthening (that is, by less than 5 cm or more than 5 cm) is not an accurate indicator of complexity.
- The phrase ‘in the operating theatre of a hospital’ has been added for consistency with item 50303 and ensures that the item is only billed at the time of initial application, rather than each subsequent adjustment.

△ Items 50309 and 503XZ:

- An additional item has been created to cover major adjustments in a clinic setting that do not require anaesthetic, such as major (usually three or more) strut changes.

10.7 Growth plate procedures

Recommendation 162

- △ Change the section title from ‘Epiphysiodesis’ to ‘Growth plate procedures.’

Rationale

- △ The sub-group title should be changed from ‘Epiphysiodesis’ to ‘Growth plate procedures’ to more accurately reflect the range of items within the sub-group. This includes epiphysiodesis, hemiepiphysiodesis and epiphysiolysis, all of which are surgeries related to growth plates. Epiphysiodesis aims to arrest growth in the whole of the growth plate. Hemiepiphysiodesis aims to arrest growth in only half of the growth plate. Epiphysiolysis aims to achieve the opposite result to epiphysiodesis by reversing a pathology causing a growth plate arrest.

Table 155: Item introduction table for items 48500, 48503, 48506, 48509 and 48512

Item	Descriptor	Schedule fee	Services FY2014/15	Total benefits	Services average annual growth
48500	Femur, epiphysiodesis of (Anaes.) (Assist.)	\$330	142	\$26,105	6%
48503	Tibia and fibula, epiphysiodesis of (Anaes.) (Assist.)	\$330	51	\$9,826	6%
48506	Femur, tibia and fibula, epiphysiodesis of (Anaes.) (Assist.)	\$490	60	\$18,939	7%
48509	Epiphysiodesis, staple arrest of hemiepiphysis (Anaes.)	\$236	99	\$11,004	3%
48512	Epiphysiolysis, operation to prevent closure of plate (Anaes.) (Assist.)	\$894	18	\$10,769	-9%

Recommendation 163

- △ Items 48500, 48503 and 48506: Consolidate items and limit them to patients less than 18 years of age.
 - The proposed item descriptor is as follows:
 - Item 485XX: Epiphysiodesis in a long bone in a patient less than 18 years. (Anaes.) (Assist.)
- △ Item 48509: Change the descriptor.
 - Update the descriptor by replacing ‘epiphysiodesis’ with ‘hemiepiphysiodesis,’ removing the reference to ‘staple arrest of hemiepiphysis’ and adding ‘partial growth plate arrest using internal fixation’.
 - Limit this item to patients under the age of 18.
 - The Committee recommended increasing the schedule fee so that it is equivalent to item 48503.
 - The proposed item descriptor is as follows:
 - Hemiepiphysiodesis, partial growth plate arrest using internal fixation in a patient less than 18 years of age. (Anaes.) (Assist.)
- △ Item 48512: Change the descriptor.
 - Clarify the descriptor by replacing ‘operation to prevent closure of plate’ with ‘release of focal growth plate closure’.

- Limit the item to patients under the age of 18.
- The proposed item descriptor is as follows:
 - Epiphysiolysis, release of focal growth plate closure in a patient less than 18 years of age. (Anaes.) (Assist.)

Rationale

This recommendation focuses on modernising the MBS and ensuring that MBS items provide rebates for high-value care. It is based on the following.

△ All items:

- All items should be limited to patients ‘less than 18 years of age’ because they refer to procedures on bone growth plates. When patients reach skeletal maturity, they do not have growth plates. On average, male patients reach skeletal maturity at 16 years of age and female patients reach skeletal maturity at 14 years of age. Allowing for physiological variations, the vast majority of paediatric patients will have reached skeletal maturity by 18 years of age. Growth plate procedures are generally unsuccessful unless they are performed on patients two or more years before they reach skeletal maturity. At present, a small number of these items are used to reimburse adult patients. For example, 4 per cent of item 48500 services are provided to patients aged 25 and over, and 2 per cent of item 48509 services are provided to patients aged 25 and over.^{lxxvi} Changes to the descriptor clarify that the procedure should only be performed in patients aged under 18.

△ Item 48506:

- Deleting this item will make the MBS more user-friendly. Item 485XX should be used instead, applying the multiple operations rule where appropriate.

△ Item 48509:

- The reference to staples has been removed because this technique is now used only in selected cases. At present, the most common technique uses small plates or a screw, but it is likely that further modifications will be developed in the next decade. These changes to the descriptor reflect modern clinical practice and help to future-proof the MBS.
- A provision for assistance has been included because all growth plate procedures require high accuracy to be successful. Items 48500, 48503, 48506 and 485012 all provide for assistance already. Item 48509 is as technically demanding as these other growth plate procedures and requires provision for an assistant.

△ Item 48512:

- The proposed descriptor more accurately describes the procedure. The current descriptor includes the phrase ‘operation to prevent closure of growth plate.’ Epiphysiolysis does not prevent growth plate closure, but rather aims to release or reverse a focal growth plate closure that has already occurred.

10.8 Treatment of fractures in paediatric patients

10.8.1 Radius and ulna

Table 156: Item introduction table for items 50500, 50504, 50508, 50512, 50516, 50520, 50524, 50528, 50532, 50536, 50540, 50544 and 50548.

Item	Descriptor	Schedule fee	Services FY2014/15	Total benefits	Services average annual growth
50500	Radius or ulna, distal end of, with open growth plate, treatment of fracture of, by closed reduction (Anaes.)	\$277	202	\$39,825	5%
50504	Radius or ulna, distal end of, with open growth plate, treatment of fracture of, by open reduction (Anaes.) (Assist.)	\$369	15	\$3,325	25%
50508	Radius, distal end of, with open growth plate, treatment of Colles', Smith's or Barton's fracture, by closed reduction (Anaes.)	\$395	654	\$190,366	1%
50512	Radius, distal end of, with open growth plate, treatment of Colles', Smith's or Barton's fracture of, by open reduction (Anaes.) (Assist.)	\$527	69	\$26,428	-2%
50516	Radius or ulna, shaft of, with open growth plate, treatment of fracture of, by closed reduction undertaken in the operating theatre of a hospital (Anaes.)	\$356	115	\$29,257	5%
50520	Radius or ulna, shaft of, with open growth plate, treatment of fracture of, by open reduction (Anaes.) (Assist.)	\$474	47	\$15,927	5%
50524	Radius or ulna, shaft of, with open growth plate, treatment of fracture of, in conjunction with dislocation of distal radio-ulnar joint or proximal radio-humeral joint (Galeazzi or Monteggia injury), by closed reduction undertaken in the operating theatre of a hospital (Anaes.) (Assist.)	\$409	70	\$21,123	3%
50528	Radius or ulna, shaft of, with open growth plate, treatment of fracture of, in conjunction with dislocation of distal radio-ulnar joint or proximal radio-humeral joint (Galeazzi or Monteggia injury), by reduction with or without internal fixation by open or percutaneous means (Anaes.) (Assist.)	\$659	74	\$36,320	7%
50532	Radius and ulna, shafts of, with open growth plates, treatment of fracture of, by closed reduction undertaken in the operating theatre of a hospital (Anaes.)	\$573	1,027	\$438,083	4%
50536	Radius and ulna, shafts of, with open growth plates, treatment of fracture of, by open reduction (Anaes.) (Assist.)	\$764	264	\$151,329	12%
50540	Olecranon, with open growth plate, treatment of fracture of, by open reduction (Anaes.) (Assist.)	\$527	9	\$3,312	-11%
50544	Radius, with open growth plate, treatment of fracture of head or neck of, by closed reduction of (Anaes.)	\$264	22	\$4,208	-5%
50548	Radius, with open growth plate, treatment of fracture of head or neck of, by reduction with or without internal fixation by open or percutaneous means (Anaes.) (Assist.)	\$527	34	\$13,048	6%

Recommendation 164

- △ Items 50500 and 50508: Consolidate items under item 50508 and change the descriptor for item 50508 to reflect this.
 - Change the descriptor by adding ‘and/or ulna’ and removing the reference to ‘Colles’, Smith’s or Barton’s fracture.’
 - The proposed item descriptor is as follows:
 - Item 50508: Radius and/or ulna, distal end, with open growth plates, treatment of fracture, by closed reduction. (Anaes.)
- △ Item 50504 and 50512: Consolidate item 50504 under item 50512 and change the descriptor for item 50512 to reflect this.
 - Change the descriptor by adding ‘and/or ulna’ and ‘with the use of internal fixation’ and removing the reference to ‘Colles’, Smith’s or Barton’s fracture.’
 - The proposed item descriptor is as follows:
 - Item 50512: Radius and/or ulna, distal end, with open growth plates, treatment of fracture, by closed or open reduction with the use of internal fixation. (Anaes.) (Assist.)
- △ Items 50516 and 50532: Consolidate item 50516 under item 50532 and change the descriptor for item 50532 to reflect this.
 - Change the descriptor by replacing ‘radius and ulna’ with ‘radius and/or ulna.’
 - The proposed item descriptor is as follows:
 - Item 50532: Radius and /or ulna, shafts of, with open growth plates, treatment of fracture, by closed reduction undertaken in the operating theatre of a hospital. (Anaes.)
- △ Items 50520 and 50536: Consolidate item 50520 under item 50536 and change the descriptor for item 50536 to reflect this.
 - Change the descriptor by replacing ‘radius and ulna’ with ‘radius and/or ulna’ and adding ‘closed reduction.’
 - Add ‘internal fixation’ as a mandatory component of the procedure.
 - The proposed item descriptor is as follows:
 - Item 50536: Radius and/or ulna shafts of, with open growth plates, treatment of fracture, by closed or open reduction, with internal fixation. (Anaes.) (Assist.)
- △ Items 50524, 50528, 50540, 50544 and 50548: No change.

Rationale

This recommendation focuses on modernising the MBS. It is based on the following.

- △ Items 50500 and 50508, 50504 and 505012, 50516 and 50532, and 50520 and 50536:
 - Items 50500, 50504, 50516 and 50520 are no longer required once minor descriptor changes have been made to items 50508, 50512, 50532 and 50536. Consolidating these pairs of items will make the MBS more user-friendly. It will also reduce the duplication of items for treatment of similar fractures, where differentiation between fractures is unnecessary.

- △ Items 50508 and 50512:
 - These descriptors have been changed because Colles', Smith's and Barton's fractures are all adult fracture terms and are not appropriate terms for paediatric procedures.
- △ Item 50532:
 - Changes to this descriptor allow it to cover services previously reimbursed under item 50516.
- △ Item 50536:
 - This descriptor has been updated to reflect the modern practice of closed reduction and percutaneous insertion of internal fixation. This surgical technique involves greater surgical time, skill, resources and clinical follow-up than closed reduction alone and should be incorporated into existing items for open reduction of fractures.
- △ Items 50524, 50528, 50540, 50544 and 50548:
 - The Committee did not identify any concerns regarding safety, access, value or modern best practice that required changes to these items.

10.8.2 Humerus

Table 157: Item introduction table for items 50552, 50556, 50560, 50564, 50568 and 50572

Item	Descriptor	Schedule fee	Services FY2014/15	Total benefits	Services average annual growth
50552	Humerus, proximal, with open growth plate, treatment of fracture of, by closed reduction, undertaken in the operating theatre, neonatal unit or nursery of a hospital (Anaes.)	\$455	11	\$3,748	-3%
50556	Humerus, proximal, with open growth plate, treatment of fracture of, by open reduction (Anaes.) (Assist.)	\$606	19	\$8,404	-3%
50560	Humerus, shaft of, with open growth plate, treatment of fracture of, by closed reduction, undertaken in the operating theatre, neonatal unit or nursery of a hospital (Anaes.)	\$474	5	\$1,512	0%
50564	Humerus, shaft of, with open growth plate, treatment of fracture of, by internal or external fixation (Anaes.) (Assist.)	\$633	7	\$3,322	7%
50568	Humerus, with open growth plate, supracondylar or condylar, treatment of fracture of, by closed reduction, undertaken in the operating theatre of a hospital (Anaes.)	\$554	76	\$29,753	-7%
50572	Humerus, with open growth plate, supracondylar or condylar, treatment of fracture of, by reduction with or without internal fixation by open or percutaneous means, undertaken in the operating theatre of a hospital (Anaes.) (Assist.)	\$738	635	\$350,007	11%

Recommendation 165

- △ Items 50552, 50560, 50568 and 50572: No change.
- △ Item 50556: Change the descriptor.
 - Update the descriptor by changing 'by open reduction' to 'by open or closed reduction' and adding 'with internal fixation.'

- The proposed item descriptor is as follows:
 - Humerus, proximal, with open growth plate, treatment of fracture, by closed or open reduction with internal fixation. (Anaes.) (Assist.)

△ Item 50564: Change the descriptor.

- Add the words ‘by closed or open reduction.’
- The proposed item descriptor is as follows:
 - Humerus, shaft of, with open growth plate, treatment of fracture, by closed or open reduction with internal or external fixation. (Anaes.) (Assist.)

Rationale

△ Items 50552, 50560, 50568 and 50572:

- The Committee did not identify any concerns regarding safety, access, value or modern best practice that required changes to these items.

△ Items 50556 and 50564:

- These descriptors have been updated to include the modern practice of closed reduction and percutaneous insertion of internal fixation. This surgical technique involves greater surgical time, skill, resources and clinical follow-up than closed reduction alone and should be incorporated into existing item numbers for open reduction of fractures.

10.8.3 Femur, tibia and fibula

Table 158: Item introduction table for items 50576, 50580, 50584 and 50588

Item	Descriptor	Schedule fee	Services FY2014/15	Total benefits	Services average annual growth
50576	Femur, with open growth plate, treatment of fracture of, by closed reduction or traction. (Anaes.) (Assist.)	\$606	64	\$28,867	6%
50580	Tibia, with open growth plate, plateau or condyles, medial or lateral, treatment of fracture of, by reduction with or without internal fixation by open or percutaneous means. (Anaes.) (Assist.)	\$633	60	\$26,695	3%
50584	Tibia, distal, with open growth plate, treatment of fracture of, by reduction with or without internal fixation by open or percutaneous means. (Anaes.) (Assist.)	\$606	238	\$106,804	8%
50588	Tibia and fibula, with open growth plates, treatment of fracture of, by internal fixation. (Anaes.) (Assist.)	\$791	69	\$40,324	1%

Recommendation 166

△ Create a **new item** for treating a fracture of the shaft of the femur with open growth plates.

- The proposed item descriptor is as follows:
 - Item 505XX: Femur, shaft of, with open growth plate, treatment of fracture, by closed or open reduction with internal or external fixation. (Anaes.) (Assist.)

△ Item 50576: Change the descriptor.

- Clarify that the procedure includes the application of a hip spica, if performed.
- The proposed item descriptor is as follows:

- Femur, with open growth plate, treatment of fracture of, by closed reduction or traction, with or without application of hip spica. (Anaes.) (Assist.)
- The intention of the Committee is that application of a hip spica (if performed) is considered an optional component of this procedure.
- △ Create a **new item** for treating a fracture of the shaft of the tibia with open growth plates.
 - The proposed item descriptor is as follows:
 - Item 505XY: Tibia, shaft of, with open growth plate, treatment of fracture, by closed reduction and casting. (Anaes.) (Assist.)
- △ Items 50580, 50584 and 50588: No change.

Rationale

- △ **New item** for treating a fracture of the shaft of the femur with open growth plates:
 - There is currently no item for femur fractures treated with internal fixation in children. Adding this item addresses this gap in the MBS.
 - The Committee recommended a schedule fee based on the adult item for femur fractures (item 47531) because the surgical treatment of a paediatric femoral fracture is technically similar to treatment in an adult patient.
- △ Item 50576:
 - The proposed descriptor clarifies that the application of a hip spica (if performed) is part of the procedure. Application of a hip spica has been incorporated into items where required to create complete medical services.
- △ **New item** for treating a fracture of the shaft of the tibia with open growth plates:
 - This **new item** is required because there is currently no item to cover treatment of tibial shaft fracture in a child with closed reduction and casting. At present, clinicians use adult item 47561 for this procedure, which inappropriately reimburses the procedure for children. As with item 505XX, the fee for this item should be based on the equivalent adult item (item 47561) with a 10 per cent loading.
- △ Items 50580, 50584 and 50588:
 - The Committee did not identify any concerns regarding safety, access, value or modern best practice that required changes to these items.

10.9 Treatment of fractures (general orthopaedics)

Table 159: Item introduction table for items 47540, 47708, 47711, 47714, 47717, 47720 and 47723

Item	Descriptor	Schedule fee	Services FY2014/15	Total benefits	Services average annual growth
47540	Hip spica or shoulder spica, application of, as an independent procedure (Anaes.)	\$217	22	\$2,680	-5%
47708	Plaster jacket, application of, as an independent procedure (Anaes.)	\$217	77	\$12,773	10%
47711	Halo, application of, as an independent procedure (Anaes.) (Assist.)	\$320	6	\$1,132	4%
47714	Halo, application of, in addition to spinal fusion for scoliosis, or other conditions (Anaes.)	\$240	2	\$135	15%

Item	Descriptor	Schedule fee	Services FY2014/15	Total benefits	Services average annual growth
47717	Halo-thoracic traction - application of both halo and thoracic jacket (Anaes.) (Assist.)	\$424	1	\$318	-24%
47720	Halo-femoral traction, as an independent procedure (Anaes.) (Assist.)	\$424	-	\$-	-
47723	Halo-femoral traction in conjunction with a major spine operation (Anaes.) (Assist.)	\$424	1	\$79	0%

Recommendation 167

- △ Item 47540: Consolidate into other paediatric items as part of the procedure.
- △ Items 47708, 47711, 47714, 47717, 47720 and 47723: No change.

Rationale

- △ Item 47540:
 - This item is not required as an independent procedure. In paediatric hip conditions, a spica is always applied in conjunction with other procedures. Application of a shoulder spica in paediatrics is no longer performed.
 - An item for this procedure is also not required for use in adult patients.
- △ Items 47708, 47711, 47714, 47717, 47720 and 47723:
 - Despite low service volumes, these items remain clinically relevant.
 - The Committee did not identify any concerns regarding safety, access, value or modern best practice that required changes to these items.

10.10 Spine surgery for scoliosis and kyphosis in paediatric patients

Table 160: Item introduction table for items 50600, 50604, 50608, 50612, 50616, 50620, 50624, 50628, 50632, 50636, 50640 and 50644

Item	Descriptor	Schedule fee	Services FY2014/15	Total benefits	Services average annual growth
50600	Scoliosis or kyphosis, in a growing child, manipulation of deformity and application of a localiser cast, under general anaesthesia, in a hospital (Anaes.) (Assist.)	\$435	20	\$6,534	-5%
50604	Scoliosis or kyphosis, in a child or adolescent, spinal fusion for (without instrumentation) (Anaes.) (Assist.)	\$1,845	3	\$3,460	-16%
50608	Scoliosis or kyphosis, in a child or adolescent, treatment by segmental instrumentation and fusion of the spine, not being a service to which item 48642 to 48675 applies (Anaes.) (Assist.)	\$3,427	216	\$532,411	13%
50612	Scoliosis or kyphosis, in a child or adolescent, with spinal deformity, treatment by segmental instrumentation, utilising separate anterior and posterior approaches, not being a service to which item 48642 to 48675 applies (Anaes.) (Assist.)	\$4,875	11	\$40,215	7%
50616	Scoliosis, in a child or adolescent, re-exploration for adjustment or removal of segmental instrumentation used for correction of spine deformity (Anaes.) (Assist.)	\$619	20	\$8,710	-1%

Item	Descriptor	Schedule fee	Services FY2014/15	Total benefits	Services average annual growth
50620	Scoliosis, in a child or adolescent, revision of failed scoliosis surgery, involving more than 1 of osteotomy, fusion, removal of instrumentation or instrumentation, not being a service to which item 48642 to 48675 applies (Anaes.) (Assist.)	\$3,427	8	\$19,896	3%
50624	Scoliosis, in a child or adolescent, anterior correction of, with fusion and segmental fixation (Dwyer, Zielke or similar) - not more than 4 levels (Anaes.) (Assist.)	\$3,427	10	\$25,702	5%
50628	Scoliosis, in a child or adolescent, anterior correction of, with fusion and segmental fixation (Dwyer, Zielke or similar) - more than 4 levels (Anaes.) (Assist.)	\$4,233	41	\$110,296	15%
50632	Scoliosis or kyphosis, in a child or adolescent, requiring segmental instrumentation and fusion of the spine down to and including the pelvis or sacrum, not being a service to which item 48642 to 48675 applies (Anaes.) (Assist.)	\$3,559	12	\$31,285	0%
50636	Scoliosis, in a child or adolescent, requiring anterior decompression of the spinal cord with vertebral resection and instrumentation in the presence of spinal cord involvement, not being a service to which item 48642 to 48675 applies (Anaes.) (Assist.)	\$3,954	1	\$2,966	0%
50640	Scoliosis, in a child or adolescent, congenital, resection and fusion of abnormal vertebra via an anterior or posterior approach, not being a service to which item 48642 to 48675 applies (Anaes.) (Assist.)	\$2,186	3	\$3,279	-
50644	Spine, bone graft to, for a child or adolescent, associated with surgery for correction of scoliosis or kyphosis or both (Anaes.) (Assist.)	\$2,109	285	\$237,846	14%

Recommendation 168

- △ Items 50600, 50604, 50608, 50612, 50616, 50620, 50624, 50628, 50632, 50636 and 50640: No change.

Rationale

- △ Despite low service volumes, these items remain clinically relevant.
- △ The Committee did not identify any concerns regarding safety, access, value or modern best practice that required changes to these items.

10.11 Single-event multilevel surgery for children with cerebral palsy

Table 161: Item introduction table for items 50450, 50451, 50455, 50456, 50460, 50461, 50465, 50466, 50470, 50471, 50475 and 50476

Item	Descriptor	Schedule fee	Services FY2014/15	Total benefits	Services average annual growth
50450	Unilateral single event multilevel surgery for patients less than 18 years of age with hemiplegic cerebral palsy comprising three or more of the following: Lengthening of one or more contracted muscle tendon units by tendon lengthening, muscle recession, fractional lengthening or intramuscular lengthening. Correction of muscle imbalance by tendon transfer/transfers. Correction of femoral torsion by rotational osteotomy of the femur. Correction of tibial torsion by rotational osteotomy of the tibia. Correction of joint instability by varus derotation osteotomy of the femur, subtalar arthrodesis, with synovectomy if performed, or os calcis lengthening. Conjoint surgery, principal specialist surgeon, including fluoroscopy and aftercare. (Anaes.) (Assist.)	\$1,227	5	\$4,601	-9.0%
50451	Unilateral single event multilevel surgery for patients less than 18 years of age with hemiplegic cerebral palsy comprising three or more of the following: (a) Lengthening of one or more contracted muscle tendon units by tendon lengthening, muscle recession, fractional lengthening or intramuscular lengthening. (b) Correction of muscle imbalance by tendon transfer/transfers. (c) Correction of femoral torsion by rotational osteotomy of the femur. (d) Correction of tibial torsion by rotational osteotomy of the tibia. (e) Correction of joint instability by varus derotation osteotomy of the femur, subtalar arthrodesis, with synovectomy if performed, or os calcis lengthening. Conjoint surgery, conjoint specialist surgeon, including fluoroscopy and excluding aftercare. (Anaes.) (Assist.)	\$1,227	-	\$-	-
50455	Bilateral single event multilevel surgery for patients less than 18 years of age with diplegic cerebral palsy that comprises: Lengthening of one or more contracted muscle tendon units by tendon lengthening, muscle recession, fractional lengthening or intramuscular lengthening. Correction of muscle imbalance by tendon transfer/transfers. Conjoint surgery, principal specialist surgeon, including fluoroscopy and aftercare. (Anaes.) (Assist.)	\$1,389	2	\$2,084	-22.2%
50456	Bilateral single event multilevel surgery for patients less than 18 years of age with diplegic cerebral palsy that comprises: (a) Lengthening of one or more contracted muscle tendon units by tendon lengthening, muscle recession, fractional lengthening or intramuscular lengthening. (b) Correction of muscle imbalance by tendon transfer/transfers. Conjoint surgery, conjoint specialist surgeon, including fluoroscopy and excluding aftercare. (Anaes.) (Assist.)	\$1,389	-	\$-	-
50460	Bilateral single event multilevel surgery for patients less than 18 years of age with diplegic cerebral palsy that comprises bilateral soft tissue surgery and bilateral femoral osteotomies. Lengthening of	\$2,074	4	\$6,223	-15.0%

Item	Descriptor	Schedule fee	Services FY2014/15	Total benefits	Services average annual growth
	one or more contracted muscle tendon units by tendon lengthening, muscle recession, fractional lengthening or intramuscular lengthening. Correction of muscle imbalance by tendon transfer/transfers. Correction of torsional abnormality of the femur by rotational osteotomy and internal fixation. Conjoint surgery, principal specialist surgeon, including fluoroscopy and aftercare. (Anaes.) (Assist.)				
50461	Bilateral single event multilevel surgery for patients less than 18 years of age with diplegic cerebral palsy that comprises bilateral soft tissue surgery and bilateral femoral osteotomies. (a) Lengthening of one or more contracted muscle tendon units by tendon lengthening, muscle recession, fractional lengthening or intramuscular lengthening. (b) Correction of muscle imbalance by tendon transfer/transfers. (c) Correction of torsional abnormality of the femur by rotational osteotomy and internal fixation. Conjoint surgery, conjoint specialist surgeon, including fluoroscopy and excluding aftercare. (Anaes.) (Assist.)	\$2,074	2	\$3,112	-24.2%
50465	Bilateral single event multilevel surgery for patients less than 18 years of age with diplegic cerebral palsy that comprises bilateral soft tissue surgery, bilateral femoral osteotomies and bilateral tibial osteotomies. Lengthening of one or more contracted muscle tendon units by tendon lengthening, muscle recession, fractional lengthening or intramuscular lengthening. Correction of muscle imbalance by tendon transfer/transfers. Correction of abnormal torsion of the femur by rotational osteotomy with internal fixation. Correction of abnormal torsion of the tibia by rotational osteotomy with internal fixation. Conjoint surgery, principal specialist surgeon, including fluoroscopy and aftercare. (Anaes.) (Assist.)	\$2,922	-	\$-	-
50466	Bilateral single event multilevel surgery for patients less than 18 years of age with diplegic cerebral palsy that comprises bilateral soft tissue surgery, bilateral femoral osteotomies and bilateral tibial osteotomies. (a) Lengthening of one or more contracted muscle tendon units by tendon lengthening, muscle recession, fractional lengthening or intramuscular lengthening. (b) Correction of muscle imbalance by tendon transfer/transfers. (c) Correction of abnormal torsion of the femur by rotational osteotomy with internal fixation. (d) Correction of abnormal torsion of the tibia by rotational osteotomy with internal fixation. Conjoint surgery, conjoint specialist surgeon, including fluoroscopy and excluding aftercare. (Anaes.) (Assist.)	\$2,922	-	\$-	-
50470	Bilateral single event multilevel surgery for patients less than 18 years of age with cerebral palsy that comprises bilateral soft tissue surgery, bilateral femoral osteotomies, bilateral tibial osteotomies and bilateral foot stabilisation. Lengthening of one or more contracted muscle tendon units by tendon lengthening, muscle recession, fractional lengthening or intramuscular lengthening.	\$3,706	-	\$-	-

Item	Descriptor	Schedule fee	Services FY2014/15	Total benefits	Services average annual growth
	Correction of muscle imbalance by tendon transfer/transfers. Correction of abnormal torsion of the femur by rotational osteotomy with internal fixation. Correction of abnormal torsion of the tibia by rotational osteotomy with internal fixation. Correction of bilateral pes valgus by os calcis lengthening or subtalar fusion. Conjoint surgery, principal specialist surgeon, including fluoroscopy and aftercare. (Anaes.) (Assist.)				
50471	Bilateral single event multilevel surgery for patients less than 18 years of age with cerebral palsy that comprises bilateral soft tissue surgery, bilateral femoral osteotomies, bilateral tibial osteotomies and bilateral foot stabilisation. (a) Lengthening of one or more contracted muscle tendon units by tendon lengthening, muscle recession, fractional lengthening or intramuscular lengthening. (b) Correction of muscle imbalance by tendon transfer/transfers. (c) Correction of abnormal torsion of the femur by rotational osteotomy with internal fixation. (d) Correction of abnormal torsion of the tibia by rotational osteotomy with internal fixation. (e) Correction of bilateral pes valgus by os calcis lengthening or subtalar fusion. Conjoint surgery, conjoint specialist surgeon, including fluoroscopy and excluding aftercare. (Anaes.) (Assist.)	\$3,706	-	\$-	-
50475	Single event multilevel surgery for patients less than 18 years of age with diplegic cerebral palsy for the correction of crouch gait including: Lengthening of one or more contracted muscle tendon units by tendon lengthening, muscle recession, fractional lengthening or intramuscular lengthening. Correction of muscle imbalance by tendon transfer/transfers. Correction of flexion deformity at the knee by extension osteotomy of the distal femur including internal fixation. Correction of patella alta and quadriceps insufficiency by patella tendon shortening/reconstruction. Correction of tibial torsion by rotational osteotomy of the tibia with internal fixation. Correction of foot instability by os calcis lengthening or subtalar fusion. Conjoint surgery, principal specialist surgeon, including fluoroscopy and aftercare. (Anaes.) (Assist.)	\$4,276	1	\$3,207	-
50476	Single event multilevel surgery for patients less than 18 years of age with diplegic cerebral palsy for the correction of crouch gait including: (a) Lengthening of one or more contracted muscle tendon units by tendon lengthening, muscle recession, fractional lengthening or intramuscular lengthening. (b) Correction of muscle imbalance by tendon transfer/transfers. (c) Correction of flexion deformity at the knee by extension osteotomy of the distal femur including internal fixation. (d) Correction of patella alta and quadriceps insufficiency by patella tendon shortening/reconstruction. (e) Correction of tibial torsion by rotational osteotomy of the tibia with internal fixation. (f) Correction of foot instability by os calcis lengthening or subtalar fusion. Conjoint surgery, conjoint specialist surgeon, including fluoroscopy and excluding aftercare.	\$4,276	-	-	-

Recommendation 169

△ No change.

Rationale

- △ Despite low service volumes, these items remain clinically relevant.
- △ The Committee did not identify any concerns regarding safety, access, value or modern best practice that required changes to these items.
- △ These procedures are most commonly performed in public hospitals.

Appendix A Consumer Summary Tables

This section is a summary of the main recommendations that the Committee will make to the Taskforce regarding the 581 MBS items in its area of responsibility. These recommendations are based on clinical expertise and rapid evidence review. To inform the recommendations, the Committee has considered MBS data on the types of services used and the amount they are used; appropriate and inappropriate co-claiming behaviour by clinicians; and relevant published literature.

Of the 594 items in scope, the Committee has recommended changing approximately 300 items, deleting or consolidating 140 items, and creating 120 **new items**. Due to the large volume and highly technical nature of the recommendations, this section focuses on **the** key recommendations. Broadly, there have been three types of recommendations: change item descriptors, delete items, or add **new items**. The following table details the type of recommendation, the reason for the recommendation and the result of the recommendation. If consumers require further detail, they can refer to the corresponding section in the report.

Main recommendations for all items

Items	Type of recommendation	Reason for recommendation	Result of recommendation
Osteotomy and osteectomy items	Change item descriptors to remove the term 'osteectomy' (removing part of a bone). Where necessary, new items have been created for osteectomy for specific clinical indications.	The Committee was concerned that the term 'osteectomy' is very broad, and that the items did not specify the type or scale of the operation required. In most cases, removing part of a bone is a component of a bigger operation and is already included in the schedule fee for that main operation. There are some specific cases where an osteectomy is needed and items have been created to cover this.	The term 'osteectomy' will be removed from all orthopaedic items. New items have been created for when osteectomy is needed for a specific reason. This makes it easier for clinicians to know when to use the items.
General tendon and joint items	Create new items for specific tendon and joint surgery to reflect the deletion of general orthopaedic items (see below).	The Committee recommended deleting several general tendon and joint items (see below) because they were very broad and did not provide clear guidance on when they should be used. New items have been created for specific procedures that clearly state when they should be used.	The new items —for example, for shoulder and elbow (acromioclavicular or sternoclavicular joint dislocation) and hip (joint stabilisation and tendon repair) surgery—will ensure that the recommended changes do not change consumer access to procedures.

Main recommendations for general orthopaedic items

Items	Type of recommendation	Reason for recommendation	Result of recommendation
Bone graft items: 48200 to 48242, 47726, 47729 and 47951	Delete these items from the MBS and replace them with five new items for bone grafting.	The Committee was concerned that the existing items for bone grafting were ambiguous and sometimes unclear. For example, some items are based on where the graft is inserted while other items are based on the size or type of graft used.	The new bone graft items provide greater clarity and consistency for clinicians and consumers. The five new items take into account the type of graft and the complexity of the surgery required to harvest the graft, rather than the graft's size or site of insertion. Clinicians will now be able to claim an item that more accurately reflects the surgery being performed. The recommended changes also specify if the item can or cannot be co-claimed with other MBS items. Other recommendations have been made to reflect this specification, which means there has been no change to the method of surgery or consumer access to surgery.
Joint items: 50100, 50102, 50103, 50106, 50109, 50115, 50127	Delete these items from the MBS and, where necessary, replace them with specific items for each anatomical site that have a clear descriptor to specify appropriate surgical use.	Items 50100–50127, 47957, 47963, 47966 and 47969 cover surgeries including diagnostic arthroscopy, arthroscopic surgery, joint arthrotomy, joint arthroplasty, joint stabilisation, joint arthrodesis, tendon lengthening, tenotomy, tendon or ligament transfer and tenosynovectomy. These items are too general and do not specify when they should or should not be	Clinicians will no longer be able to use these items to claim for arthroscopy, arthroscopic surgery, joint arthrotomy, joint arthroplasty, joint stabilisation, joint arthrodesis, tendon lengthening, tenotomy, tendon or ligament transfer and tenosynovectomy. There should be no change to consumer access to these

Items	Type of recommendation	Reason for recommendation	Result of recommendation
General tendon items: 47957, 47963, 47966 and 47969		claimed. The Committee was concerned that they may be claimed in addition to items for a larger surgery when the procedure is already included in the schedule fee for the larger surgery. The Committee has recommended new items (see above) that are more specific and provide clear guidance on when they should be used.	procedures because new items have been recommended where needed to account for this change. The change will improve clarity and consistency for clinicians and consumers.
Items for unguided joint injections	Reintroduce items for unguided joint or bursa injection or aspiration into the MBS, and specify for injections that use is limited to the injection of PBS-listed solutions. The Committee has also recommended when it would and would not be appropriate to co-claim consultation items with these items.	Two items for unguided joint or bursa injection/aspiration were removed from the MBS in 2009 because the procedures were expected to be done as part of a consultation. Since then, there has been an increase in the use of more expensive guided injection items using ultrasound and CT scanning. Although some rheumatologists and GPs have continued to provide the unguided injection/aspiration as part of a consultation, many consumers have been referred to specialists for guided injection/aspiration. This can create access and cost issues for consumers and increases their exposure to radiation from scanning.	The new items for unguided joint or bursa injection or aspiration will mean that clinicians can claim an item for this procedure. This is expected to improve patient access to services delivered by GPs and reduce the need for referrals to specialists. Items for guided injection/aspiration remain unchanged.

Main recommendations for hand and wrist surgery items

Items	Type of recommendation	Reason for recommendation	Result of recommendation
All items	Restructure items to better reflect modern clinical practice. Create separate sections for elective and trauma surgery.	The Committee was concerned that the MBS structure and items did not reflect contemporary practice. They were concerned that items did not clearly state when they could be appropriately used, noting that for hand surgery it is common for numerous items to be used for one surgery.	Hand and wrist surgery items have been restructured and made clearer to reflect modern clinical practice. Two sections have been created. In the elective section, items have been revised to create 'complete medical services,' which cover all the components of an operation. It is expected that one item will be all that is needed for most surgeries. However, due to the unpredictable nature of trauma surgery, there is a lot of variation in what may be needed in a surgery. For this reason, clinicians will still be able to select multiple items in the trauma section to appropriately reflect the surgery performed. This will improve accessibility and ease of use for clinicians and consumers.

Items	Type of recommendation	Reason for recommendation	Result of recommendation
All items where relevant	Change item descriptors to clearly specify what is and what is not included.	The Committee was concerned that some item descriptors were unclear. This was leading to variations in how clinicians used the items and variation in billing for different patients who received the same service.	Clearly stating what is covered by an item and including co-claiming restrictions makes it easier for clinicians to know which items to use, and for consumers to compare between clinicians. It will improve consistency in how items are used and improve transparency.
Revision fasciectomy, joint revision, carpal tunnel revision, revision of stump amputation items	Create new items for revision and recurrence surgery.	The Committee was concerned that there were no MBS items for revision fasciectomy, joint procedure revision, carpal tunnel revision and revision of amputation stumps. These surgeries are typically more complicated than the primary surgery because of distorted anatomy and scar tissue. The Committee was concerned that a lack of appropriate items was leading to inconsistent claiming behaviour.	New MBS items for revision and recurrence surgery will provide clarity and consistency in clinical practice and reduce variation in billing. Although there are new MBS items, there will be no change in access for consumers because these surgeries were previously claimed under existing procedures.

Main recommendations for shoulder and elbow surgery items

Items	Type of recommendation	Reason for recommendation	Result of recommendation
Open and arthroscopic shoulder surgery items: 48903, 48951, 48906, 48909, 48960, 48930, 48933 and 48957	Consolidate the following items for open and arthroscopic surgery into single items: 48903 and 48951 (subacromial decompression); 48906, 48960 and 48930 (rotator cuff repair); 48930, 48933 and 48957 (joint stabilisation). The Committee has also recommended when it would and would not be appropriate to co-claim other arthroscopic surgery items.	The Committee agreed that the distinction between open and arthroscopic procedures is not appropriate, because although they are different surgical methods, they are similarly complexity and result in the same clinical outcome.	Recommendations to consolidate items for open and arthroscopic subacromial decompression, rotator cuff repair and joint stabilisation make it easier for clinicians to know which items to use, and for consumers to compare between clinicians. In addition, clearly specifying that these items cannot be claimed with other arthroscopic surgeries will reduce inappropriate co-claiming. There will be no change in access for consumers because all of the surgery claimed under existing items will now be claimed under the consolidated items instead.
Shoulder surgery items: 48903, 48951, 48906, 48909, 48960, 48930, 48933, 48957, 48954,	Change item descriptors to clearly specify what is and is not included in each surgery to prevent the inappropriate co-claiming of other MBS items.	The Committee noted high levels of co-claiming between shoulder surgery and other items and has tried to clarify when this is and is not appropriate.	This makes it easier for clinicians to understand what is included as part of these items and should not be claimed separately. Consumers will no longer be reimbursed if these procedures are claimed, reflecting the position of the Committee that this is

Items	Type of recommendation	Reason for recommendation	Result of recommendation
			inappropriate clinical practice. This may result in fewer items being claimed for a procedure.

Main recommendations for knee surgery items

Items	Type of recommendation	Reason for recommendation	Result of recommendation
Knee arthroscopy items: 495757, 49558, 49559, 49561, 49652 and 49653	Delete these items from the MBS and replace with nine new items that specify the clinical indication for and type of surgery performed. In addition, include explanatory notes on knee arthroscopy for the treatment of uncomplicated osteoarthritis.	Knee arthroscopy is a commonly performed surgery that receives a large amount of MBS benefits. The indications and contra-indications for doing a knee arthroscopy have become increasingly clear in recent years. Recent evidence suggests that knee arthroscopy should not be used for uncomplicated osteoarthritis. MBS data suggests that clinical practice is changing in line with evolving evidence, because the number of knee arthroscopies performed has declined by 8 per cent over the past five years. This is a positive change. However, there is still wide geographic variation, which could indicate that not all practice is changing to reflect the evolving evidence. This means that there is an opportunity for improvement.	The new knee arthroscopy items are based on surgical complexity and specify the clinical reason that the surgery is being performed. The structure and descriptors of the nine new knee arthroscopy items are clearer and more consistent, which helps clinicians and consumers. This change aims to reduce the number of inappropriate knee arthroscopies performed by specifying that items cannot be used for consumers with uncomplicated osteoarthritis. The increased amount of data will make it possible to audit clinicians and make sure that clinical practice aligns with current evidence. It will also help professional bodies to improve education for clinicians regarding appropriate use of knee arthroscopy.
Knee replacement items: 49518–49524	Change the item descriptors to reflect the differing complexity of knee replacement surgery based on what part of the knee is being replaced. (Currently, the items are based on whether surgery needs major or minor bone grafting.) The new descriptors also state what aspects of the surgery are covered by the items.	The existing item descriptors refer to 'major' or 'minor' bone grafting. They are ambiguous and do not accurately reflect the complexity of the surgery. The Committee was also concerned that different clinicians were co-claiming different knee replacements items. It was important to state what is included in the surgery to make it easier for clinicians to know what items to use and when.	The changed item descriptors more accurately describe the complexity of the knee replacement surgery. This will make the current items for knee replacements clearer and improve claiming of MBS items. It is hoped that this will help consumers compare services between clinicians.

Main recommendations for hip surgery items

Items	Type of recommendation	Reason for recommendation	Result of recommendation
Primary hip replacement: 49318, 49319, 49321	Change the item descriptors to clearly specify the use of major and minor bone grafting, and that these items cannot be claimed with bone graft items.	The Committee was concerned that existing item descriptors were unclear and may allow co-claiming with bone graft items (even though the items already include bone grafting as part of the procedure).	The items for primary hip replacement have been restructured to better reflect the different complexity of surgeries. This makes it easier for clinicians to understand what is included as part of these items and what should not be claimed separately. The clearer item descriptors will make it easier for consumers to compare between clinicians, and will hopefully reduce inappropriate use.
Hip replacement (revision) items: 49312 and 49324–49346	These items have been replaced with 16 new items for hip revision surgery.	The existing items for hip revision surgery did not reflect current clinical practice or describe the range of complexity associated with these surgeries. The new items reflect the complexity of the surgery, based on what parts of the hip are being replaced, the removal of bone from the femur and the degree of bone grafting required. Minor and major bone grafting have been included in the descriptors.	The new hip revision items provide are clearer and more consistent, which helps clinicians and consumers. The 16 new items represent complete medical services and specify all the components of the surgery, including bone grafting. Clinicians will now be able to claim an item that more accurately reflects the surgery being performed. This will mean that items are billed more consistently, which will reduce variation in billing between consumers. It will also make it easier for consumers to compare between clinicians. There has been no change to the method of surgery or consumer access for consumers. The descriptor better reflects clinical practice.

Main recommendations for foot and ankle surgery

Items	Type of recommendation	Reason for recommendation	Result of recommendation
All items	Restructures items into trauma and elective sections and specify that clinicians can only claim from one section in a single episode.	The Committee was concerned that the existing MBS items did not clearly differentiate between elective and trauma (emergency) procedures. This meant that clinicians could bill for services using items designed for elective and trauma cases, which is inappropriate. In addition, the items did not accurately account for the differences between elective and trauma surgery.	Foot and ankle surgery items have been restructured and made clearer to reflect modern clinical practice. This will improve accessibility and ease of use for clinicians and consumers.

Items	Type of recommendation	Reason for recommendation	Result of recommendation
All items where relevant	Change item descriptors to clearly specify what is and is not included in each surgery to prevent the inappropriate co-claiming of other MBS items.	The Committee was concerned that existing item descriptors were unclear. This meant that clinicians were claiming multiple items for a single procedure, which meant that clinicians' billing practices were not consistent.	Clearly specifying what is covered by an item and including co-claiming restrictions makes it easier for clinicians to know which items to use, and for consumers to compare between clinicians. This will lead to a decrease in inappropriate co-claiming and unnecessary costs for consumers.

Main recommendations for paediatric surgery

Items	Type of recommendation	Reason for recommendation	Result of recommendation
Limb-lengthening items: 50300 and 50303	Change the item descriptors to remove restrictions on claiming these items more than one in a 12-month period.	The Committee agreed that the method of achieving the slow correction of joint deformity using a stabilising frame is a very complex and technically demanding process. This procedure is only performed by a small number of clinicians, and although not performed often, it has high clinical value. Children who access this care often have congenital syndromes affecting multiple limbs. Most attendances last a long time, and it is unreasonable that there is no MBS item for a long and difficult consultation.	Consumers will now have greater access to this surgery because clinicians will have an item to claim for it that accurately reflects this clinically appropriate service.
Epiphysiodesis items: 48500, 49503, 48506, 48509, 48512	Change the item descriptors to specify that these items cannot be claimed in patients over 18 years of age (adult patients).	These items are for surgery on bone growth plates and aim to stop the growth of a long bone. The Committee agreed that when consumers reach skeletal maturity, they do not have growth plates. Allowing for variation between individuals, the vast majority of consumers will have reached skeletal maturity by 18 years of age. Data from the Department of Health shows that items were claimed for consumers aged 20 years and over between 2009–10 and 2014–15. These surgeries were inappropriate because this surgery should only be performed in a patient less than 18 years of age.	These items will now be restricted to patients under 18 years of age in order to address inappropriate claiming in adults. Specifying that the aim of the surgery is to release or reverse growth plate closure more accurately reflects best practice.

Appendix B

General orthopaedic items

Bone grafts

Item	Descriptor	Schedule fee
101	Autograft, bone graft, harvesting and insertion of, via separate incision and at separate surgical field.	TBD
102	Autograft, bone graft, harvesting and insertion of, via separate incisions, requiring internal fixation of the graft.	TBD
103	Autograft, osteochondral graft, harvesting and insertion of, via separate incisions, same joint or joint complex.	TBD
104	Autograft, vascularised bone graft, harvesting and insertion via separate incision, including, if performed, internal fixation of the bone graft.	TBD
105	Allograft, metallic or other graft substitute, where substitute is structural cortico-cancellous and/or structural bone, including trabecular metal, preparation and insertion of, including internal fixation, if performed.	TBD

General orthopaedic items

Item	Descriptor	Schedule fee
47900	Bone cyst, injection into or aspiration of. (Anaes.)	\$170
47921	Orthopaedic pin or wire, insertion of, as an independent procedure. (Anaes.)	\$113
47924	Buried wire, pin or screw, 1 or more of, which were inserted for internal fixation purposes, removal of requiring incision, not being a service to which item 47927 or 47930 applies – per incision. (Anaes.)	\$38
47927	Buried wire, pin or screw, 1 or more of, which were inserted for internal fixation purposes, removal of, in the operating theatre of a hospital - per incision. (Anaes.)	\$141
479AA	Plate, rod or nail and associated wires, pins, screws, or external fixation, 1 or more of, all of which were inserted for fixation purposes, removal of, not being a service associated with a service to which item 47924 or 47927 applies, in the operating theatre of a hospital - per incision. (Anaes.) (Assist.)	\$264

Tendon items

Item	Descriptor	Schedule fee
47954	Tendon, repair of traumatic tear or rupture, not to be associated with item 39330 or other peripheral nerve items. (Anaes.) (Assist.)	\$377
47960	Tenotomy, subcutaneous, not being a service to which another item in this Group applies. (Anaes.)	\$132

Decompression fasciotomy items

Item	Descriptor	Schedule fee
47975	Forearm or calf, decompression fasciotomy of, for acute compartment syndrome, requiring excision of muscle and deep tissue. (Anaes.) (Assist.)	\$369
47978	Forearm or calf, decompression fasciotomy of, for chronic compartment syndrome, requiring excision of muscle and deep tissue. (Anaes.)	\$224
47981	Forearm, calf or interosseous muscle space of hand, decompression fasciotomy of, not being a service to which another item applies. (Anaes.)	\$151

Joint items

Item	Descriptor	Schedule Fee
50112	Cicatricial flexion or extension contraction of joint, correction of, involving tissues deeper than skin and subcutaneous tissue, not being a service to which another item in this Group applies. (Anaes.) (Assist.)	\$361
50115	Joint or joints, excluding spine, manipulation of, performed in the operating theatre of a hospital, not being a service associated with a service to which another item in this Group applies. (Anaes.)	\$143
50130	Joint or joints, application of external fixator to, other than for treatment of fractures. (Anaes.) (Assist.)	\$312

Joint or bursa injection items

Item	Descriptor	Schedule Fee
50124	Joint or other synovial cavity, aspiration of, injection of PBS-listed products into, or both of these procedures.	TBD
50125	Joint or other synovial cavity, aspiration of, injection of PBS-listed products into, or both of these procedures, where it can be demonstrated that a 26 th or subsequent treatment is indicated.	TBD

Fractures items

Item	Descriptor	Schedule fee
47474	Pelvic ring, treatment of fracture of, not involving disruption of pelvic ring or acetabulum.	\$188
47477	Pelvic ring, treatment of fracture of, with disruption of pelvic ring or acetabulum.	\$236
47480	Pelvic ring, treatment of fracture of, requiring traction. (Anaes.) (Assist.)	\$471

Item	Descriptor	Schedule fee
47483	Pelvic ring, treatment of fracture of, requiring control by external fixation. (Anaes.) (Assist.)	\$565
47486	Anterior pelvic ring and/or sacroiliac joint disruption, treatment of fracture by open reduction with internal fixation. (Anaes.) (Assist.)	\$941
47489	Posterior pelvic ring and/or sacroiliac joint disruption, treatment of fracture by open reduction with internal fixation of the posterior ring and/or sacroiliac joint disruption. (Anaes.) (Assist.)	\$1,412
474XX	Combined anterior and posterior pelvic ring disruption, including sacroiliac joint disruption, treatment of fracture by open reduction and internal fixation of both anterior and posterior ring segments. (Anaes.) (Assist.)	TBD
47495	Acetabulum, treatment of fracture of, and associated dislocation of hip, requiring traction. (Anaes.) (Assist.)	\$471
47498	Acetabulum, treatment of isolated posterior wall fracture of, and associated dislocation of the hip, requiring open reduction internal fixation, inclusive of, if performed, the use of traction. (Anaes.) (Assist.)	\$706
474XY	Acetabulum, treatment of posterior wall fracture of, and associated femoral head fracture, requiring open reduction and internal fixation of both acetabulum and femoral head. (Anaes.) (Assist.)	TBD
47501	Acetabulum, treatment of anterior or posterior column fracture, by open reduction and internal fixation, inclusive of, if performed, any osteotomy or capsulotomy and capsular stabilisation required for exposure and subsequent repair. (Anaes.) (Assist.)	\$941
475XX	Acetabulum, treatment of combined column fractures, T-type fractures, transverse fractures, anterior column and posterior hemitransverse fractures of, by open reduction and internal fixation, performed through a single or dual approach including fixation of the posterior wall fracture, inclusive of, if performed, any osteotomy or capsulotomy and capsular stabilisation required for exposure and subsequent repair. (Anaes.) (Assist.)	TBD
475XY	Pelvis, treatment of isolated iliac wing fracture, anterior superior iliac wing fracture, anterior inferior iliac spine fracture, or tuberosity fracture of, by open reduction and internal fixation, inclusive of, if performed if performed, osteotomy and tendon repair. (Anaes.) (Assist.)	TBD

Osteomyelitis items

Item	Descriptor	Schedule fee
435XX	Open or arthroscopic operation for septic arthritis or osteomyelitis of sternum, clavicle, rib, metacarpus, carpus, phalanx, metatarsus, tarsus, mandible or maxilla (other than alveolar margins) for osteomyelitis, per approach including the adjoining joint. (Anaes.) (Assist.)	TBD
435XY	Open or arthroscopic operation for septic arthritis or osteomyelitis of scapula, ulna, radius, tibia, fibula, humerus or femur, per approach. (Anaes.) (Assist.)	TBD
435XZ	Open or arthroscopic operation for septic arthritis or osteomyelitis of spine or pelvic bones, per approach. (Anaes.) (Assist.)	TBD

Bursa items

Item	Descriptor	Schedule fee
30107	Ganglion, excision of, not being a service associated with a service to which another item in this Group applies. (Anaes.)	\$220

Bone and soft tissue tumour items

Cysts items

Item	Descriptor	Schedule fee
47900	Unicameral bone cyst, injection into or aspiration of. (Anaes.)	\$170

Diagnostic Biopsies items

Item	Descriptor	Schedule fee
50200	Aggressive or potentially malignant bone or soft tissue tumour, core needle biopsy of (not including aftercare), payable only twice per provider for a single patient in any 12-month period. (Anaes.)	\$188
50201	Aggressive or potentially malignant bone or soft tissue tumour, incisional biopsy of (not including aftercare), payable only twice per provider for a single patient in any 12-month period. (Anaes.) (Assist.)	\$330

Neoplastic mass lesions — intralesional or marginal excision items

Item	Descriptor	Schedule fee
50203	Bone or soft tissue tumour, intralesional or marginal excision of. (Anaes.) (Assist.)	\$414
50206	Bone tumour, intralesional or marginal excision of, combined with any 1 of autograft, allograft, or cementation. (Anaes.) (Assist.)	\$612
50209	Bone tumour, intralesional or marginal excision of, combined any 2 of autograft, allograft, or cementation. (Anaes.) (Assist.)	\$753

Neoplastic mass lesions — wide excision items

Item	Descriptor	Schedule fee
50212	Malignant or aggressive bone and / or soft tissue tumour affecting a limb, trunk or scapula, wide excision of. (Anaes.) (Assist.)	\$1,648
50215	Malignant or aggressive bone and / or soft tissue tumour, wide excision of, with intercalary reconstruction of bone by any technique (prosthesis, allograft or autograft). (Anaes.) (Assist.)	\$2,071
50218	Malignant or aggressive bone and / or soft tissue tumour, wide excision of with reconstruction and / or replacement or arthrodesis of adjacent joint by any technique. (Anaes.) (Assist.)	\$2,730
50221	Malignant or aggressive bone and / or soft tissue tumour of pelvis, sacrum, or spine, wide excision of, without reconstruction. (Anaes.) (Assist.)	\$2,542
50224	Malignant or aggressive bone and / or soft tissue tumour of pelvis, sacrum or spine, wide excision of, with reconstruction of bone defect and / or joint(s) by any technique. (Anaes.) (Assist.)	\$2,824

Neoplastic mass lesions — amputation items

Item	Descriptor	Schedule fee
50233	Malignant or aggressive bone and / or soft tissue tumour, treatment by hindquarter or forequarter amputation. (Anaes.) (Assist.)	\$2,165
50236	Malignant or aggressive bone and / or soft tissue tumour, treatment by hip disarticulation, shoulder disarticulation or amputation through the proximal one third of the femur. (Anaes.) (Assist.)	\$1,695
50239	Malignant or aggressive bone and / or soft tissue tumour, treatment by amputation not covered by items 50233 and 50236. (Anaes.) (Assist.)	\$1,130

Revision items associated with neoplastic mass lesions — wide excision items

Item	Descriptor	Schedule fee
502XX	Endoprosthesis replacement, previously undertaken for procedures covered by items 50218 or 50224, revision of, involving rebushing, or patella resurfacing or polyethylene exchange or similar, not requiring removal of prosthesis from bone. (Anaes.) (Assist)	TBD
502XY	Reconstructive procedure, any type, previously undertaken for procedures covered under items 50215, 50218, 50224, revision of, by any technique or combination thereof. (Anaes.) (Assist.)	TBD

Knee items

Knee surgery items

Item	Descriptor	Schedule fee
49500	Knee, arthrotomy of, involving 1 or more of; capsular release, biopsy or lavage, or removal of loose body or foreign body. (Anaes.) (Assist.)	\$377
49503	Knee, arthrotomy of; requiring: meniscal surgery, repair of collateral or cruciate ligament, patellectomy, single transfer of ligament or tendon, or repair or replacement of chondral or osteochondral surface (excluding prosthetic replacement and not being a service to which another item in this Group applies) – any 1 procedure. (Anaes.) (Assist.)	\$490
49506	Knee arthrotomy of; requiring: meniscal surgery, repair of collateral or cruciate ligament, patellectomy, single transfer of ligament or tendon, and/or repair or replacement of chondral or osteochondral surface (excluding prosthetic replacement and not being a service to which another item in this Group applies) – any 2 or more procedures. (Anaes.) (Assist.)	\$734
49509	Knee, total open synovectomy. Not to be used in conjunction with arthroplasty except in the presence of traumatic inflammatory, post-traumatic or post-infective arthropathy. (Anaes.) (Assist.)	\$753
49517	Knee, unicompartmental arthroplasty of femur and proximal tibia. (Anaes.) (Assist.)	\$1,206
495XX	Knee, bilateral unicompartmental arthroplasty of femur and proximal tibia. (Anaes.) (Assist.)	TBD

Knee replacement items

Item	Descriptor	Schedule fee
49518	Knee, total replacement arthroplasty of, inclusive of, if performed, revision of patello-femoral joint replacement to total knee replacement, and patellar resurfacing. Not to be claimed in conjunction with any bone graft items. (Anaes.) (Assist.)	\$1,318
49519	Knee, total replacement arthroplasty of, inclusive of patellar resurfacing, if performed – bilateral. Not to be claimed in conjunction with any bone graft items. (Anaes.) (Assist.)	\$2,315
49521	Knee, complex primary arthroplasty of, requiring revision components to femur or tibia. Inclusive of ligament reconstruction and patellar resurfacing, if performed. Not to be claimed in conjunction with any bone graft items. (Anaes.) (Assist.)	\$1,601
49524	Knee, complex primary arthroplasty of, requiring revision components to femur and tibia. Inclusive of ligament reconstruction and patellar resurfacing if performed. Not to be claimed in conjunction with any bone graft items (Anaes.) (Assist.)	\$1,883

Knee replacement (revision) items

Item	Descriptor	Schedule fee
49515	Knee, removal of prosthesis, cemented or uncemented, including associated cement, as the first stage of a 2 stage procedure, including, if required, insertion of spacer. (Anaes.) (Assist.)	\$847
49527	Knee, minor revision of total or partial replacement, exchange of polyethylene component (including uni), and/or insertion of patellar component. Not to be claimed with bone graft or other knee items within this Group. (Anaes.) (Assist.)	TBD
49530	Knee, revision of total or partial replacement, specifically exchange of either femoral or tibial component. Excluding revision of unicompartmental with unicompartmental implants. Inclusive of patellar resurfacing if performed. Not to be claimed in conjunction with bone graft or other knee items within this Group. (Anaes.) (Assist.)	\$1,977
49533	Knee, revision of total or partial replacement, specifically exchange of femoral and tibial components. Excluding revision of unicompartmental with unicompartmental implants. Inclusive of patellar resurfacing if performed. Not to be claimed in conjunction with other bone graft or knee items within this Group. (Anaes.) (Assist.)	TBD
49534	Knee, patello-femoral joint, replacement of patella and trochlea, as a primary procedure. (Anaes.) (Assist.)	\$450
49554	Knee, revision of total replacement of, by anatomic specific allograft of tibia or femur. Not to be claimed in conjunction with any bone graft items. (Anaes.) (Assist.)	\$1,883
495XZ	Knee, revision of unicompartmental arthroplasty, femoral and/or tibial components with unicompartmental implants- femoral and/or tibial implants. Not to be claimed with bone graft or other knee items within this group. (Anaes.) (Assist.)	TBD

Knee repair or reconstruction items

Item	Descriptor	Schedule fee
49536	Open and/or arthroscopic repair of either cruciate or collateral ligaments, or reconstruction of collateral ligament or ligaments, including, where performed, any associated intra-articular knee surgery, not being a service associated with any other arthroscopic procedure of the knee. (Anaes.) (Assist.)	TBD
49542	Open and/or arthroscopic reconstruction of either anterior cruciate ligament or posterior cruciate ligament, including, where performed, graft harvest and donor site repair, meniscal repair, collateral ligament repair, extra-articular tenodesis, and any other associated intraarticular surgery, not being a service associated with any other arthroscopic procedure of the knee. (Anaes.) (Assist.)	TBD
495XY	Open and/or arthroscopic reconstruction of two or more cruciate or collateral ligaments of the knee, including, where performed, any ligament repair, graft harvest donor site repair, meniscal repair and any other associated intraarticular surgery, not being a service associated with any other arthroscopic procedure of the knee. (Anaes.) (Assist.)	TBD

Knee arthrodesis items

Item	Descriptor	Schedule fee
49512	Knee, primary or revision arthrodesis of, inclusive of method of arthrodesis. (Anaes.) (Assist.)	\$1,083

Knee revision procedures of patello-femoral stabilisation or tibiofemoral soft tissue reconstruction items

Item	Descriptor	Schedule fee
49548	Knee, revision of patello-femoral stabilisation. (Anaes.) (Assist.)	\$941
49551	Knee, revision of procedures to which item 49536, 49539 or 49542 applies. (Anaes.) (Assist.)	\$1,318

Knee arthroscopy items

Item	Descriptor	Schedule fee
495AA	Diagnostic knee arthroscopy where diagnosis is uncertain. Inclusive of, if performed, biopsy and lavage. Refer to AOA guidelines for appropriate use. (Anaes.) (Assist.)	TBD: Tier 1
495AB	495AB: Knee, arthroscopic partial meniscectomy for atraumatic meniscus tear. Not to be used in cases of uncomplicated osteoarthritis. Refer to AOA guidelines for appropriate use. (Anaes.) (Assist.)	TBD: Tier 2
495AC	Knee, arthroscopic removal of loose body or bodies. Refer to AOA guidelines for appropriate use. (Anaes.) (Assist.)	TBD: Tier 2
495AD	Knee, arthroscopic reparative surgery for chondral lesion. Inclusive of, if performed, microfracture and/or microdrilling. Not to be combined with chondral graft or osteochondral grafts. Refer to AOA guidelines for appropriate use. (Anaes.) (Assist.)	TBD: Tier 2
495AE	Knee, arthroscopic release soft tissue, lateral release or osteoplasty. Not to be combined with patello-femoral joint stabilisation. Refer to AOA guidelines for appropriate use. (Anaes.) (Assist.)	TBD: Tier 2
495AF	Knee, arthroscopic partial meniscectomy for traumatic meniscus tear. Refer to AOA guidelines for appropriate use. (Anaes.) (Assist.)	TBD: Tier 2
495AG	Knee, arthroscopic meniscal repair. Refer to AOA guidelines for appropriate use. (Anaes.) (Assist.)	TBD: Tier 3
495AH	Knee, arthroscopic chondral graft, osteochondral graft or meniscal graft. Refer to AOA guidelines for appropriate use. (Anaes.) (Assist.)	TBD: Tier 3
495AI	Knee, arthroscopic synovectomy for inflammatory arthropathy, neoplasia, infective post-traumatic arthropathy, post-surgical arthropathy. Not to be used in cases of uncomplicated osteoarthritis. Refer to AOA guidelines for appropriate use. (Anaes.) (Assist.)	TBD: Tier 3
49564	Knee, patello-femoral stabilisation of, combined arthroscopic and open procedure, including soft tissue reconstruction and tendon transfer; or tibial tuberosity transfer with bone graft and internal fixation. Not being a service associated with any other arthroscopic procedure of the knee. (Anaes.) (Assist.)	\$919
495AJ	Knee, patello-femoral reconstruction of, combined arthroscopic and open procedure, requiring both soft tissue reconstruction and tibial tuberosity transfer, including, if performed, bone graft, internal fixation or trochleoplasty.	TBD

Item	Descriptor	Schedule fee
	Not being a service associated with any other arthroscopic procedure of the knee. (Anaes.) (Assist.)	
49569	Knee, mobilisation for post-traumatic stiffness, by multiple muscle or tendon release. (quadricepsplasty) (Anaes.) (Assist.)	\$753

Fracture items

Item	Descriptor	Schedule fee
47534	Femur, condylar region of, treatment of intra-articular (T-shaped condylar) fracture of, requiring internal fixation, with or without internal fixation of 1 or more osteochondral fragments. (Anaes.) (Assist.)	\$1,083
47537	Femur, condylar region of, treatment of fracture of, requiring internal fixation of 1 or more osteochondral fragments, not being a service associated with a service to which item 47534 applies. (Anaes.) (Assist.)	\$433
47543	Tibia, plateau of, treatment of medial or lateral fracture of, not being a service to which item 47546 or 47549 applies. (Anaes.)	\$226
47546	Tibia, plateau of, treatment of medial or lateral fracture of, by closed reduction. (Anaes.)	\$339
47549	Tibia, plateau of, treatment of medial or lateral fracture of, by open reduction and internal fixation, including where performed, arthrotomy and meniscal repair. (Anaes.) (Assist.)	TBD
475ZA	Tibia, plateau of, treatment of medial and/or lateral tibial plateau fractures, with the application of a bridging external fixator. (Anaes.) (Assist.)	TBD
47552	Tibia, plateau of, treatment of both medial and lateral fractures of, not being a service to which item 47555 or 47558 applies. (Anaes.) (Assist.)	\$377
47555	Tibia, plateau of, treatment of both medial and lateral fractures of, by closed reduction. (Anaes.)	\$565
47558	Tibia, plateau of, treatment of medial and lateral fracture of, by open reduction and internal fixation, including, where performed, arthrotomy and meniscal repair. (Anaes.) (Assist.)	TBD
475ZB	Tibia, proximal, distal or shaft of, treatment by closed reduction with or without treatment of fibula fracture. (Anaes.) (Assist.)	TBD
47565	Tibia, shaft of, treatment of fracture of, by internal fixation or external fixation. (Anaes.) (Assist.)	\$712
47566	Tibia, shaft of, treatment of fracture of, by intramedullary fixation and cross fixation. (Anaes.) (Assist.)	\$908
47570	Tibia, shaft of, treatment of fracture of, by open reduction, with or without treatment of fibular fracture. (Anaes.) (Assist.)	\$546
47573	Tibia, shaft of, treatment of proximal or distal intra-articular fracture by open reduction, with or without treatment of fibula fracture. Inclusive of, if performed: arthrotomy or arthroscopy at fracture site, washout of joint, removal of loose fragments or intervening soft tissue, and capsule repair, not to be used for medial malleolus fracture to distal tibia. (Anaes.) (Assist.)	\$683
47579	Patella, treatment of fracture of, not being a service to which item 47582 or 47585 applies. (Anaes.)	\$160
47585	Patella, treatment of fracture of, by internal fixation and including bone grafting, if performed. Cannot be co-claimed with items 47582 and 47579. (Anaes.) (Assist.)	TBD
47582	Patella fracture, proximal or distal, treatment by open reduction and internal fixation, inclusive of, if performed, arthrotomy, removal of loose fragments,	\$330

Item	Descriptor	Schedule fee
	repair of the quadriceps tendon or patella tendon, excision of patella pole with reattachment of the tendon and stabilisation of the patellofemoral joint. (Anaes.) (Assist.)	
47588	Knee joint, treatment of fracture of, by internal fixation of intra-articular fractures of femoral condylar or tibial articular surfaces and requiring repair or reconstruction of 1 or more ligaments. (Anaes.) (Assist.)	\$1,318
47591	Knee joint, treatment of fracture of, by internal fixation of intra-articular fractures of femoral and tibial articular surfaces and requiring repair or reconstruction of 1 or more ligaments. (Anaes.) (Assist.)	\$1,601
475XZ	Knee, acute traumatic chondral injury to distal femoral or proximal tibial articular surfaces, by repair, and/or reconstruction, utilising chondral or osteochondral implants/transfers. (Anaes.) (Assist.)	TBD
475AA	Knee, acute traumatic chondral injury to distal femoral and proximal tibial articular surfaces, by repair and/or reconstruction, utilising chondral or osteochondral implants or transfers. (Anaes.) (Assist.)	TBD

Dislocation items

Item	Descriptor	Schedule Fee
47054	Knee, treatment of dislocation of, by closed reduction, inclusive of, if performed, application of external fixator. (Anaes.) (Assist.)	\$325
47057	Patella, treatment of dislocation of, by closed reduction. (Anaes.)	\$127
47060	Patella, treatment of dislocation of, by open reduction. (Anaes.) (Assist.)	\$170

Osteotomy items

Item	Descriptor	Schedule fee
48421	Proximal tibial osteotomy to alter lower limb alignment and/or rotation. Includes internal and external fixation. (Anaes.) (Assist.)	TBD
484KA	Distal femoral osteotomy to alter lower limb alignment and/or rotation. Includes internal and external fixation. (Anaes.) (Assist.)	TBD

Amputation items

Item	Descriptor	Schedule fee
44367	Amputation through thigh, at knee or below knee. (Anaes.) (Assist.)	\$522
44376	Amputation stump, reamputation of, to provide adequate skin and muscle cover. (Assist.)	75% of the original amputation fee

Cysts around the knee items

Item	Descriptor	Schedule fee
44XXX	Open excision of large cyst or bursa around the knee – pre-patellar, infrapatellar, popliteal as an isolated procedure. (Anaes.) (Assist.)	TBD

Item	Descriptor	Schedule fee
44XXY	Excision of ganglion or small cyst around the knee (such as meniscal cysts and cruciate ganglions), open or arthroscopic. Not to be claimed with any other service in this Group. (Anaes.) (Assist.)	TBD

Hand and wrist elective items

Items marked with an asterisk are able to be claimed in both elective and trauma contexts. These items have been duplicated in both sections.

Amputation items

Item	Descriptor	Schedule fee
44325*	Amputation of hand, transcarpal, elective or trauma. (Anaes.) (Assist.)	\$296
44328	Amputation of hand, proximal to wrist, through forearm. (Anaes.) (Assist.)	\$356
46464	Amputation of a supernumerary complete digit. (Anaes.) (Assist.)	\$226
46465*	Amputation digit, distal to metacarpal head. Inclusive of, if performed: resection of bone, neuroma and skin cover with local flaps, 1 ray, elective or trauma. (Anaes.) (Assist.)	\$226
46468*	Amputation digit, distal to metacarpal head. Inclusive of, if performed: resection of bone, neuroma and skin cover with local flaps, 2 rays, elective or trauma. (Anaes.) (Assist.)	\$395
46471*	Amputation digit, distal to metacarpal head. Inclusive of, if performed: resection of bone, neuroma and skin cover with local flaps, 3 rays, elective or trauma. (Anaes.) (Assist.)	\$564
46474*	Amputation digit, distal to metacarpal head. Inclusive of, if performed: resection of bone, neuroma and skin cover with local flaps, 4 rays, elective or trauma. (Anaes.) (Assist.)	\$733
46477*	Amputation digit, distal to metacarpal head. Inclusive of, if performed: resection of bone, neuroma and skin cover with local flaps, 5 rays, elective or trauma. (Anaes.) (Assist.)	\$903
46480*	Amputation, ray of hand. Inclusive of, if performed: resection of bone, neuromas and skin cover or recontouring with local flaps, per ray, elective or trauma. (Anaes.) (Assist.)	\$376
46483*	Amputation, revision of stump to provide adequate cover, inclusive of, if performed: bone shortening, excision of neuroma, and nail bed remnants, elective or trauma. (Anaes.) (Assist.)	\$301
50396	Amputation of congenital abnormalities or duplication of digits (hand or foot), inclusive of, if performed: splitting of phalanges, ligament or joint reconstruction. (Anaes.) (Assist.)	\$465
50399	Forearm, radial aplasia or dysplasia (radial club hand), centralisation or radialisation of. (Anaes.) (Assist.)	\$922

*Items are able to be claimed in both an elective and trauma context.

Bone procedure items

Item	Descriptor	Schedule fee
46399	Osteotomy of, phalanx or metacarpal of the hand, with internal fixation, per bone. (Anaes.) (Assist.)	\$518
464XX	Phalanx or metacarpal, operative treatment of non-union, requiring internal fixation. (Anaes.) (Assist.)	TBD
464XY	Resection of metacarpal boss. Inclusive of, if performed: excision of associated ganglion and synovectomy if required. (Anaes.) (Assist.)	TBD

Dupuytren Disease items

Item	Descriptor	Schedule fee
463XX	Dupuytren contracture, percutaneous fasciotomy by needle or chemical method, inclusive of, if performed: immediate or delayed manipulation, local or regional nerve block, per ray. (Anaes.)	TBD
46372	Dupuytren contracture, fasciectomy for, inclusive of, if performed, dissection of nerves, 1 ray. (Anaes.) (Assist.)	\$428
46375	Dupuytren contracture, fasciectomy for. Inclusive of, if performed, dissection of nerves, 2 rays. (Anaes.) (Assist.)	\$508
46378	Dupuytren contracture, fasciectomy for. Inclusive of, if performed, dissection of nerves, 3 rays. (Anaes.) (Assist.)	TBD
4637A	Dupuytren contracture, fasciectomy for. Inclusive of, if performed, dissection of nerves, 4 rays. (Anaes.) (Assist.)	TBD
4637B	Dupuytren contracture, fasciectomy for. Inclusive of, if performed, dissection of nerves, 5 rays. (Anaes.) (Assist.)	TBD
46381	Interphalangeal joint release, open procedure, when performed in conjunction with operation for Dupuytren contracture - each joint. (Anaes.) (Assist.)	\$301
46384	Z plasty (or similar local flap procedure) when performed in conjunction with operation for Dupuytren's contracture - 1 such procedure. (Anaes.) (Assist.)	\$301
46387	Dupuytren contracture, fasciectomy for, operation for recurrence in that ray. Inclusive of, if performed: dissection of nerves, and neurolysis, 1 ray. (Anaes.) (Assist.)	\$621
46390	Dupuytren contracture, fasciectomy for, operation for recurrence in that ray. Inclusive of, if performed: dissection of nerves, and neurolysis, 2 rays. (Anaes.) (Assist.)	\$828
46393	Dupuytren contracture, fasciectomy for, operation for recurrence in that ray. Inclusive of, if performed: dissection of nerves, and neurolysis, 3 rays. (Anaes.) (Assist.)	\$959
4639A	Dupuytren contracture, fasciectomy for, operation for recurrence in that ray. Inclusive of, if performed: dissection of nerves, and neurolysis, 4 rays. (Anaes.) (Assist.)	TBD
4639B	Dupuytren contracture, fasciectomy for, operation for recurrence in that ray. Inclusive of, if performed: dissection of nerves, and neurolysis, 5 rays. (Anaes.) (Assist.)	TBD

Fingernail items

Item	Descriptor	Schedule fee
46513	Nail of finger or thumb, removal of. (Anaes.)	TBD
46528	Nail, ingrowing of finger or thumb, wedge resection for, including and requiring removal of segment of nail, unguis fold, excision and partial ablation of germinal matrix, and including, if performed, phenolisation. (Anaes.)	TBD
46531	Nail, ingrowing of finger or thumb, partial resection of nail, including and requiring phenolisation. (Anaes.)	TBD
46534	Nail germinal matrix, complete ablation of, performed in the operating theatre of a hospital. (Anaes.) (Assist.)	\$236
46489	Nail bed, secondary reconstruction of nail bed deformity using magnification, undertaken in the operating theatre of a hospital, inclusive of, if performed, removal of nail, not to be claimed with item 46513. (Anaes.) (Assist.)	\$263

Ganglion items

Item	Descriptor	Schedule fee
46495	Ganglion or mucous cyst of interphalangeal, metacarpophalangeal or carpometacarpal joint, complete excision of, performed in operating theatre of a hospital. Inclusive of, if performed: arthrotomy, synovectomy, osteophyte resections and skin closure by any method. Per joint. Not being a service associated with a service to which item 30106, 30107, 46336 or 46396 applies. (Anaes.) (Assist.)	TBD
46498	Ganglion of flexor sheath, excision of. Inclusive of, if performed: flexor tenosynovectomy, sheath excision, and skin closure by any method. Not being a service associated with a service to which item 30106, 30107 or 46363 applies. (Anaes.) (Assist.)	\$220
46500	Ganglion of dorsal wrist joint, excision of. Inclusive of, if performed: wrist joint arthrotomy, synovectomy and any capsular/ligament repair. Not being a service associated with a service to which item 30106 or 30107 applies. (Anaes.) (Assist.)	\$263
46501	Ganglion of volar wrist joint, excision of. Inclusive of, if performed: wrist joint arthrotomy, synovectomy and any capsular/ligament repair. Not being a service associated with a service to which item 30106, 30107 or 46325 applies. (Anaes.) (Assist.)	\$329
46502	Recurrent ganglion of dorsal wrist, excision of. Inclusive of, if performed: wrist joint arthrotomy, synovectomy and any capsular/ligament repair. (Anaes.) (Assist.)	TBD
46503	Recurrent ganglion of volar wrist. Inclusive of, if performed: wrist joint arthrotomy, synovectomy and any capsular/ligament repair, not being a service associated with a service to which item 30106 or 30107 applies. (Anaes.) (Assist.)	\$378

Infection items

Item	Descriptor	Schedule fee
46519	Drainage of midpalmar, thenar or hypothenar spaces or dorsum of hand. (excluding aftercare) (Anaes.) (Assist.)	\$141
46522	Flexor tendon sheath of finger or thumb, open operation for and drainage of infection, per digit. Inclusive of, if performed: synovectomy and tenolysis. (Anaes.) (Assist.)	\$421
46525	Pulp space infection, paronychia of hand, incision for, when performed in an operating theatre of a hospital, not being a service to which another item in this Group applies. (excluding after-care) (Anaes.)	\$57

Inflammatory arthritis items

Item	Descriptor	Schedule fee
46336	Synovectomy of interphalangeal, metacarpophalangeal or carpometacarpal joint. Inclusive of, if performed: capsulectomy, debridement of, ligament and tendon realignment as an independent procedure, per joint. (Anaes.) (Assist.)	\$263
463AC	Excision of rheumatoid nodules, per lesion. (Anaes.) (Assist.)	TBD
46339	Synovectomy of digital flexor tendons at wrist level for clinician-assessed inflammatory arthritis. Inclusive of, if performed: associated flexor tenolysis and release of median nerve and carpal tunnel, not being a service.	\$466

Item	Descriptor	Schedule fee
	associated with a service to which item 39331 or 39330 applies, can only be claimed once per operation. (Anaes.) (Assist.)	
463AD	Synovectomy of digital extensor tendons at wrist level for clinician-assessed inflammatory arthritis. Inclusive of, if performed: associated extensor tenolysis, tenoplasty and removal of tendon nodules and associated reconstruction extensor retinaculum, when performed, not being a service associated with a service to which item 39331 or 39330 applies, can only be claimed once per operation. (Anaes.) (Assist.)	TBD
463AE	Synovectomy of wrist flexor or extensor tendons, one or more compartments, for clinician-assessed inflammatory arthritis. Inclusive of, if performed: associated reconstruction flexor or extensor retinaculum and tenoplasty/tenolysis and removal of tendon nodules. (Anaes.) (Assist.)	TBD
463AF	Synovectomy of wrist flexor or extensor tendons, one or more compartments, for non-inflammatory or post traumatic synovitis. Inclusive of, if performed: associated reconstruction flexor or extensor retinaculum and tenoplasty/tenolysis and removal of tendon nodules. (Anaes.) (Assist.)	TBD
46348	Flexor tenosynovectomy, distal to lumbrical origin. Inclusive of, if performed: tenolysis, tenoplasty and removal of intratendinous nodules. Not to be used with 46363 – 1 ray. (Anaes.) (Assist.)	\$244
46351	Flexor tenosynovectomy, distal to lumbrical origin. Inclusive of, if performed: tenolysis, tenoplasty and removal of intratendinous nodules. Not to be used with 46363 – 2 rays. (Anaes.) (Assist.)	\$365
46354	Flexor tenosynovectomy, distal to lumbrical origin. Inclusive of, if performed: tenolysis, tenoplasty and removal of intratendinous nodules. Not to be used with 46363 – 3 rays. (Anaes.) (Assist.)	\$489
46357	Flexor tenosynovectomy, distal to lumbrical origin. Inclusive of, if performed: tenolysis, tenoplasty and removal of intratendinous nodules. Not to be used with 46363 – 4 rays. (Anaes.) (Assist.)	\$609
46360	Flexor tenosynovectomy, distal to lumbrical origin. Inclusive of, if performed: tenolysis, tenoplasty and removal of intratendinous nodules. Not to be used with 46363 – 5 rays. (Anaes.) (Assist.)	\$733
463AG	Digital sympathectomy, using microsurgical techniques, per digit and/or palmar arch, radial and/or ulnar arteries. (Anaes.)(Assist.)	TBD

Joint procedure items

Item	Descriptor	Schedule fee
46300*	Inter-phalangeal joint or metacarpophalangeal joint, arthrodesis of. Inclusive of, if performed: synovectomy and joint debridement, elective or trauma. (Anaes.) (Assist.)	\$338
46303*	Carpometacarpal joint, arthrodesis of, inclusive of, if performed: synovectomy and joint debridement, elective or trauma. (Anaes.) (Assist.)	\$376
463AH	Interphalangeal joint or metacarpophalangeal joint - volar plate or soft tissue interposition arthroplasty. Inclusive of, if performed: tendon transfers or realignment, per joint, elective or trauma. (Anaes.) (Assist.)	TBD
46309*	Interphalangeal joint or metacarpophalangeal joint, prosthetic replacement arthroplasty or hemiarthroplasty of. Inclusive of, if performed: associated synovectomy, tendon transfer, realignment and ligament reconstruction, 1 joint, elective or trauma. (Anaes.) (Assist.)	\$527
46312	Interphalangeal joint or metacarpophalangeal joint, prosthetic replacement arthroplasty or hemiarthroplasty of. Inclusive of, if performed: associated	\$677

Item	Descriptor	Schedule fee
	synovectomy, tendon transfer, realignment and ligament reconstruction, 2 joints, elective or trauma. (Anaes.) (Assist.)	
46315	Interphalangeal joint or metacarpophalangeal joint, prosthetic replacement arthroplasty or hemiarthroplasty of. Inclusive of, if performed: associated synovectomy, tendon transfer, realignment and ligament reconstruction, 3 joints, elective or trauma. (Anaes.) (Assist.)	\$903
46318	Interphalangeal joint or metacarpophalangeal joint, prosthetic replacement arthroplasty or hemiarthroplasty of. Inclusive of, if performed: associated synovectomy, tendon transfer, realignment and ligament reconstruction, 4 joints, elective or trauma. (Anaes.) (Assist.)	\$1,128
46321	Interphalangeal joint or metacarpophalangeal joint, prosthetic replacement arthroplasty or hemiarthroplasty of. Inclusive of, if performed: associated synovectomy, tendon transfer, realignment and ligament reconstruction, 5 joints, elective or trauma. (Anaes.) (Assist.)	\$1,354
463AI*	Carpal bone replacement or resection arthroplasty using adjacent tendon, soft tissue or prosthesis. Inclusive of, if performed: associated tendon transfer, tendon harvest or realignment when performed, elective or trauma. (Anaes.) (Assist.)	TBD
463AJ	Interphalangeal joint or metacarpophalangeal joint, revision procedure, prosthetic replacement arthroplasty or hemiarthroplasty of. Inclusive of, if performed: associated synovectomy, tendon transfer or realignment, bone grafting and tendon or ligament reconstruction, per joint. (Anaes.) (Assist.)	TBD
46330*	Interphalangeal or metacarpophalangeal joint, ligamentous or capsular repair or reconstruction, inclusive of, if performed arthrotomy, synovectomy or joint stabilisation, per joint, elective or trauma. (Anaes.) (Assist.)	\$346
46333*	Interphalangeal or metacarpophalangeal joint, ligamentous or capsular repair or reconstruction with graft, using graft or implant, inclusive of, if performed, arthrotomy or synovectomy or joint stabilisation, per joint. Inclusive of: harvest of graft, elective or trauma. (Anaes.) (Assist.)	\$564
46444	Boutonniere deformity, reconstruction of. Inclusive of, if performed: tendon transfer or tendon graft harvesting, per joint. (Anaes.) (Assist.)	\$489
46492	Contracture of joint of hand, flexor or extensor, surgical correction of, involving tissues deeper than skin and subcutaneous tissue, per joint. (Anaes.) (Assist.)	\$361

*Items are able to be claimed in both an elective and trauma context.

Nerve compression syndrome items (Neurosurgical subgroup)

Item	Descriptor	Schedule fee
39321*	Nerve, transposition of, elective or trauma. (Anaes.) (Assist.)	\$474
39330	Neurolysis by open operation without transposition, not being a service associated with a service to which items 39321, XXXXX [proposed hand and wrist nerve items] or XXXXX [proposed tarsal tunnel item] apply. (Anaes.) (Assist.)	\$277
393AA	Ulnar nerve decompression at elbow or wrist (cubital tunnel or Guyon's canal) without transposition, by any method. Inclusive neurolysis, if performed. (Anaes.) (Assist.)	TBD
393AB*	Ulnar nerve decompression at elbow (cubital tunnel) combined with associated transposition, subcutaneous, submuscular, and/or medial epicondylectomy. Inclusive of, if performed: osteotomy and reconstruction flexor origin and neurolysis, elective or trauma. (Anaes.) (Assist.)	TBD

Item	Descriptor	Schedule fee
393AC	Radial, median, ulnar nerve or branches of, decompression in the forearm. Inclusive of, if performed: neurolysis. (Anaes.) (Assist.)	TBD
393AD	Carpal tunnel release (division of transverse carpal ligament or release median nerve), by any method (open or endoscopic), revision procedure. Inclusive of, if performed: synovectomy and neurolysis if performed. Cannot be used with item 46339. (Anaes.) (Assist.)	TBD
393AE	Ulnar nerve decompression at elbow (cubital tunnel) without transposition, by any method, revision procedure. Inclusive neurolysis, if performed. (Anaes.) (Assist.)	TBD
39331*	Carpal tunnel release (division of transverse carpal ligament or release median nerve), by any method (open or endoscopic). Inclusive of, if performed: synovectomy and neurolysis. Not being a service to which item 46339 applies, elective or trauma. (Anaes.) (Assist.)	\$277

Nerve injuries and other disorder items (Neurosurgical Subgroup)

Item	Descriptor	Schedule fee
39303	Delayed repair of cutaneous and digital nerve, using microsurgical techniques, inclusive of, if performed: neurolysis and any transposition of nerve to facilitate repair. (Anaes.) (Assist.)	\$466
39309	Nerve trunk, delayed repair of, using microsurgical techniques. Inclusive of, if performed: neurolysis and any transposition of nerve to facilitate repair, not being a service associated with item 39321. (Anaes.) (Assist.)	\$714
39312	Nerve trunk, internal (interfascicular), neurolysis of, using microsurgical techniques. (Anaes.) (Assist.)	\$399
39315*	Nerve trunk, nerve graft to, (cable graft) using microsurgical techniques. Inclusive of, if performed: harvesting of nerve graft and proximal and distal anastomoses of nerve graft, and any transposition to facilitate grafting, elective or trauma. (Anaes.) (Assist.)	\$1,030
39318*	Nerve, digital or cutaneous, nerve graft to, using microsurgical techniques. Involves harvesting of nerve graft from separate donor site and proximal and distal anastomoses, not to be used with item 39330, elective or trauma. (Anaes.) (Assist.)	\$639
39324	Neurectomy or removal of tumour or neuroma from superficial peripheral nerve. (Anaes.) (Assist.)	\$277
39327	Neurectomy, neurotomy or removal of tumour from deep peripheral or cranial nerve, by open operation, not being a service to which item 41575, 41576, 41578 or 41579 applies. (Anaes.) (Assist.)	\$474
39333	Brachial plexus, exploration of, not being a service to which another item in this Group applies. (Anaes.) (Assist.)	\$639
393AG	Neurectomy, neurotomy or removal of tumour from deep peripheral nerve, by open operation, only to be used for upper limb surgery. (Anaes.) (Assist.)	TBD
393AH	Neurolysis of radial, median or ulnar nerve trunk nerve in the forearm or arm. Not to be combined with other items 39303, 39309, 39312, 39315, 39318, 39324, 39327, and 39333. (Anaes.) (Assist.)	TBD

*Items are able to be claimed in both an elective and trauma context.

Soft tissue/reconstructive procedure items

Item	Descriptor	Schedule fee
46504	Neurovascular island flap, heterodigital, for pulp re-innervation and soft tissue cover. Inclusive of, if performed, reconstruction of secondary defect. (Anaes.) (Assist.)	\$1,106
46507	Digit or ray, transposition or transfer of, on vascular pedicle, complete procedure and inclusive of, if performed, tendon rebalancing, nerve transfer and skin closure by any means. (Anaes.) (Assist.)	\$1,286
46510	Macrodactyly, surgical reduction of enlarged elements - each digit and inclusive of, if performed, tendon rebalancing, nerve transfer and skin closure by any means. (Anaes.) (Assist.)	\$351

Tendon procedure items

Item	Descriptor	Schedule fee
46363	Trigger finger release for stenosing tenosynovitis, per ray. Inclusive of, if performed: synovial biopsy/synovectomy. (Anaes.) (Assist.)	\$211
463AK	De Quervain's release. Inclusive of, if performed: any associated synovectomy of both extensor pollicis brevis and abductor pollicis longus tendons and retinaculum reconstruction. Not to be co-claimed with 46339. (Anaes.) (Assist.)	TBD
46408*	Tendon reconstruction of, by tendon graft. Inclusive of, if performed: graft harvest and tenolysis of tendon to be reconstructed, elective or trauma. (Anaes.) (Assist.)	\$692
46411*	Flexor tendon pulley reconstruction. Complete (not partial) reconstruction with graft. Inclusive of, if performed: harvest of graft. Per pulley, elective or trauma. (Anaes.) (Assist.)	\$406
46414*	Artificial tendon prosthesis, insertion of, in preparation for tendon grafting. Inclusive of, if performed: tenolysis, elective or trauma. (Anaes.) (Assist.)	\$526
46417*	Tendon transfer for restoration of hand or digit motion, each transfer. Inclusive of, if performed: harvest of donor motor unit, elective or trauma. (Anaes.) (Assist.)	\$489
46423	Delayed extensor tendon repair. Inclusive of, if performed tenolysis. (Anaes.) (Assist.)	\$327
464AA	Delayed flexor tendon repair. Inclusive of, if performed, tenolysis. (Anaes.) (Assist.)	TBD
46450	Extensor tendon, tenolysis, following tendon injury or graft – per ray. (Anaes.) (Assist.)	\$226
46453	Flexor tendon, tenolysis of, following tendon injury, repair or graft. (Anaes.) (Assist.)	\$376
46456	Finger, percutaneous tenotomy of. (Anaes.)	\$98

*Items are able to be claimed in both an elective and trauma context.

Wrist – arthroplasty items

Item	Descriptor	Schedule fee
46342	Distal radioulnar joint or carpometacarpal joint or joints, synovectomy of. (Anaes.) (Assist.)	\$466
492XX	Sauve-Kapandji procedure distal radioulnar joint, inclusive of, if performed: radioulnar fusion, osteotomy of neck of ulna and associated soft tissue reconstruction. (Anaes.) (Assist.)	TBD
46345	Distal radioulnar joint, resection arthroplasty, partial or complete resection. Inclusive of, if performed: stabilising procedures and ligament or tendon reconstruction and synovectomy. (Anaes.) (Assist.)	\$564
49209	Wrist or distal radioulnar joint, prosthetic replacement of. Inclusive of, if performed: ligament and tendon realignments. (Anaes.) (Assist.)	\$753
49210	Wrist or distal radioulnar joint, total replacement arthroplasty of, revision procedure. Inclusive of, if performed: removal of prosthesis inclusive of, if performed: tendon and ligament rebalancing. (Anaes.) (Assist.)	\$994

Wrist – diagnostic / therapeutic items

Item	Descriptor	Schedule fee
492AA*	Soft tissue stabilisation of distal radioulnar joint using ligament or tendon grafting, by open procedure. Inclusive of, if performed: graft harvest, and triangular fibrocartilage complex (TFCC) repair or reconstruction, elective or trauma. (Anaes.) (Assist.)	TBD
49200*	Wrist, complete arthrodesis of, radiocarpal and intercarpal, with synovectomy if performed, with or without internal fixation of the radiocarpal joint, elective or trauma. (Anaes.) (Assist.)	\$819
49203*	Wrist, partial arthrodesis of, radiocarpal or intercarpal, with synovectomy if performed, with or without internal fixation. Inclusive of, if performed: any associated carpal excisions, elective or trauma. (Anaes.) (Assist.)	\$612
49206	Wrist, proximal row carpectomy. Inclusive of, if performed: styloidectomy and synovectomy. (Anaes.) (Assist.)	\$565
49212	Wrist or distal radioulnar joint, arthrotomy, for infection, removal of loose bodies, synovectomy or joint debridement. (Anaes.) (Assist.)	\$236
49215*	Wrist, open reconstruction of single or multiple ligaments or capsules. Inclusive of if performed: synovectomy, tendon or ligament harvesting and grafting, use of synthetic ligament substitute and arthrotomy, elective or trauma. (Anaes.) (Assist.)	\$650
49218	Wrist, diagnostic arthroscopy of, including radiocarpal or midcarpal joints, or both (including biopsy) - not being a service associated with any other arthroscopic procedure of the wrist joint. (Anaes.) (Assist.)	\$273
49221*	Wrist, arthroscopic surgery of, involving any 1 or more of: drilling of defect, removal of loose body, release of adhesions, local synovectomy, debridement of one area, arthroscopic resection of dorsal or volar ganglion - not being a service associated with any other arthroscopic procedure of the wrist joint, elective or trauma. (Anaes.) (Assist.)	\$612
49224	Wrist, arthroscopic debridement of 2 or more distinct areas; or osteoplasty including excision of the distal ulna; or total synovectomy, not being a service associated with any other arthroscopic procedure of the wrist. (Anaes.) (Assist.)	\$706
49227*	Wrist, arthroscopic pinning of osteochondral fragment or stabilisation procedure for ligamentous disruption - not being a service associated with any other arthroscopic procedure of the wrist joint. (Anaes.) (Assist.)	\$706
492AB	Small joint, carpometacarpal of thumb or joint of digit, diagnostic arthroscopy of, inclusive of, if performed: biopsy. (Anaes.) (Assist.)	TBD
492AC	Small joint, carpometacarpal of thumb or joint of digit, arthroscopic procedure. Per joint. (Anaes.) (Assist.)	TBD
492AD	Excision of pisiform. (Anaes.) (Assist.)	TBD

Hand and wrist trauma items

Amputation items

Item	Descriptor	Schedule Fee (indicative from elective)
44325*	Amputation of hand, transcarpal, elective or trauma. (Anaes.) (Assist.)	\$296
46465*	Amputation digit, distal to metacarpal head. Inclusive of, if performed: resection of bone, neuroma and skin cover with local flaps, 1 ray, elective or trauma. (Anaes.) (Assist.)	\$226
46468*	Amputation digit, distal to metacarpal head. Inclusive of, if performed: resection of bone, neuroma and skin cover with local flaps, 2 rays, elective or trauma. (Anaes.) (Assist.)	\$395
46471*	Amputation digit, distal to metacarpal head. Inclusive of, if performed: resection of bone, neuroma and skin cover with local flaps, 3 rays, elective or trauma. (Anaes.) (Assist.)	\$564
46474*	Amputation digit, distal to metacarpal head. Inclusive of, if performed: resection of bone, neuroma and skin cover with local flaps, 4 rays, elective or trauma. (Anaes.) (Assist.)	\$733
46477*	Amputation digit, distal to metacarpal head. Inclusive of, if performed: resection of bone, neuroma and skin cover with local flaps, 5 rays, elective or trauma. (Anaes.) (Assist.)	\$903
46480*	Amputation, ray of hand. Inclusive of, if performed: resection of bone, neuromas and skin cover or recontouring with local flaps, per ray, elective or trauma. (Anaes.) (Assist.)	\$376
46483*	Amputation, revision of stump to provide adequate cover, inclusive of, if performed: bone shortening and excision of neuroma, and nail bed remnants, elective or trauma. (Anaes.) (Assist.)	\$301

*Items are able to be claimed in both an elective and trauma context.

Dislocation items

Item	Descriptor	Schedule Fee (indicative from elective)
46300*	Interphalangeal joint or metacarpophalangeal joint, arthrodesis of. Inclusive of, if performed: synovectomy and joint debridement, elective or trauma. (Anaes.) (Assist.)	\$338
46309*	Interphalangeal joint or metacarpophalangeal joint, prosthetic replacement arthroplasty or hemiarthroplasty of. Inclusive of, if performed: associated synovectomy, tendon transfer, realignment and ligament reconstruction, 1 joint, elective or trauma. (Anaes.) (Assist.)	\$527
46312*	Interphalangeal joint or metacarpophalangeal joint, prosthetic replacement arthroplasty or hemiarthroplasty of. Inclusive of, if performed: associated synovectomy, tendon transfer, realignment and ligament reconstruction, 2 joints, elective or trauma. (Anaes.) (Assist.)	\$677
46315*	Interphalangeal joint or metacarpophalangeal joint, prosthetic replacement arthroplasty or hemiarthroplasty of. Inclusive of, if performed: associated synovectomy, tendon transfer, realignment and ligament reconstruction, 3 joints, elective or trauma. (Anaes.) (Assist.)	\$903
46318*	Interphalangeal joint or metacarpophalangeal joint, prosthetic replacement arthroplasty or hemiarthroplasty of. Inclusive of, if performed: associated synovectomy, tendon transfer, realignment and ligament reconstruction, 4 joints, elective or trauma. (Anaes.) (Assist.)	\$1,128

Item	Descriptor	Schedule Fee (indicative from elective)
46321*	Interphalangeal joint or metacarpophalangeal joint, prosthetic replacement arthroplasty or hemiarthroplasty of. Inclusive of, if performed: associated synovectomy, tendon transfer, realignment and ligament reconstruction, 5 joints, elective or trauma. (Anaes.) (Assist.)	\$1,354
46330*	Interphalangeal or metacarpophalangeal joint, ligamentous or capsular repair or reconstruction, inclusive of, if performed arthrotomy, synovectomy or joint stabilisation, per joint, elective or trauma. (Anaes.) (Assist.)	\$346
46333*	Interphalangeal or metacarpophalangeal joint, ligamentous or capsular repair or reconstruction with graft, using graft or implant, inclusive of, if performed, arthrotomy or synovectomy or joint stabilisation, per joint. Inclusive of: harvest of graft, elective or trauma. (Anaes.) (Assist.)	\$564
47024	Radioulnar joint, distal or proximal, treatment of dislocation of, by closed reduction, not being a service associated with fracture or dislocation in the same region. (Anaes.)	\$198
47027	Radioulnar joint, distal or proximal, treatment of dislocation of, by open reduction, not being a service associated with fracture or dislocation in same region. Inclusive of, if performed: styloid fracture or triangular fibrocartilage complex repair. (Anaes.) (Assist.)	\$264
47042	Interphalangeal or metacarpophalangeal joint, treatment of dislocation of, by closed reduction. (Anaes.)	TBD
47045	Interphalangeal or metacarpophalangeal joint, treatment of dislocation of, by open reduction. Inclusive of, if performed: arthrotomy, capsule, ligament and volar plate repairs. (Anaes.) (Assist.)	TBD

Fractures

Radius and ulna items

Item	Descriptor	Schedule fee
47381	Radius or ulna, shaft of, treatment of fracture of, by closed reduction undertaken in the operating theatre of a hospital. (Anaes.)	\$254
47384	Radius or ulna, shaft of, treatment of fracture of, by open reduction and internal fixation. (Anaes.) (Assist.)	\$339
47385	Radius or ulna, shaft of, treatment of fracture of, in conjunction with dislocation of distal radio-ulnar joint or proximal radio-humeral joint (Galeazzi or Monteggia injury), by closed reduction undertaken in the operating theatre of a hospital. (Anaes.) (Assist.)	\$292
47386	Radius or ulna, shaft of, treatment of fracture of, in conjunction with dislocation of distal radio-ulnar joint or proximal radio-humeral joint (Galeazzi or Monteggia injury), by open reduction or internal fixation. Inclusive of, if performed: reduction of dislocation. (Anaes.) (Assist.)	\$471
47387	Distal or shafts of radius and/or ulna, cast immobilisation only. (Anaes.)	TBD
47390	Radius and ulna, shafts of, treatment of fracture of, by closed reduction, undertaken in the operating theatre of a hospital. (Anaes.)	\$410
47393	Radius and ulna, shafts of, treatment of fracture of, by open reduction. (Anaes.) (Assist.)	\$546

Carpus items

Item	Descriptor	Schedule fee
47348	Carpus (excluding scaphoid), treatment of fracture of, by cast immobilisation only, not being a service to which item 47351 applies. (Anaes.)	\$94
47354	Carpal scaphoid, treatment of fracture of by cast immobilisation only, not being a service to which item 47357 applies. (Anaes.)	\$170
47357	Carpal scaphoid, treatment of fracture of, by open reduction and internal or percutaneous fixation by any method. (Anaes.) (Assist.)	\$377
47030	Carpus, or carpus on radius and ulna, or carpometacarpal joint, treatment of dislocation of, by closed reduction. (Anaes.)	\$198
47033	Carpus, or carpus on radius and ulna, or carpometacarpal joint, treatment of dislocation of, by open reduction. Inclusive of, if performed: ligament repair. (Anaes.) (Assist.)	TBD
47351	Carpus (excluding scaphoid), treatment of fracture of, by open reduction and internal fixation. (Anaes.) (Assist.)	\$236

Hand fracture items

Item	Descriptor	Schedule fee
47301	Phalanx, middle or proximal, treatment of fracture of, by closed reduction, requiring anaesthesia. Per fractured bone. (Anaes.)	\$87
47304	Metacarpal, treatment of fracture of, by closed reduction, requiring anaesthesia. Per fractured bone. (Anaes.)	\$99
47307	Phalanx or metacarpal, treatment of fracture of, by closed reduction with percutaneous K wire fixation Inclusive of, if performed: application of external or dynamic fixation. Per fractured bone. (Anaes.) (Assist.)	\$200
47310	Phalanx or metacarpal, treatment of fracture of, by open reduction with internal fixation. (Anaes.) (Assist.)	\$330
47313	Phalanx or metacarpal, treatment of intra articular fracture of, by closed reduction with percutaneous K wire fixation, external or dynamic fixation. (Anaes.) (Assist.)	\$320
47316	Phalanx or metacarpal, treatment of intra articular fracture of, by open reduction with fixation, not provided on the same occasion as a service to which item 47319 applies. (Anaes.) (Assist.)	\$635
47319	Middle phalanx, proximal end, treatment of intra articular fracture of, by open reduction with fixation, not provided on the same occasion as a service to which item 47316 applies. (Anaes.) (Assist.)	\$650

Mallet finger items

Item	Descriptor	Schedule fee
46438	Mallet finger, closed pin fixation of. (Anaes.)	\$135
46441	Mallet finger, open reduction of, inclusive of, if performed: pin fixation, joint release and tenolysis. (Anaes.) (Assist.)	\$327

Flexor tendon items

Item	Descriptor	Schedule fee
46408*	Tendon reconstruction of, by tendon graft. Inclusive of, if performed: graft harvest and tenolysis of tendon to be reconstructed, elective or trauma. (Anaes.) (Assist.)	\$692
46411*	Flexor tendon pulley reconstruction. Complete (not partial) reconstruction with graft. Inclusive of, if performed: harvest of graft. Per pulley, elective or trauma. (Anaes.) (Assist.)	\$406
46414*	Artificial tendon prosthesis, insertion of, in preparation for tendon grafting. Inclusive of, if performed: tenolysis, elective or trauma. (Anaes.) (Assist.)	\$526
46417*	Tendon transfer for restoration of hand or digit motion, each transfer. Inclusive of, if performed: harvest of donor motor unit, elective or trauma. (Anaes.) (Assist.)	\$489
46420	Extensor tendon of hand or wrist, primary repair of, each tendon. (Anaes.)	\$291
46426	Flexor tendon of hand or wrist, proximal to A1 pulley, primary repair of. Per tendon. (Anaes.) (Assist.)	\$338
46432	Flexor tendon, distal to A1 pulley, primary repair of, per tendon, maximum of two per digit. (Anaes.) (Assist.)	TBD

*Items are able to be claimed in both an elective and trauma context.

Nerve items

Item	Descriptor	Schedule fee
39300	Nerve, digital or cutaneous, primary repair using microsurgical techniques, per nerve, not to be used with item 39330, elective or trauma. (Anaes.) (Assist.)	\$353
39306	Nerve trunk, primary repair of, using microsurgical techniques, not to be used with item 39330. (Anaes.) (Assist.)	\$677
39315*	Nerve trunk, nerve graft to, (cable graft) using microsurgical techniques. Inclusive of, if performed: harvesting of nerve graft and proximal and distal anastomoses of nerve graft, and any transposition to facilitate grafting, not to be used with item 39330, elective or trauma. (Anaes.) (Assist.)	\$1,030
393CA	Nerve trunk, reconstruction of using biological or synthetic nerve conduit with microsurgical techniques, not to be used with item 39330. (Anaes.) (Assist.)	TBD
39318*	Nerve, digital or cutaneous, nerve graft to, using microsurgical techniques. Involves harvesting of nerve graft from separate donor site and proximal and distal anastomoses, not to be used with item 39330, elective or trauma. (Anaes.) (Assist.)	\$639
393CB	Nerve, digital or cutaneous, reconstruction of using biological or synthetic nerve conduit with microsurgical techniques, not to be used with item 39330. (Anaes.) (Assist.)	TBD

*Items are able to be claimed in both an elective and trauma context.

Microvascular items

Item	Descriptor	Schedule fee
45500	Microvascular repair using microsurgical techniques, with restoration of continuity of artery or vein of distal extremity or digit. (Anaes.) (Assist.)	\$1,090

Item	Descriptor	Schedule fee
45501	Microvascular anastomosis of artery using microsurgical techniques, for re-implantation of limb or digit. (Anaes.) (Assist.)	\$1,775
45502	Microvascular anastomosis of vein using microsurgical techniques, for re-implantation of limb or digit. (Anaes.) (Assist.)	\$1,775
45503	Micro-arterial or micro-venous graft using microsurgical techniques. (Anaes.) (Assist.)	\$2,030
45504	Microvascular anastomosis of artery using microsurgical techniques, for free transfer of tissue including setting in of free flap. (Anaes.) (Assist.)	\$1,775
45505	Microvascular anastomosis of vein using microsurgical techniques, for free transfer of tissue including setting in of free flap. (Anaes.) (Assist.)	\$1,775

Fingernail items

Item	Descriptor	Schedule fee
46486	Nail bed, accurate repair of acute nail bed laceration using magnification, undertaken in the operating theatre of a hospital. (Anaes.)	\$226

Shoulder and elbow items

Shoulder Surgery items

Item	Descriptor	Schedule fee
489XX	Shoulder, open or arthroscopic, subacromial decompression, inclusive of, if performed, coraco-acromial ligament division, acromioplasty, excision of outer clavicle, removal of calcium deposit, and excision of bursa or any combination not being a service associated with any arthroscopic shoulder procedure applies. (Anaes.) (Assist.)	TBD
489XY	Shoulder, open, arthroscopic, arthroscopic assisted or mini open repair of rotator cuff, inclusive of, if performed, decompression of subacromial space by acromioplasty, excision of coraco-acromial ligament and distal clavicle, excision of the bursa, biceps tenodesis, not being a service associated with a service to which items, 48903, 47966, 48945, 48948, 48951, 48954 or 48960 apply. (Anaes.) (Assist.)	TBD
489XZ	Biceps, open or arthroscopic tenodesis of. As an independent procedure. (Anaes.) (Assist.)	TBD
48915	Shoulder, hemi-arthroplasty of. (Anaes.) (Assist.)	\$753
48918	Anatomic or reverse total shoulder replacement, inclusive of, if performed, any associated rotator cuff repair, biceps tenodesis, or tuberosity osteotomy. (Anaes.) (Assist.)	\$1,506
48921	Shoulder, total replacement arthroplasty, revision of. (Anaes.) (Assist.)	\$1,553
48924	Shoulder, total replacement arthroplasty, revision of, with bone graft to scapula or humerus, or both. (Anaes.) (Assist.)	\$1,789
489XA	Shoulder, open or arthroscopic, joint stabilisation procedure for multi-directional instability, anterior or posterior repair inclusive of, if performed, labral repair or reattachment – not being a procedure associated with any other arthroscopic procedure of the shoulder region. (Anaes.) (Assist.)	TBD
48927	Shoulder prosthesis, removal of. (Anaes.) (Assist.)	\$367
48939	Shoulder, arthrodesis of, with synovectomy if performed. (Anaes.) (Assist.)	\$1,083
48942	Shoulder, arthrodesis of, with synovectomy if performed, with removal of prosthesis, requiring and including bone grafting or internal fixation. Not to be claimed with bone graft items. (Anaes.) (Assist.)	\$1,412
48945	Shoulder, diagnostic arthroscopy of (including biopsy) - not being a service associated with any other arthroscopic procedure of the shoulder region. (Anaes.) (Assist.)	\$273
48948	Shoulder, arthroscopic surgery of, involving any 1 or more of: removal of loose bodies; decompression of calcium deposit; debridement of labrum, synovium or rotator cuff; or chondroplasty - not being a service associated with any other arthroscopic procedure of the shoulder region. (Anaes.) (Assist.)	\$612
48954	Shoulder, synovectomy of, including release of contracture when performed, as an independent procedure - not being a service associated with any other shoulder surgery applies. (Anaes.) (Assist.)	\$941

Elbow surgery items

Item	Descriptor	Schedule fee
49100	Elbow, arthrotomy of, involving 1 or more of lavage, removal of loose body or division of contracture. (Anaes.) (Assist.)	\$330
49106	Elbow, arthrodesis of, with synovectomy if performed. (Anaes.) (Assist.)	\$941
49109	Elbow, total synovectomy of. (Anaes.) (Assist.)	\$706
49112	Elbow, radial head replacement of. (Anaes.) (Assist.)	\$706
49115	Elbow, total or hemi arthroplasty. (Anaes.) (Assist.)	\$1,130
49116	Elbow, total replacement arthroplasty of, revision procedure, including removal of prosthesis. (Anaes.) (Assist.)	\$1,491
49117	Elbow, total replacement arthroplasty of, revision procedure, with bone grafting and removal of prosthesis. (Anaes.) (Assist.)	\$1,789
49118	Elbow, diagnostic arthroscopy of, including biopsy and lavage, not being a service associated with any other arthroscopic procedure of the elbow. (Anaes.) (Assist.)	\$273
49121	Elbow, arthroscopic surgery involving any 1 or more of: drilling of defect, removal of loose body; release of contracture or adhesions; chondroplasty; osteoplasty; or treatment of epicondylitis - not being a service associated with any other arthroscopic procedure of the elbow. (Anaes.) (Assist.)	\$612
491XY	Elbow, acute instability (less than 6 weeks from the time of injury) requiring ligament repair of one or more ligaments. (Anaes.) (Assist.)	TBD
491XZ	Elbow, ligamentous stabilisation for chronic (more than 6 weeks from the time of injury) instability, one or more ligaments, including harvesting of tendon graft. (Anaes.) (Assist.)	TBD
489XB	Olecranon bursa, excision of, not being a service associated with any other procedure of the elbow. (Anaes.)	TBD
489XC	Distal biceps brachii tendon, repair of, by any method, as an independent procedure. (Anaes.) (Assist.)	TBD

Fracture items

Item	Descriptor	Schedule fee
47396	Olecranon, treatment of fracture of, not being a service to which item 47399 applies. (Anaes.)	\$188
47399	Olecranon, treatment of fracture of, by open reduction. (Anaes.) (Assist.)	\$377
47402	Olecranon, treatment of fracture of, involving excision of olecranon fragment and reimplantation of tendon. (Anaes.) (Assist.)	\$282
47405	Radius, treatment of fracture of head or neck of, closed reduction of (Anaes.)	\$188
47408	Radius, treatment of fracture of head or neck of, open reduction of, including internal fixation and excision where performed. (Anaes.) (Assist.)	\$377
47411	Humerus, treatment of fracture of tuberosity of, not being a service to which item 47417 applies. (Anaes.)	\$113
47414	Humerus, treatment of fracture of tuberosity of, by open reduction. (Anaes.)	\$226
47417	Humerus, treatment of fracture of tuberosity of, and associated dislocation of shoulder, by closed reduction. (Anaes.) (Assist.)	\$264
47420	Humerus, treatment of fracture of tuberosity of, and associated dislocation of shoulder, by open reduction. (Anaes.) (Assist.)	\$518

Item	Descriptor	Schedule fee
47423	Humerus, proximal, treatment of fracture of, not being a service to which item 47426, 47429 or 47432 applies. (Anaes.)	\$217
47426	Humerus, proximal, treatment of fracture of, by closed reduction, undertaken in the operating theatre of a hospital. (Anaes.)	\$325
47429	Humerus, proximal, treatment of fracture of, by open reduction. (Anaes.) (Assist.)	\$433
47432	Humerus, proximal, treatment of intra-articular fracture of, by open reduction. (Anaes.) (Assist.)	\$541
47435	Humerus, proximal, treatment of fracture of, and associated dislocation of shoulder, by closed reduction. (Anaes.) (Assist.)	\$414
47438	Humerus, proximal, treatment of fracture of, and associated dislocation of shoulder, by open reduction. (Anaes.) (Assist.)	\$659
47441	Humerus, proximal, treatment of intra-articular fracture of, and associated dislocation of shoulder, by open reduction. (Anaes.) (Assist.)	\$824
47444	Humerus, shaft of, treatment of fracture of, not being a service to which item 47447 or 47450 applies. (Anaes.)	\$226
47447	Humerus, shaft of, treatment of fracture of, by closed reduction, undertaken in the operating theatre of a hospital. (Anaes.)	\$339
47450	Humerus, shaft of, treatment of fracture of, by internal or external. (Anaes.) (Assist.)	\$452
47451	Humerus, shaft of, treatment of fracture of, by intramedullary fixation. (Anaes.) (Assist.)	\$545
47453	Humerus, distal, (supracondylar or condylar), treatment of fracture of, not being a service to which item 47456 or 47459 applies. (Anaes.) (Assist.)	\$264
47456	Humerus, distal (supracondylar or condylar), treatment of fracture of, by closed reduction, undertaken in the operating theatre of a hospital. (Anaes.) (Assist.)	\$396
47459	Humerus, distal (supracondylar or condylar), treatment of fracture of, by open reduction, undertaken in the operating theatre of a hospital. (Anaes.) (Assist.)	\$527
47462	Clavicle, treatment of fracture of, not being a service to which item 47465 applies. (Anaes.)	\$113
47465	Clavicle, treatment of fracture of, by open reduction. (Anaes.) (Assist.)	TBD
47468	Scapula, neck or glenoid region of, treatment of fracture of, by open reduction. (Anaes.) (Assist.)	\$433

Dislocation items

Item	Descriptor	Schedule fee
47003	Clavicle, treatment of dislocation of, by closed reduction (Anaes.)	\$85
470BB	Acromioclavicular or sternoclavicular joint dislocation (acute or chronic) repair by open, mini open, or arthroscopic techniques, including ligament augmentation and tendon transfers. (Anaes.) (Assist.)	TBD
47009	Shoulder, treatment of dislocation of, requiring general anaesthesia, not being a service to which item 47012 applies. (Anaes.)	\$170
47012	Shoulder, treatment of dislocation of, requiring general anaesthesia, open reduction. (Anaes.) (Assist.)	\$339

Item	Descriptor	Schedule fee
47015	Shoulder, treatment of dislocation of, not requiring general anaesthesia.	\$85
47018	Elbow, treatment of dislocation of, by closed reduction. (Anaes.)	\$198
47021	Elbow, treatment of dislocation of, by open reduction. (Anaes.) (Assist.)	\$264

Osteotomy items

Item	Descriptor	Schedule fee
48412	Humerus, osteotomy of, excluding services to which items 47933 or 47936 apply. (Anaes.) (Assist.)	\$631
48415	Humerus, osteotomy of, with internal fixation, and excluding services to which items 47933 or 47936 apply. (Anaes.) (Assist.)	\$800
489CD	Excision of heterotopic ossification, myositis ossificans or other dystrophic pathologies in the shoulder girdle. (Anaes.) (Assist.)	TBD

Epicondylitis item

Item	Descriptor	Schedule fee
47903	Epicondylitis, open operation for. (Anaes.)	\$236

Amputation items

Item	Descriptor	Schedule fee
44331	Amputation at shoulder. (Anaes.) (Assist.)	\$588
44334	Interscapulothoracic amputation. (Anaes.) (Assist.)	\$1,194

Hip items

General hip items

Item	Descriptor	Schedule fee
49300	Sacroiliac joint arthrodesis of (Anaes.) (Assist.)	\$521
49303	Hip, open arthrotomy of, including lavage, drainage or biopsy when performed. (Anaes.) (Assist.)	\$546
49306	Hip arthrodesis of, with synovectomy if performed. (Anaes.) (Assist.)	\$1,083
479AE	Hip joint, open stabilisation of, involving 1 or more of: repair of capsule, labrum, capsulorrhaphy, repair of ligament, including internal fixation if required, not being a service to which another item in this Group applies. (Anaes.) (Assist.)	TBD
479AB	Iliopsoas tenotomy, performed open or arthroscopically. As an independent procedure, not to be claimed with any other procedure of the hip.	TBD
479AC	Gluteal tendon, open or arthroscopic repair of, including, if performed, preparation of the greater trochanter and bursectomy. As an independent procedure, not to be claimed with any other procedure of the hip.	TBD
479AD	Proximal hamstring or rectus femoris tendon, repair of. As an independent procedure, not to be claimed with any other procedure of the hip.	TBD

Hip Replacement (Primary) items

Item	Descriptor	Schedule fee
49309	Hip, arthrectomy or excision arthroplasty (Girdlestone) of, not involving removal of an implant. (Anaes.) (Assist.)	\$753
49315	Hip, arthroplasty of, unipolar or bipolar. (Anaes.) (Assist.)	\$847
49318	Hip, total arthroplasty of, inclusive of, if performed, minor bone grafting. Cannot be co-claimed with the bone graft table. (Anaes.) (Assist.)	\$1,318
49319	Hip, total arthroplasty of – bilateral. Inclusive of, if performed, minor bone grafting. Cannot be co-claimed with the bone graft table. (Anaes.) (Assist.)	\$2,315
49321	Hip, total arthroplasty of, requiring bone graft, synthetic substitutes or metal augments, with internal fixation. Cannot be co-claimed with the bone graft table. (Anaes.) (Assist.)	TBD

Hip replacement (Revision) items

Item	Descriptor	Schedule fee
493AA	Hip, revision arthroplasty of, involving exchange of head and/or liner. (Anaes.) (Assist.)	TBD
493AB	Hip, revision arthroplasty of, involving exchange of head and acetabular shell or cup, including, if performed, minor bone grafting. (Anaes.) (Assist.)	TBD
493AC	Hip, revision arthroplasty of, involving exchange of head and acetabular shell or cup, including, if performed, major bone grafting. (Anaes.) (Assist.)	TBD
493AD	Hip, revision arthroplasty of, involving revision of femoral component without requirement for femoral osteotomy, including minor bone grafting, if performed. (Anaes.) (Assist.)	TBD

Item	Descriptor	Schedule fee
493AE	Hip, revision arthroplasty of, involving the revision of femoral and acetabular components without requirement for femoral osteotomy, including minor bone grafting, if performed. (Anaes.) (Assist.)	TBD
493AF	Hip, revision arthroplasty of, involving the revision of femoral and acetabular components without requirement for femoral osteotomy. Requiring major bone grafting. (Anaes.) (Assist.)	TBD
493AG	Hip, revision arthroplasty of, with or without revision of femoral component, (without requirement for femoral osteotomy) and revision of acetabular component for pelvic discontinuity. (Anaes.) (Assist.)	TBD
493AH	Hip, revision arthroplasty of, involving revision of femoral component with femoral osteotomy. Inclusive of minor bone grafting, if performed. (Anaes.) (Assist.)	TBD
493AI	Hip, revision arthroplasty of, involving the revision of femoral component, with femoral osteotomy, and revision of acetabular component. Inclusive of minor bone grafting, if performed. (Anaes.) (Assist.)	TBD
493AJ	Hip, revision arthroplasty of, involving the revision of femoral component, with femoral osteotomy, and revision of acetabular component. Requiring major bone grafting. (Anaes.) (Assist.)	TBD
493AK	Hip, revision arthroplasty of, involving revision of femoral component, with femoral osteotomy or proximal femoral replacement, and revision of acetabular component for pelvic discontinuity. (Anaes.) (Assist.)	TBD
493AL	Hip, revision arthroplasty of, involving replacement of the proximal femur, and revision of the acetabular component, inclusive of bone grafting, if performed. (Anaes.) (Assist.)	TBD
493AM	Hip, revision arthroplasty of, involving removal of prosthesis as stage 1 of a 2-stage revision arthroplasty. Including insertion of temporary prosthesis, if required. (Anaes.) (Assist.)	TBD
493AN	Hip, revision arthroplasty of, involving revision of femoral component, for periprosthetic fracture, requiring internal fixation and, including bone grafting, if performed. (Anaes.) (Assist.)	TBD

Fracture items

Item	Descriptor	Schedule fee
47516	Femur, treatment of fracture of, by closed reduction or traction (Anaes.) (Assist.)	\$433
47519	Femur, treatment of trochanteric or subcapital fracture of, by internal fixation (Anaes.) (Assist.)	\$866
47522	Femur, treatment of subcapital fracture of, by hemi-arthroplasty (Anaes.) (Assist.)	\$753
47528	Femur, treatment of fracture of, by internal fixation or external fixation (Anaes.) (Assist.)	\$753
47531	Femur, treatment of fracture of shaft, by intramedullary fixation and cross fixation (Anaes.) (Assist.)	\$960

Dislocation items

Item	Descriptor	Schedule fee
470AA	Hip, treatment of prosthetic dislocation of, by closed reduction. (Anaes.)	TBD
470AB	Hip, treatment of prosthetic dislocation of, by open reduction. (Anaes.) (Assist.)	TBD

Item	Descriptor	Schedule fee
470AC	Hip, treatment of native hip dislocation of, by closed reduction. (Anaes.)	TBD
470AD	Hip, treatment of native hip dislocation of, by open reduction, including, if performed, internal fixation. (Anaes.) (Assist.)	TBD

Hip: General Orthopaedic item

Item	Descriptor	Schedule fee
47982	Forage (Drill decompression), of neck or head of femur, or both. (Anaes.) (Assist.)	\$365

Amputation items

Item	Descriptor	Schedule fee
44370	Amputation at hip. (Anaes.) (Assist.)	\$720
44373	Hindquarter, amputation of. (Anaes.) (Assist.)	\$1,478

Osteotomy items

Item	Descriptor	Schedule fee
484CA	Pelvic osteotomy, including, if performed internal fixation, bone grafting and any associated intraarticular procedures. Not to be co-claimed with item 48424. (Anaes.) (Assist.)	TBD
484CB	Femoral osteotomy, including, if performed internal fixation, and bone grafting, in a patient older than 18 years of age. Not to be co-claimed with item 48427. (Anaes.) (Assist.)	TBD

Foot and Ankle elective items

Amputation items

Item	Descriptor	Schedule fee
44338*	1 Amputation of digit of foot, distal to metatarsal head, including resection of bone or joint, inclusive of, if performed: excision of neuroma and skin cover with local or homodigital flaps. 1 digit, elective or trauma. (Anaes.) (Assist.)	\$144
44342*	Amputation of digit of foot, distal to metatarsal head, including resection of bone or joint, inclusive of, if performed: excision of neuroma and skin cover with local or homodigital flaps. 2 digits, elective or trauma. (Anaes.) (Assist.)	\$220
44346*	Amputation of digit of foot, distal to metatarsal head, including resection of bone or joint, inclusive of, if performed: excision of neuroma and skin cover with local or homodigital flaps. 3 digits, elective or trauma. (Anaes.) (Assist.)	\$254
44350*	Amputation of digit of foot, distal to metatarsal head, including resection of bone or joint, inclusive of, if performed: excision of neuroma and skin cover with local or homodigital flaps. 4 digits, elective or trauma. (Anaes.) (Assist.)	\$288
44354*	Amputation of digit of foot, distal to metatarsal head, including resection of bone or joint, inclusive of, if performed: excision of neuroma and skin cover with local or homodigital flaps. 5 digits, elective or trauma. (Anaes.) (Assist.)	\$330
44358*	Amputation, ray of foot. Inclusive of, if performed: resection of bone, excision of neuromas and skin cover or recontouring with local or homodigital flaps. Per ray, elective or trauma. (Anaes.) (Assist.)	\$184
44359	Amputation, one or more toes, or at midfoot or hindfoot, including resection of bone, inclusive of, if performed excision of neuromas, excision of 1 or more bones of the foot, treatment of underlying infection and skin cover or recontouring with local or homodigital flaps, performed for diabetic or other microvascular disease, excluding aftercare. Per foot. (Anaes.) (Assist.)	\$264
44361*	Amputation of foot, at ankle or hindfoot, including resection of bone, inclusive of, if performed: resection of bone, excision of neuromas and skin cover, elective or trauma. (Anaes.) (Assist.)	\$356
44364*	Amputation of foot, transtarsal, inclusive of resection of bone, and if performed, excision of neuromas, and skin cover, elective or trauma. (Anaes.) (Assist.)	\$296

*Items are able to be claimed in both an elective and trauma context.

Bone procedure items

Item	Descriptor	Schedule fee
484XX	Excision of one or more osteophytes of foot or ankle, or simple removal of bunion. Inclusive of, if performed: removal associated bursae or ganglion, excision of surrounding osteophytes, capsulotomy, synovectomy, release ligaments and/or removal of bone. Per incision. (Anaes.) (Assist.)	TBD
48400	Osteotomy of phalanx, metatarsal, accessory bone or sesamoid bone of foot. Inclusive of, if performed: removal of bone, surrounding osteophytes, synovectomy, and/or release of joint. Per bone. (Anaes.) (Assist.)	\$330
48403	Osteotomy of phalanx or metatarsal of foot, with internal fixation by any method. Inclusive of, if performed: removal of bone, surrounding osteophytes, synovectomy, release of joint. Per bone. (Anaes.) (Assist.)	\$518
48406	Fibula, radius, ulna, clavicle, scapula (other than acromion), rib, tarsus or carpus, osteotomy of, including removal of bone, and if performed, removal of surrounding osteophytes, synovectomy and/or release of joint. (Anaes.) (Assist.)	\$330

Item	Descriptor	Schedule fee
48409	Radius, ulna, clavicle, scapula (other than acromion), rib, or carpus, osteotomy, with internal fixation, including removal of bone, and if performed, removal of surrounding osteophytes, synovectomy and/or release of joint. (Anaes.) (Assist.)	\$518
484YA	Osteotomy of distal tibia, without internal fixation. Inclusive of, if performed: removal of bone, surrounding osteophytes, synovectomy, release of joint. Per bone. (Anaes.) (Assist.)	TBD
484YB	Osteotomy of distal tibia, with internal or external fixation by any method. Inclusive of, if performed: removal of bone, surrounding osteophytes, synovectomy, release of joint. Per bone. (Anaes.) (Assist.)	TBD
484YC	Ankle or hindfoot fracture, operative treatment of non-union or malunion with preservation of the joint, inclusive of, internal or external fixation by any method and removal of hardware, and inclusive of, if performed, arthrotomy, debridement of non-union, osteotomy, removal of bone, surrounding osteophytes, synovectomy, and/or release of joint, per bone. (Anaes.) (Assist.)	TBD
484YD	Midfoot or forefoot fracture, operative treatment of non-union or malunion with preservation of the joint, inclusive of, internal or external fixation by any method and removal of hardware, and inclusive of, if performed, arthrotomy, debridement of non-union, osteotomy, removal of bone, surrounding osteophytes, synovectomy, and/or release of joint, per bone. (Anaes.) (Assist.)	TBD

Bunion procedure items

Item	Descriptor	Schedule fee
49827	Correction of hallux valgus or varus deformity by local tendon transfer. Includes if performed: exostectomy, removal bursae, synovectomy, capsule repair, and capsule or tendon release or transfer - (unilateral). (Anaes.) (Assist.)	\$471
49830	Correction of hallux valgus or varus deformity by local tendon transfer. Includes if performed: exostectomy, removal bursae, synovectomy, capsule repair, and capsule or tendon release or transfer - (bilateral). (Anaes.) (Assist.)	\$824
49833	Correction of hallux valgus or varus deformity by osteotomy of first metatarsal, without internal fixation. Includes if performed: exostectomy, removal bursae, synovectomy, capsule repair, and capsule or tendon release or transfer - (unilateral). (Anaes.) (Assist.)	\$518
49836	Correction of hallux valgus or varus deformity by osteotomy of first metatarsal, without internal fixation. Includes if performed: exostectomy, removal bursae, synovectomy, capsule repair, and capsule or tendon release or transfer - (bilateral). (Anaes.) (Assist.)	\$894
49837	Foot, correction of hallux valgus by osteotomy of first metatarsal and transfer of adductor hallicus tendon, with or without internal fixation and with or without excision of exostoses associated with the first metatarsophalangeal joint - unilateral (Anaes.) (Assist.)	\$647
49838	Correction of hallux valgus or varus deformity by osteotomy of first metatarsal, with internal fixation. Includes if performed: exostectomy, removal bursae, synovectomy, capsule repair, and capsule or tendon release or transfer - (bilateral). (Anaes.) (Assist.)	\$1,118

Toe nail items

Item	Descriptor	Schedule fee
47904	Digital nail of toe, removal of, not being a service to which item 47906 applies. (Anaes.)	\$57
47906	Digital nail of toe, removal of, in the operating theatre of a hospital. (Anaes.)	\$113
47915	Nail, ingrowing of toe, wedge resection for, including and requiring removal of segment of nail, unguis fold, excision and partial ablation of germinal matrix and portion of the nail bed, and including, if performed, phenolisation. (Anaes.) (Assist.)	\$170
47916	Nail, ingrowing of toe, partial resection of nail, including and requiring phenolisation. (Anaes.)	\$85
47918	Nail germinal matrix, complete ablation of. Including and requiring removal of segment of nail, unguis fold, excision and ablation of germinal matrix and portion of the nail bed, and, if performed, phenolisation. (Anaes.) (Assist.)	\$236

Ganglion items

Item	Descriptor	Schedule fee
479XX	Ganglion, bursae or mucinous cyst, of interphalangeal or metatarsophalangeal joint or surrounding tissues, complete excision of, performed in operating theatre of a hospital. Inclusive of, if performed: arthrotomy, synovectomy, osteophyte resections, neurolysis and skin closure by any local method. Per incision. (Anaes.) (Assist.)	TBD
479XY	Ganglion, bursae or mucinous cyst of ankle, hindfoot or midfoot joint or surrounding tissues, complete excision of. Inclusive of, if performed: joint arthrotomy, synovectomy, osteophyte resection, neurolysis, any capsular/ligament repair and skin closure by any local method. Per incision. (Anaes.) (Assist.)	TBD

Ganglion Revision Procedure items

Item	Descriptor	Schedule fee
479XZ	Revision of, ganglion, bursae or mucinous cyst, of interphalangeal or metatarsophalangeal joint or surrounding tissues, complete excision of, performed in operating theatre of a hospital. Inclusive of, if performed: arthrotomy, synovectomy, osteophyte resections, neurolysis and skin closure by any local method. Per incision, not being a service to which 479XX applies. (Anaes.) (Assist.)	TBD
479XA	Revision of, ganglion, bursae or mucinous cyst of ankle, hindfoot or midfoot joint or surrounding tissues, complete excision of. Inclusive of, if performed: joint arthrotomy, synovectomy, osteophyte resection, neurolysis, any capsular/ligament repair and skin closure by any local method. Per incision, not being a service to which 479XY applies. (Anaes.) (Assist.)	TBD

Inflammatory arthritis items

Item	Descriptor	Schedule fee
49860	Synovectomy of metatarsophalangeal joints. Inclusive of, if performed: capsulotomy, debridement, or release of ligament and/or tendon, 1 or more joints, per foot. (Anaes.) (Assist.)	TBD

Item	Descriptor	Schedule fee
498XX	Synovectomy of major ankle tendon for extensive synovitis (e.g. rheumatoid, gout, inflammatory), by any method, inclusive of, if performed: associated tenolysis, debridement or release of ligament and/or tendon, excision of tubercle or osteophyte, reconstruction of tendon retinaculum. Per incision. (Anaes.) (Assist.)	TBD
50312	Synovectomy of ankle joint, by arthroscopic or open means. Inclusive of, if performed: capsulotomy, debridement or release of, ligament and/or tendon, not to be associated with any other arthroscopic procedure of the ankle. (Anaes.) (Assist.)	\$700
498XY	Excision of rheumatoid nodules or gouty tophi, per incision (excluding aftercare), inclusive of, if performed: capsulotomy, debridement or release of ligament and/or tendon, excision of tubercle or osteophyte. (Anaes.) (Assist.)	TBD

Nerve Procedure items

Item	Descriptor	Schedule fee
49866	Excision of intermetatarsal or digital neuroma. Inclusive of release of metatarsal or digital ligament, excision of bursae, and neurolysis, if performed. Per webspace. (Anaes.) (Assist.)	\$301
498XZ	Revision of, excision of intermetatarsal or digital neuroma. Inclusive of release of tissues, excision bursae, and neurolysis if performed. Per web space. (Anaes.) (Assist.)	TBD
498YA	Release tarsal tunnel. Inclusive of, if performed: release of ligaments, synovectomy, neurolysis. Per foot. (Anaes.) (Assist.)	TBD
498YB	Revision of, release tarsal tunnel. Inclusive of, if performed: release of ligaments, synovectomy, neurolysis. Per foot. (Anaes.) (Assist.)	TBD

Arthrodesis procedure items

Item	Descriptor	Schedule fee
49712	Ankle arthrodesis, open or arthroscopic, with internal or external fixation by any method. Inclusive of, if performed: capsulotomy, joint release, synovectomy, and removal of osteophytes at joint. (Anaes.) (Assist.)	\$753
497XX	Revision of ankle arthrodesis, open or arthroscopic, with internal or external fixation by any method. Inclusive of, if performed: capsulotomy, joint release, synovectomy, removal of osteophytes at joint, removal of hardware, neurolysis and osteotomy of non-union or malunion. (Anaes.) (Assist.)	TBD
50118	Hindfoot joint arthrodesis, open or arthroscopic, with internal or external fixation by any method. Inclusive of, if performed: capsulotomy, joint release, synovectomy, removal of osteophytes at joints. Per joint. (Anaes.) (Assist.)	\$433
49815	Hindfoot joint, triple arthrodesis, with internal or external fixation by any method. Inclusive of, if performed: capsulotomy, joint release, synovectomy, removal osteophytes at joints. (Anaes.) (Assist.)	\$753
498YC	Revision of hindfoot joint arthrodesis, open or arthroscopic, with internal or external fixation by any method. Inclusive of, if performed: capsulotomy, joint release, synovectomy, removal osteophytes at joints, removal hardware, osteotomy of non-union or malunion. Per joint. (Anaes.) (Assist.)	TBD

Item	Descriptor	Schedule fee
498YD	Midfoot joint arthrodesis, with internal or external fixation by any method. Inclusive of, if performed: capsulotomy, joint release, synovectomy, or removal osteophytes at joints. Per joint. (Anaes.) (Assist.)	TBD
498YE	Revision of, midfoot joint arthrodesis, with internal or external fixation by any method. Inclusive of, if performed: capsulotomy, joint release, synovectomy, removal osteophytes at joints, removal of hardware, osteotomy of nonunion or malunion. Per joint. (Anaes.) (Assist.)	TBD
49845	First metatarsophalangeal joint arthrodesis, by open or arthroscopic technique, with internal or external fixation by any method. Inclusive of, if performed: capsulotomy, joint release, synovectomy, removal of osteophytes at joints. (Anaes.) (Assist.)	\$471
498YF	Revision of first metatarsophalangeal joint arthrodesis. Inclusive of, if performed: capsulotomy, joint release, synovectomy, removal of exostosis at joints, removal of hardware, osteotomy of non union or malunion. (Anaes.) (Assist.)	TBD
498YG	Hallux interphalangeal or lesser metatarsophalangeal joint arthrodesis, with internal or external fixation by any method. Inclusive of, if performed: capsulotomy, joint release, synovectomy, removal osteophytes at joints. (Anaes.) (Assist.)	TBD
49851	Lesser toe, proximal and/or distal joint arthrodesis or interpositional arthroplasty,. Inclusive of, if performed: internal fixation by any method, capsulotomy, joint release, synovectomy, removal of osteophytes at joints. (Anaes.) (Assist.)	\$207

Arthroplasty Procedure items

Item	Descriptor	Schedule fee
49715	Ankle, total joint replacement – involving prosthetic replacement of ankle joint. Inclusive of, if performed: capsulotomy, joint release, synovectomy, and removal of osteophytes at joints. (Anaes.) (Assist.)	\$1,130
49716	Revision total ankle replacement – involving exchange of plastic insert, exchange of tibial and/or talar component and/or removal of components. Inclusive of, if performed: insertion of a cement spacer for infection, capsulotomy, joint release, neurolysis, debridement of cysts, synovectomy, and joint debridement. (Anaes.) (Assist.)	\$1,491
49839	Total first metatarsophalangeal joint replacement – involving replacement of both joint surfaces. Inclusive of, if performed: capsulotomy, synovectomy, and joint debridement. (Anaes.) (Assist.)	\$518
49857	Hemi joint replacement of first or lesser metatarsophalangeal joint. Inclusive of, if performed: capsulotomy, synovectomy, joint debridement. (Anaes.) (Assist.)	\$348
49821	Metatarsophalangeal or tarsometatarsal joint, excisional or interpositional arthroplasty of joint. Inclusive of, if performed: capsulotomy, joint release, synovectomy, local tendon transfer, joint debridement. Per joint. (Anaes.) (Assist.)	\$433
498AB	Subtalar joint arthroereisis. Inclusive of, if performed: capsulotomy, synovectomy, joint debridement. (Anaes.) (Assist.)	TBD

Arthroscopy Procedure items

Item	Descriptor	Schedule fee
49703*	Ankle joint, arthroscopic surgery of. Inclusive of, if performed: cartilage treatment, removal loose bodies, synovectomy, excision of joint osteophytes by arthroscopic means, not being a service associated with any other arthroscopic procedure of the ankle, elective or trauma. (Anaes.) (Assist.)	\$612
497AC	Hindfoot joint other than ankle or first metatarsophalangeal joint, arthroscopic surgery of, inclusive of, if performed: cartilage treatment, removal loose bodies, synovectomy, excision joint osteophytes by arthroscopic means, per joint, not being a service associated with any other arthroscopic procedure of the ankle (Anaes.) (Assist.)	TBD
497AD	Endoscopy of large tendons of the foot. Including, if performed: debridement tendon and sheath, removal of loose bodies, synovectomy, excision tendon impingement by endoscopic means. Not associated with open repair or reconstruction (items 49718 and 49724). (Anaes.) (Assist.)	TBD

*Items are able to be claimed in both an elective and trauma context.

Soft Tissue Procedure items

Item	Descriptor	Schedule fee
49706	Ankle joint arthrotomy, for infection, removal of loose bodies, joint debridement, and/or release joint contracture. (Anaes.) (Assist)	\$330
497AE	Hindfoot, midfoot or metatarsophalangeal joint arthrotomy, for infection, removal loose bodies, joint debridement, and/or release joint contracture. Per incision. (Anaes.) (Assist.)	TBD
49709*	Ankle and/or subtalar joint, ligamentous stabilisation of. Inclusive of, if performed: capsulotomy, joint release, synovectomy, joint debridement. Per incision, elective or trauma. (Anaes.) (Assist.)	\$706
497AF	Talonavicular joint or metatarsophalangeal joint, ligamentous stabilisation of. Including, if performed: capsulotomy, joint release, synovectomy, local tendon transfer, joint debridement. (Anaes.) (Assist.)	TBD
49818	Plantar fascia release. Inclusive of, if performed, excision of calcaneal spur. (Anaes.) (Assist.)	\$273
49854	Radical plantar fasciotomy or fasciectomy – involves extensive incision into foot and excision of fascia. Inclusive of excision of calcaneal spur, if performed. Not to be co-claimed with item 49818. (Anaes.) (Assist.)	\$377

*Items are able to be claimed in both an elective and trauma context.

Tendon Procedure items

Item	Descriptor	Schedule fee
49724	Major ankle tendon, reconstruction of, by any method. Inclusive of, if performed: synovial biopsy/synovectomy, adjacent tendon transfer, turn down flaps. Not a service for which 49718 applies.	\$659
49727	Major ankle tendon, lengthening of. Inclusive of, if performed: synovial biopsy/synovectomy. (Anaes.) (Assist.)	\$282
49728	Achilles' tendon lengthening, by any method, incorporating gastro-soleus lengthening for the correction of equinus deformity. Inclusive of, if performed: synovial biopsy/synovectomy. Not a service for which 49727 applies. (Anaes.) (Assist.)	\$565

Item	Descriptor	Schedule fee
497AG	Foot and ankle, major ankle tendon transfer, involving split or whole transfer to contralateral side of foot, passage of tendon posterior, anterior to or through interosseous membrane. Inclusive of, if performed: synovial biopsy/synovectomy, tendon lengthening, inseting of tendon. (Anaes.) (Assist.)	TBD
49812	Foot, tendon or ligament transfer, advancement of, involving side to side transfer, harvesting and transfer for ligament or minor foot tendon reconstruction. Inclusive of, if performed: synovial biopsy/synovectomy. Per major tendon or per toe. (Anaes.) (Assist.)	\$433
49803	Foot, flexor or extensor tendon, secondary repair of. Inclusive of, if performed: synovial biopsy/synovectomy. Per toe. (Anaes.)	\$170
49806	Foot, subcutaneous tenotomy of, 1 or more tendons, via small percutaneous incisions. (Anaes.)	\$132
49809	Foot, open tenotomy of or lengthening, via open incision of skin, with or without tenoplasty. Inclusive of, if performed: synovial biopsy/synovectomy. Per toe. (Anaes.)	\$217

Foot and Ankle trauma items

Non-Surgical Management item

Item	Descriptor	Schedule fee
475ZX	Ankle joint, hindfoot, midfoot, metatarsals or toes – treatment by non-surgical management, per leg. (Anaes.)	TBD

Closed reduction of fractures or dislocations items

Item	Descriptor	Schedule fee
47063	Ankle or tarus, treatment of dislocation of, by closed reduction. (Anaes.) (Assist.)	\$254
47597	Ankle joint, treatment of fracture of, by closed reduction. (Anaes.) (Assist.)	\$325
47612	Hindfoot, treatment of intra-articular fracture of, by closed reduction, with or without dislocation. Per foot. (Anaes.) (Assist.)	\$410
47621	Midfoot, treatment of intra-articular fracture of, by closed reduction, with or without dislocation. Per foot. (Anaes.) (Assist.)	\$410
476XX	Metatarsal, treatment of fractures of, by closed reduction. Per foot. (Anaes.) (Assist.)	TBD
47663	Phalanx of toe, treatment of fracture of, by closed reduction. Per toe. (Anaes.)	\$141
47069	Toe, treatment of dislocation of, by closed reduction. Per toe. (Anaes.)	\$71

Fractures

Ankle items

Item	Descriptor	Schedule fee
47066	Ankle or tarsus, treatment of dislocation of, by open reduction. Inclusive of, if performed: arthrotomy at dislocation site, washout of joint, removal loose fragments or intervening soft tissue, and capsule repair. (Anaes.) (Assist.)	\$339
47600	Ankle joint, treatment of fracture of, by internal fixation of 1 of malleolus, fibula or diastasis. Inclusive of, if performed: arthrotomy at fracture site, washout of joint, removal loose fragments or intervening soft tissue, and capsule repair, trauma and elective. (Anaes.) (Assist.)	\$433
47603	Ankle joint, treatment of fracture of, by internal fixation of more than 1 of malleolus, fibula or diastasis or medial tissue interposition. Inclusive of, if performed: arthrotomy at fracture site, washout of joint, removal of loose fragments or intervening soft tissue, and capsule repair. (Anaes.) (Assist.)	\$565

Hindfoot joint items

Item	Descriptor	Schedule fee
47615	Hindfoot, treatment of fracture of, by open reduction, with or without dislocation if performed: arthrotomy at fracture site, washout of joint, removal loose of fragments or intervening soft tissue, and capsule repair. (Anaes.) (Assist.)	\$471

Item	Descriptor	Schedule fee
47618	Hindfoot, treatment of intra-articular fracture of, by open reduction, with or without dislocation if performed: arthrotomy at fracture site, washout of joint, removal loose of fragments or intervening soft tissue, and capsule repair. (Anaes.) (Assist.)	\$588

Cuneiforms, tarsometatarsal joints and lisfranc joints items

Item	Descriptor	Schedule fee
47621	Tarso-metatarsal, treatment of intra-articular fracture of, by closed reduction, with or without dislocation. (Anaes.) (Assist.)	\$410
47624	Tarso-metatarsal, treatment of fracture of, by open reduction, with or without dislocation. Including if performed: arthrotomy at fracture site, washout joint, removal loose fragments or intervening soft tissue, capsule repair. Per joint. (Anaes.) (Assist.)	\$565
47630	Cuneiform, treatment of fracture of, by open reduction, with or without dislocation. Including if performed: arthrotomy at fracture site, washout joint, removal loose fragments or intervening soft tissue, capsule repair. Per bone. (Anaes.) (Assist.)	\$338

Metatarsal Fractures items

Item	Descriptor	Schedule fee
47639	Metatarsal, 1 of, treatment of fracture of, by open reduction. Including if performed: removal of loose fragments or intervening soft tissue. (Anaes.) (Assist.)	\$226
47648	Metatarsal, 2 of, treatment of fracture of, by open reduction. Including if performed: removal of loose fragments or intervening soft tissue. (Anaes.) (Assist.)	\$301
47657	Metatarsal, 3 or more of, treatment of fracture of, by open reduction. Including if performed: removal of loose fragments or intervening soft tissue. (Anaes.) (Assist.)	\$471

Toe Fractures items

Item	Descriptor	Schedule fee
47666	Phalanx of great toe, treatment of fracture of, by open reduction. Including if performed: arthrotomy at fracture site, washout of joint, removal of loose fragments or intervening soft tissue, and capsule repair. Per foot. (Anaes.)	\$236
47672	Phalanx of toe (other than great toe), 1 of, treatment of fracture of, by open reduction. Including if performed: arthrotomy at fracture site, washout of joint, removal loose fragments or intervening soft tissue, capsule repair. Per foot. (Anaes.)	\$113
47678	Phalanx of toe (other than great toe), more than 1 of, treatment of fracture of, by open reduction. Including if performed: arthrotomy at fracture site, washout of joint, removal of loose fragments or intervening soft tissue, and capsule repair. Per foot. (Anaes.)	\$170

Tendon procedure items

Item	Descriptor	Schedule fee
49718	Major ankle tendon, primary repair of, by any method, inclusive of, if performed: synovial biopsy/synovectomy, per tendon. (Anaes.) (Assist.)	\$377
49800	Foot, flexor or extensor, primary repair of, inclusive of if performed: synovial biopsy/synovectomy, per toe. (Anaes.) (Assist.)	\$132

Paediatric orthopaedic items

Paediatric hip items

Item	Descriptor	Schedule fee
48424	Pelvic osteotomy, with or without internal fixation and including the application of a hip spica, for patients less than 18 years of age, not to be claimed with bone graft items. (Anaes.) (Assist.)	\$753
48427	Femoral osteotomy, for patients less than 18 years of age, not to be claimed with bone graft items. (Anaes.) (Assist.)	\$913
50394	Multiple peri-acetabular osteotomy, including internal fixation where performed. (Anaes.) (Assist.)	\$2,777
503XX	Osteotomy and distalisation of greater trochanter with internal fixation. (Anaes.) (Assist.)	TBD
50352	Developmental dysplasia of the hip, treatment of, involving supervision of splint, harness or cast - initial application of, not being a service associated with a service to which another item in this Group applies. (Anaes.)	\$57
50654	Hip dysplasia or dislocation, examination and/or closed reduction, with or without arthrography of the hip under anaesthesia, application or reapplication of hip spica, in a patient under the age of 18. (Anaes.) (Assist.)	\$497
50351	Hip, developmental dislocation of, open reduction of, including application of hip spica. (Anaes.) (Assist.)	\$1,597
479ZA	Internal fixation to stabilise slipped capital femoral epiphysis. (Anaes.) (Assist.)	TBD
479ZB	Open subcapital realignment for slipped capital femoral epiphysis, not to be claimed with 48427. (Anaes.) (Assist.)	TBD
50375	Hip, contracture of, medial release, inclusive of lengthening of, or division of the adductors and psoas, with or without division of the obturator nerve, unilateral. (Anaes.) (Assist.)	\$499
50378	Hip, contracture of, medial release, inclusive of lengthening of, or division of the adductors and psoas, with or without division of the obturator nerve, bilateral. (Anaes.) (Assist.)	\$873
50381	Hip, contracture of, anterior release, inclusive of lengthening of, or division of the hip flexors and psoas with or without division of the joint capsule, unilateral. (Anaes.) (Assist.)	\$652
50384	Hip, contracture of, anterior release, inclusive of lengthening of, or division of the hip flexors and psoas with or without division of the joint capsule, bilateral. (Anaes.) (Assist.)	\$1,144
50390	Perthes, cerebral palsy, or other neuromuscular conditions, affecting hips or knees, application of cast under general anaesthesia, performed in the operating theatre of a hospital. (Anaes.)	\$229
50393	Acetabular shelf procedure, not to be used in conjunction with other hip arthroplasty procedures. (Anaes.) (Assist.)	\$846

Paediatric lower extremity

Item	Descriptor	Schedule fee
49878	Talipes equinovarus, calcaneo valgus or metatarsus varus, treatment by cast, splint or manipulation - each attendance. (Anaes.)	\$57
50321	Talipes equinovarus, open soft tissue release. (Anaes.) (Assist.)	\$929

Item	Descriptor	Schedule fee
50324	Talipes equinovarus, open soft tissue release, revision. (Anaes.) (Assist.)	\$1,324
50330	Talipes equinovarus, or talus, vertical congenital - post operative manipulation and change of plaster, performed under general anaesthesia in the operating theatre of a hospital, not being a service to which item 50315, 50318, 50321, 50324 or 50327 applies. (Anaes.)	\$229
50333	Tarsal coalition, excision of, with interposition of muscle, fat graft or similar graft, including, if performed, capsulotomy, synovectomy, and excision of osteophytes, per coalition. (Anaes.) (Assist.)	\$617
503XY	Talus, vertical, congenital, treatment by percutaneous or open stabilisation of talonavicular joint and Achilles' tenotomy. (Anaes.) (Assist.)	TBD
50336	Talus, vertical, congenital, combined anterior and posterior reconstruction. (Anaes.) (Assist.)	\$922
50339	Tibialis anterior or tibialis posterior tendon transfer. (split or whole). (Anaes.) (Assist.)	TBD
50345	Hyperextension deformity of toe, release incorporating V-Y plasty of skin, lengthening of extensor tendons and release of capsule contracture. (Anaes.) (Assist.)	\$347
50348	Knee, deformity of, post-operative manipulation and change of plaster, performed under general anaesthesia in the operating theatre of a hospital (Anaes.)	\$229
50354	Tibia, pseudarthrosis of, congenital, resection and fixation. (Anaes.) (Assist.)	\$1,310
50357	Rectus femoris tendon transfer or medial or lateral hamstring tendon transfer. (Anaes.) (Assist.)	\$562
50360	Combined medial and lateral hamstring tendon transfer. (Anaes.) (Assist.)	\$652
50369	Knee contracture, posterior release of, including multiple tendon lengthening or tenotomies, with or without release of joint capsule, not be claimed with knee replacement items. (Anaes.) (Assist.)	\$652
50372	Knee contracture, posterior release of, including multiple tendon lengthening or tenotomies, with or without release of joint capsule, not to be claimed with knee replacement items, bilateral. (Anaes.) (Assist.)	\$1,144
50411	Lower limb deficiency, treatment of congenital deficiency of the femur by resection of the distal femur and proximal tibia followed by knee fusion. (Anaes.) (Assist.)	\$1,310
50414	Lower limb deficiency, treatment of congenital deficiency of the femur by resection of the distal femur and proximal tibia followed by knee fusion and rotationplasty. (Anaes.) (Assist.)	\$1,768
50417	Lower limb deficiency, treatment of congenital deficiency of the tibia by reconstruction of the knee, involving transfer of fibula or tibia, and repair of quadriceps mechanism. (Anaes.) (Assist.)	\$1,310
50420	Patella, congenital dislocation of, reconstruction of the quadriceps. (Anaes.) (Assist.)	\$1,081
50423	Tibia, fibula or both, congenital deficiency of, transfer of the fibula to tibia, with internal fixation. (Anaes.) (Assist.)	\$998
50426	Osteochondroma, either solitary or in the context of hereditary multiple exostoses, removal of lesion or lesions from bone, requiring histological examination - per approach. (Anaes.) (Assist.)	\$465
504XX	Osteochondritis dessicans or other osteochondral lesion, percutaneous drilling. In patient with open growth plates or less than 18 years of age. (Anaes.) (Assist.)	TBD

Limb lengthening items

Item	Descriptor	Schedule fee
50300	Joint deformity, application of external fixator for gradual correction of deformity. (Anaes.) (Assist.)	\$1,158
50303	Limb lengthening, by gradual distraction, with application of an external fixator or intra-medullary device, in the operating theatre of a hospital. (Anaes.) (Assist.)	\$1,581
50306	Limb lengthening, by gradual distraction, with application of an external fixator or intra-medullary device, where the lengthening is bipolar, or bone transport is performed or where the fixator is extended to correct an adjacent joint deformity, in the operating theatre of a hospital. (Anaes.) (Assist.)	\$2,468
50309	Ring fixator or similar device, adjustment of, with or without insertion or removal of fixation pins, performed under general anaesthesia in the operating theatre of a hospital, not being a service to which item 50303 or 50306 applies. (Anaes.) (Assist.)	\$305
503XZ	Ring fixator or similar device, major adjustment of, not being a service to which item 50303, 50306, or 50309 applies.	TBD

Growth plate procedure items

Item	Descriptor	Schedule fee
485XX	Epiphysiodesis in a long bone in a patient less than 18 years. (Anaes.) (Assist.)	TBD
48509	Hemiepiphysiodesis, partial growth plate arrest using internal fixation in a patient less than 18 years of age. (Anaes.) (Assist.)	\$236
48512	Epiphysiolysis, release of focal growth plate closure in a patient less than 18 years of age. (Anaes.) (Assist.)	\$894

Paediatric fractures and dislocations items

Item	Descriptor	Schedule fee
50508	Radius and/or ulna, distal end, with open growth plates, treatment of fracture, by closed reduction. (Anaes.)	\$395
50512	Radius and/or ulna, distal end, with open growth plates, treatment of fracture, by closed or open reduction with the use of internal fixation. (Anaes.) (Assist.)	\$527
50524	Radius or ulna, shaft of, with open growth plate, treatment of fracture of, in conjunction with dislocation of distal radio-ulnar joint or proximal radio-humeral joint (Galeazzi or Monteggia injury), by closed reduction undertaken in the operating theatre of a hospital. (Anaes.) (Assist.)	\$409
50528	Radius or ulna, shaft of, with open growth plate, treatment of fracture of, in conjunction with dislocation of distal radio-ulnar joint or proximal radio-humeral joint (Galeazzi or Monteggia injury), by reduction with or without internal fixation by open or percutaneous means. (Anaes.) (Assist.)	\$659
50532	Radius and/or ulna, shafts of, with open growth plates, treatment of fracture, by closed reduction undertaken in the operating theatre of a hospital. (Anaes.)	TBD
50536	Radius and/or ulna, shafts of, with open growth plates, treatment of fracture, by closed reduction undertaken in the operating theatre of a hospital. (Anaes.)	TBD

Item	Descriptor	Schedule fee
50540	Olecranon, with open growth plate, treatment of fracture of, by open reduction. (Anaes.) (Assist.)	\$527
50544	Radius, with open growth plate, treatment of fracture of head or neck of, by closed reduction of. (Anaes.)	\$264
50548	Radius, with open growth plate, treatment of fracture of head or neck of, by reduction with or without internal fixation by open or percutaneous means. (Anaes.) (Assist.)	\$527
50552	Humerus, proximal, with open growth plate, treatment of fracture of, by closed reduction, undertaken in the operating theatre, neonatal unit or nursery of a hospital. (Anaes.)	\$455
50556	Humerus, proximal, with open growth plate, treatment of fracture, by closed or open reduction with internal fixation. (Anaes.) (Assist.)	\$606
50560	Humerus, shaft of, with open growth plate, treatment of fracture of, by closed reduction, undertaken in the operating theatre, neonatal unit or nursery of a hospital. (Anaes.)	\$474
50564	Humerus, shaft of, with open growth plate, treatment of fracture, by closed or open reduction with internal or external fixation. (Anaes.) (Assist.)	\$633
50568	Humerus, with open growth plate, supracondylar or condylar, treatment of fracture of, by closed reduction, undertaken in the operating theatre of a hospital. (Anaes.)	\$554
50572	Humerus, with open growth plate, supracondylar or condylar, treatment of fracture of, by reduction with or without internal fixation by open or percutaneous means, undertaken in the operating theatre of a hospital. (Anaes.) (Assist.)	\$738
505XX	Femur, shaft of, with open growth plate, treatment of fracture, by closed or open reduction with internal or external fixation. (Anaes.) (Assist.)	TBD
50576	Femur, with open growth plate, treatment of fracture of, by closed reduction or traction, with or without application of hip spica. (Anaes.) (Assist.)	\$606
505XY	Tibia, shaft of, with open growth plate, treatment of fracture, by closed reduction and casting. (Anaes.) (Assist.)	TBD
50580	Tibia, with open growth plate, plateau or condyles, medial or lateral, treatment of fracture of, by reduction with or without internal fixation by open or percutaneous means. (Anaes.) (Assist.)	\$633
50584	Tibia, distal, with open growth plate, treatment of fracture of, by reduction with or without internal fixation by open or percutaneous means. (Anaes.) (Assist.)	\$606
50588	Tibia and fibula, with open growth plates, treatment of fracture of, by internal fixation. (Anaes.) (Assist.)	\$791
47708	Plaster jacket, application of, as an independent procedure. (Anaes.)	\$217
47711	Halo, application of, as an independent procedure. (Anaes.) (Assist.)	\$320
47714	Halo, application of, in addition to spinal fusion for scoliosis, or other conditions. (Anaes.)	\$240
47717	Halo-thoracic traction - application of both halo and thoracic jacket. (Anaes.) (Assist.)	\$424
47720	Halo-femoral traction, as an independent procedure. (Anaes.) (Assist.)	\$424
47723	Halo-femoral traction in conjunction with a major spine operation. (Anaes.) (Assist.)	\$424

Spine surgery for scoliosis and kyphosis in paediatric patients items

Item	Descriptor	Schedule fee
50600	Scoliosis or kyphosis, in a growing child, manipulation of deformity and application of a localiser cast, under general anaesthesia, in a hospital. (Anaes.) (Assist.)	\$435
50604	Scoliosis or kyphosis, in a child or adolescent, spinal fusion for (without instrumentation). (Anaes.) (Assist.)	\$1,845
50608	Scoliosis or kyphosis, in a child or adolescent, treatment by segmental instrumentation and fusion of the spine, not being a service to which item 48642 to 48675 applies. (Anaes.) (Assist.)	\$3,427
50612	Scoliosis or kyphosis, in a child or adolescent, with spinal deformity, treatment by segmental instrumentation, utilising separate anterior and posterior approaches, not being a service to which item 48642 to 48675 applies. (Anaes.) (Assist.)	\$4,875
50616	Scoliosis, in a child or adolescent, re-exploration for adjustment or removal of segmental instrumentation used for correction of spine deformity. (Anaes.) (Assist.)	\$619
50620	Scoliosis, in a child or adolescent, revision of failed scoliosis surgery, involving more than 1 of osteotomy, fusion, removal of instrumentation or instrumentation, not being a service to which item 48642 to 48675 applies. (Anaes.) (Assist.)	\$3,427
50624	Scoliosis, in a child or adolescent, anterior correction of, with fusion and segmental fixation (Dwyer, Zielke or similar) - not more than 4 levels. (Anaes.) (Assist.)	\$3,427
50628	Scoliosis, in a child or adolescent, anterior correction of, with fusion and segmental fixation (Dwyer, Zielke or similar) - more than 4 levels. (Anaes.) (Assist.)	\$4,233
50632	Scoliosis or kyphosis, in a child or adolescent, requiring segmental instrumentation and fusion of the spine down to and including the pelvis or sacrum, not being a service to which item 48642 to 48675 applies. (Anaes.) (Assist.)	\$3,559
50636	Scoliosis, in a child or adolescent, requiring anterior decompression of the spinal cord with vertebral resection and instrumentation in the presence of spinal cord involvement, not being a service to which item 48642 to 48675 applies. (Anaes.) (Assist.)	\$3,954
50640	Scoliosis, in a child or adolescent, congenital, resection and fusion of abnormal vertebra via an anterior or posterior approach, not being a service to which item 48642 to 48675 applies. (Anaes.) (Assist.)	\$2,186
50644	Spine, bone graft to, for a child or adolescent, associated with surgery for correction of scoliosis or kyphosis or both. (Anaes.) (Assist.)	\$2,109

Single event multilevel surgery for children with cerebral palsy items

Item	Descriptor	Schedule fee
50450	Unilateral single event multilevel surgery for patients less than 18 years of age with hemiplegic cerebral palsy comprising three or more of the following: Lengthening of one or more contracted muscle tendon units by tendon lengthening, muscle recession, fractional lengthening or intramuscular lengthening. Correction of muscle imbalance by tendon transfer/transfers. Correction of femoral torsion by rotational osteotomy of the femur. Correction of tibial torsion by rotational osteotomy of the tibia. Correction of joint instability by varus derotation osteotomy of the femur, subtalar arthrodesis, with synovectomy if performed, or os calcis lengthening. Conjoint surgery,	\$1,227

Item	Descriptor	Schedule fee
	principal specialist surgeon, including fluoroscopy and aftercare. (Anaes.) (Assist.)	
50451	Unilateral single event multilevel surgery for patients less than 18 years of age with hemiplegic cerebral palsy comprising three or more of the following: (a) Lengthening of one or more contracted muscle tendon units by tendon lengthening, muscle recession, fractional lengthening or intramuscular lengthening. (b) Correction of muscle imbalance by tendon transfer/transfers. (c) Correction of femoral torsion by rotational osteotomy of the femur. (d) Correction of tibial torsion by rotational osteotomy of the tibia. (e) Correction of joint instability by varus derotation osteotomy of the femur, subtalar arthrodesis, with synovectomy if performed, or os calcis lengthening. Conjoint surgery, conjoint specialist surgeon, including fluoroscopy and excluding aftercare. (Anaes.) (Assist.)	\$1,227
50455	Bilateral single event multilevel surgery for patients less than 18 years of age with diplegic cerebral palsy that comprises: Lengthening of one or more contracted muscle tendon units by tendon lengthening, muscle recession, fractional lengthening or intramuscular lengthening. Correction of muscle imbalance by tendon transfer/transfers. Conjoint surgery, principal specialist surgeon, including fluoroscopy and aftercare. (Anaes.) (Assist.)	\$1,389
50456	Bilateral single event multilevel surgery for patients less than 18 years of age with diplegic cerebral palsy that comprises: (a) Lengthening of one or more contracted muscle tendon units by tendon lengthening, muscle recession, fractional lengthening or intramuscular lengthening. (b) Correction of muscle imbalance by tendon transfer/transfers. Conjoint surgery, conjoint specialist surgeon, including fluoroscopy and excluding aftercare. (Anaes.) (Assist.)	\$1,389
50460	Bilateral single event multilevel surgery for patients less than 18 years of age with diplegic cerebral palsy that comprises bilateral soft tissue surgery and bilateral femoral osteotomies. Lengthening of one or more contracted muscle tendon units by tendon lengthening, muscle recession, fractional lengthening or intramuscular lengthening. Correction of muscle imbalance by tendon transfer/transfers. Correction of torsional abnormality of the femur by rotational osteotomy and internal fixation. Conjoint surgery, principal specialist surgeon, including fluoroscopy and aftercare. (Anaes.) (Assist.)	\$2,074
50461	Bilateral single event multilevel surgery for patients less than 18 years of age with diplegic cerebral palsy that comprises bilateral soft tissue surgery and bilateral femoral osteotomies. (a) Lengthening of one or more contracted muscle tendon units by tendon lengthening, muscle recession, fractional lengthening or intramuscular lengthening. (b) Correction of muscle imbalance by tendon transfer/transfers. (c) Correction of torsional abnormality of the femur by rotational osteotomy and internal fixation. Conjoint surgery, conjoint specialist surgeon, including fluoroscopy and excluding aftercare. (Anaes.) (Assist.)	\$2,074
50465	Bilateral single event multilevel surgery for patients less than 18 years of age with diplegic cerebral palsy that comprises bilateral soft tissue surgery, bilateral femoral osteotomies and bilateral tibial osteotomies. Lengthening of one or more contracted muscle tendon units by tendon lengthening, muscle recession, fractional lengthening or intramuscular lengthening. Correction of muscle imbalance by tendon transfer/transfers. Correction of abnormal torsion of the femur by rotational osteotomy with internal fixation. Correction of abnormal torsion of the tibia by rotational osteotomy with internal fixation. Conjoint surgery, principal specialist surgeon, including fluoroscopy and aftercare. (Anaes.) (Assist.)	\$2,922
50466	Bilateral single event multilevel surgery for patients less than 18 years of age with diplegic cerebral palsy that comprises bilateral soft tissue surgery, bilateral femoral osteotomies and bilateral tibial osteotomies. (a) Lengthening of one or more contracted muscle tendon units by tendon lengthening, muscle recession, fractional lengthening or intramuscular lengthening. (b) Correction of muscle imbalance by tendon transfer/transfers. (c) Correction of abnormal torsion of the femur by rotational osteotomy with internal fixation. (d) Correction of abnormal torsion of the tibia by rotational osteotomy with	\$2,922

Item	Descriptor	Schedule fee
	internal fixation. Conjoint surgery, conjoint specialist surgeon, including fluoroscopy and excluding aftercare. (Anaes.) (Assist.)	
50470	Bilateral single event multilevel surgery for patients less than 18 years of age with cerebral palsy that comprises bilateral soft tissue surgery, bilateral femoral osteotomies, bilateral tibial osteotomies and bilateral foot stabilisation. Lengthening of one or more contracted muscle tendon units by tendon lengthening, muscle recession, fractional lengthening or intramuscular lengthening. Correction of muscle imbalance by tendon transfer/transfers. Correction of abnormal torsion of the femur by rotational osteotomy with internal fixation. Correction of abnormal torsion of the tibia by rotational osteotomy with internal fixation. Correction of bilateral pes valgus by os calcis lengthening or subtalar fusion. Conjoint surgery, principal specialist surgeon, including fluoroscopy and aftercare. (Anaes.) (Assist.)	\$3,706
50471	Bilateral single event multilevel surgery for patients less than 18 years of age with cerebral palsy that comprises bilateral soft tissue surgery, bilateral femoral osteotomies, bilateral tibial osteotomies and bilateral foot stabilisation. (a) Lengthening of one or more contracted muscle tendon units by tendon lengthening, muscle recession, fractional lengthening or intramuscular lengthening. (b) Correction of muscle imbalance by tendon transfer/transfers. (c) Correction of abnormal torsion of the femur by rotational osteotomy with internal fixation. (d) Correction of abnormal torsion of the tibia by rotational osteotomy with internal fixation. (e) Correction of bilateral pes valgus by os calcis lengthening or subtalar fusion. Conjoint surgery, conjoint specialist surgeon, including fluoroscopy and excluding aftercare (Anaes.) (Assist.)	\$3,706
50475	Single event multilevel surgery for patients less than 18 years of age with diplegic cerebral palsy for the correction of crouch gait including: Lengthening of one or more contracted muscle tendon units by tendon lengthening, muscle recession, fractional lengthening or intramuscular lengthening. Correction of muscle imbalance by tendon transfer/transfers. Correction of flexion deformity at the knee by extension osteotomy of the distal femur including internal fixation. Correction of patella alta and quadriceps insufficiency by patella tendon shortening/reconstruction. Correction of tibial torsion by rotational osteotomy of the tibia with internal fixation. Correction of foot instability by os calcis lengthening or subtalar fusion. Conjoint surgery, principal specialist surgeon, including fluoroscopy and aftercare. (Anaes.) (Assist.)	\$4,276
50476	Single event multilevel surgery for patients less than 18 years of age with diplegic cerebral palsy for the correction of crouch gait including: (a) Lengthening of one or more contracted muscle tendon units by tendon lengthening, muscle recession, fractional lengthening or intramuscular lengthening. (b) Correction of muscle imbalance by tendon transfer/transfers. (c) Correction of flexion deformity at the knee by extension osteotomy of the distal femur including internal fixation. (d) Correction of patella alta and quadriceps insufficiency by patella tendon shortening/reconstruction. (e) Correction of tibial torsion by rotational osteotomy of the tibia with internal fixation. (f) Correction of foot instability by os calcis lengthening or subtalar fusion. Conjoint surgery, conjoint specialist surgeon, including fluoroscopy and excluding aftercare.	\$4,276

Appendix C References

- ⁱ *Appropriate Use Criteria*. Elshaug, Adam. 2016.
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- ⁱⁱⁱ Medicare data, item 48403, co-claiming (same patient, same day, same provider), July 2014-June 2015, date of service, extracted 28 February 2017.
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- ^v Medicare data, item 48409, co-claiming (same patient, same day, same provider), July 2014-June 2015, date of service, extracted 28 February 2017.
- ^{vi} Medicare data, item 46396, co-claiming (same patient, same day, same or different provider), July 2014-June 2015, date of service, extracted 28 February 2017.
- ^{vii} Medicare data, item 48412, co-claiming (same patient, same day, same provider), July 2014-June 2015, date of service, extracted November 2016.
- ^{viii} Medicare data, item 48415, co-claiming (same patient, same day, same provider), July 2014-June 2015, date of service, extracted November 2016.
- ^{ix} Medicare data, item 48418, co-claiming (same patient, same day, same provider), July 2014-June 2015, date of service, extracted November 2016.
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- ^{xiv} Medicare data, item 47963, co-claiming (same patient, same day, same provider), July 2014 - June 2015, date of service, extracted 31 October 2016.
- ^{xv} Medicare data, item 47966, co-claiming (same patient, same day, same provider), July 2014 - June 2015, date of service, extracted 31 October 2016.
- ^{xvi} Medicare data, item 47969, co-claiming (same patient, same day, same provider), July 2014 - June 2015, date of service, extracted 31 October 2016.
- ^{xvii} Medicare data, item 50100, co-claiming (same patient, same day, same provider), July 2014 - June 2015, date of service, extracted 31 October 2016.
- ^{xviii} Medicare data, item 50102, co-claiming (same patient, same day, same provider), July 2014 - June 2015, date of service, extracted 31 October 2016.
- ^{xix} Medicare data, item 50103, co-claiming (same patient, same day, same provider), July 2014 - June 2015, date of service, extracted 31 October 2016.
- ^{xx} Medicare data, item 50104, co-claiming (same patient, same day, same provider), July 2014 - June 2015, date of service, extracted 31 October 2016.

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- xxi Medicare data, item 50106, co-claiming (same patient, same day, same provider), July 2014 - June 2015, date of service, extracted 31 October 2016.
- xxii Medicare data, item 50109, co-claiming (same patient, same day, same provider), July 2014 - June 2015, date of service, extracted 31 October 2016.
- xxiii Medicare data, item 50127, co-claiming (same patient, same day, same provider), July 2014 - June 2015, date of service, extracted 31 October 2016.
- xxiv Medicare data, items 50124, 50125, 55848, 55850 and 57341, 2008-2009, 2015-2016, date of service extracted 14 September 2017.
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- xxvi *Intra-articular corticosteroid for knee osteoarthritis*. Jüni P, Hari R, Rutjes AW, Fischer R, Silleta MG, Reichenbach S, da Costa BR. October 2015. Cochrane Database Syst Rev, Vol. 22, Art. No. CD005328.
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- xxxii Medicare Australia Statistics, Medicare Item Reports, item 47900, patient demographics, July 2014- June 2015, date of service, extracted 24 August 2017.
- xxxiii Medicare data, items 50200 and 50201, repeat claims (number of services per patient per year), July 2014- June 2015, date of service, extracted 19 December 2016.
- xxxiv Medicare data, item 47936, co-claiming (same patient, same day, same provider), July 2014-June 2015, date of service, extracted 30 November 2016.
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- xxxvi Medicare data, item 49512, co-claiming (same patient, same day, same provider), July 2014-June 2015, date of service, extracted 31 October 2016.
- xxxvii Medicare data, item 49564, co-claiming (same patient, same day, same provider), July 2014-June 2015, date of service, extracted 31 October 2016.
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- ^{xl} Medicare data, item 46489, co-claiming (same patient, same day, same or different provider), July 2014-June 2015, date of service, extracted 28 February 2017.
- ^{xli} Medicare data, item 46495, co-claiming (same patient, same day, same or different provider), July 2014-June 2015, date of service, extracted 28 February 2017.
- ^{xlii} Medicare data, item 46336, co-claiming (same patient, same day, same or different provider), July 2014-June 2015, date of service, extracted 28 February 2017.
- ^{xliii} Medicare data, item 46339, co-claiming (same patient, same day, same or different provider), July 2014-June 2015, date of service, extracted 28 February 2017.
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- ^{xlv} Medicare data, item 46504, co-claiming (same patient, same day, same or different provider), July 2014-June 2015, date of service, extracted 28 February 2017.
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- ^{lix} Medicare data, item 50312, co-claiming (same patient, same day, same provider), July 2014-June 2015, date of service, extracted 31 October 2016.

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- ^{lx} Medicare data, item 49845, co-claiming (same patient, same day, same provider), July 2014-June 2015, date of service, extracted 31 October 2016.
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- ^{lxviii} Medicare data, item 47603, co-claiming (same patient, same day, same provider), July 2014-June 2015, date of service, extracted 28 February 2017.
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