



# Orthopaedic Surgery Changes – Foot and Ankle Procedures

Last updated: 8 February 2024

- Effective 1 March 2024 there will be 30 new and 86 amended items in response to feedback received during an early post-implementation review to address unintended consequences arising from the 1 July 2021 orthopaedic MBS changes.
- These changes are summarised in the fact sheet titled “Orthopaedic Surgery Changes – Summary” and are further detailed in individual fact sheets on specific topics.
- This fact sheet sets out the changes to orthopaedic services in the foot and ankle.

## What are the changes?

Effective 1 March 2024 there will be a revised structure for items for orthopaedic surgery. The new structure includes amendments to 27 items for foot and ankle procedures as detailed below:

- Item **48400** will be amended to clarify that it is limited to use in the foot and can be used for an osteotomy of a phalanx or metacarpal bone or for an isolated sesamoidectomy in the foot. Services for the removal of sesamoid bones in the hand, which may have previously been claimed under **48400** prior to 1 July 2021, will now be included in amended item **49239**.
- Item **48403** will be amended to clarify that it can also be used for osteotomies of metatarsal bones other than the first metatarsal.
- Items **47615** and **47618**, for treatment of fractures in the hindfoot, will be amended to allow them to be claimed up to once per hindfoot bone treated rather than once per foot.
- A minor amendment will be made to item **47639**, for treatment of fractures of a single metatarsal, to be consistent with items **47648** and **47657**, for equivalent services in multiple metatarsals. This will improve clarity for providers where fractures of multiple metatarsals across multiple feet are treated by open reduction.
- Item **49716**, for revision of a total ankle replacement, will be amended to clarify that it can be used for revision procedures where the plastic inserts are exchanged but the tibial or talar components are not modified.
- The fees for items **49762**, **49763**, **49764**, **49765**, **49766**, **49767**, and **49768** will be updated to ensure patients receive appropriate benefits for metatarsophalangeal joint stabilisation procedures involving multiple joints relative to the fee for the corresponding single joint item 49761.
- Items **49717**, **49740**, **49744**, **49771**, **49773**, **49774**, **49775**, **49776**, **49782**, **49866**, **49881**, **49884**, **49887** and **49890** will be amended to adjust the co-claiming restrictions with the

wound debridement item **30023**. This will clarify that the items can be co-claimed where the primary procedure and the debridement are performed at different locations. These items were amended on 1 July 2021 to prevent inappropriate co-claiming of wound debridement where it formed an integral part of another surgery, which will continue to be restricted.

## Amended item descriptors (to take effect 1 March 2024) – amendments are indicated with strikethrough and bold text

### Category 3 – THERAPEUTIC PROCEDURES

#### Group T8 – Surgical Operations

#### Subgroup 15 - Orthopaedic

47615

Treatment of fracture of hindfoot, by open reduction, with or without dislocation, including any of the following (if performed):

- (a) arthrotomy;
- (b) capsule repair;
- (c) removal of loose fragments or intervening soft tissue;
- (d) washout of joint;

—one ~~feet~~ **hindfoot bone**

(Anaes.) (Assist.)

Fee: \$518.10 Benefit: 75% = \$388.60 85% = \$440.40

Private Health Insurance Classification:

- Clinical category: Bone, joint and muscle
- Procedure type: Type A Surgical

47618

Treatment of intra-articular fracture of hindfoot, by open reduction, with or without dislocation, including any of the following (if performed):

- (a) arthrotomy;
- (b) capsule repair;
- (c) removal of loose fragments or intervening soft tissue;
- (d) washout of joint;

—one ~~feet~~ **hindfoot bone**

### Category 3 – THERAPEUTIC PROCEDURES

(H) (Anaes.) (Assist.)

Fee: \$ Benefit: 75% = \$

Private Health Insurance Classification:

- Clinical category: Bone, joint and muscle
- Procedure type: Type A Surgical

47639

Treatment of fracture of metatarsal, by open reduction, including removal of loose fragments or intervening soft tissue (if performed)

—one metatarsal **of one foot**

(Anaes.) (Assist.)

Fee: \$248.75 Benefit: 75% = \$186.60 85% = \$211.45

Private Health Insurance Classification:

- Clinical category: Bone, joint and muscle
- Procedure type: Unlisted

48400

**Operation on foot, with:**

**(a) either or both of the following:**

**(i) Osteotomy** of phalanx or metatarsal **of foot**, for correction of deformity;

**(ii)** excision of accessory bone or sesamoid bone;

**(b)** including any of the following (if performed):

**(ai)** removal of bone;

**(bii)** excision of surrounding osteophytes;

**(biii)** synovectomy;

**(biv)** joint release;

—one bone

(H) (Anaes.) (Assist.)

Fee: \$362.75 Benefit: 75% = \$272.10

Private Health Insurance Classification

- Clinical category: Bone, joint and muscle
- Procedure type: Type A Surgical

48403

### Category 3 – THERAPEUTIC PROCEDURES

Osteotomy of phalanx **of first toe** or metatarsal ~~of first toe of foot~~, for correction of deformity, with internal fixation, including any of the following (if performed):

- (a) removal of bone;
- (b) excision of surrounding osteophytes;
- (c) synovectomy;
- (d) joint release;

—one bone

(H) (Anaes.) (Assist.)

Fee: \$569.95 Benefit: 75% = \$427.50

Private Health Insurance Classification:

- Clinical category: Bone, joint and muscle
- Procedure type: Type A Surgical

49716

Revision of total ankle replacement:

(a) including either:

- (i) exchange of tibial or talar components (or both) **and or** plastic inserts; or
- (ii) removal of tibial or talar components (or both) and plastic inserts; and

(b) including any of the following (if performed):

- (i) insertion of cement spacer for infection;
- (ii) capsulotomy;
- (iii) joint release;
- (iv) neurolysis;
- (v) debridement of cysts;
- (vi) synovectomy;
- (vii) joint debridement;

other than a service associated with a service to which item 30023 applies

(H) (Anaes.) (Assist.)

Fee: \$1,641.25 Benefit: 75% = \$1,230.95

Private Health Insurance Classification:

- Clinical category: Joint replacements
- Procedure type: Type A Advanced Surgical

### Category 3 – THERAPEUTIC PROCEDURES

49717

Revision of total ankle replacement:

(a) including either:

- (i) exchange of tibial and talar components; or
- (ii) removal of tibial and talar components and conversion to ankle arthrodesis; and

(b) including both of the following:

- (iii) internal or external fixation, by any means;
- (iv) major bone grafting; and

(c) including any of the following (if performed):

- (i) capsulotomy;
- (ii) joint release;
- (iii) neurolysis;
- (iv) debridement and extensive grafting of cysts;
- (v) synovectomy;
- (vi) joint debridement;

other than a service associated with a service to which item 30023, 48245, 48248, 48251, 48254 or 48257 applies **that is performed at the same site**

(H) (Anaes.) (Assist.)

Fee: \$1,969.55 Benefit: 75% = \$1,477.20

Private Health Insurance Classification:

- Clinical category: Joint replacements
- Procedure type: Type A Advanced Surgical

49740

Revision of arthrodesis of ankle, by open or arthroscopic means, with internal or external fixation by any method, including any of the following (if performed):

- (a) capsulotomy;
- (b) joint release;
- (c) synovectomy;
- (d) removal of osteophytes at joint;
- (e) removal of hardware;

### Category 3 – THERAPEUTIC PROCEDURES

(f) neurolysis;

(g) osteotomy of non-union or malunion;

other than a service associated with a service to which item 30023 applies **that is performed at the same site**

(H) (Anaes.) (Assist.)

Fee: \$1,554.50 Benefit: 75% = \$1,165.90

Private Health Insurance Classification:

- Clinical category: Bone, joint and muscle
- Procedure type: Type A Advanced Surgical

49744

Revision of arthrodesis of extended ankle and hindfoot, by open or arthroscopic means, with internal or external fixation by any method, including any of the following (if performed):

(a) capsulotomy;

(b) joint release;

(c) synovectomy;

(d) removal of osteophytes at joint;

(e) removal of hardware;

(f) neurolysis;

(g) osteotomy of non-union or malunion;

other than a service associated with a service to which item 30023 applies **that is performed at the same site**

(H) (Anaes.)(Assist.)

Fee: \$2,201.20 Benefit: 75% = \$1,650.90

Private Health Insurance Classification:

- Clinical category: Bone, joint and muscle
- Procedure type: Type A Advanced Surgical

49762

Stabilisation of metatarsophalangeal joint at metatarsals, including any of the following (if performed):

(a) capsulotomy;

(b) joint release;

### Category 3 – THERAPEUTIC PROCEDURES

- (c) synovectomy;
- (d) osteotomy, with or without fixation;
- (e) local tendon transfer;
- (f) local tendon lengthening or release;
- (g) ligament repair;
- (h) joint debridement;
- 2 metatarsals

(H) (Anaes.) (Assist.)

Fee: ~~\$632.45~~ **854.90** Benefit: 75% = ~~\$474.35~~ **641.20**

Private Health Insurance Classification:

- Clinical category: Bone, joint and muscle
- Procedure type: Type A Surgical

49763

Stabilisation of metatarsophalangeal joint at metatarsals, including any of the following (if performed):

- (a) capsulotomy;
- (b) joint release;
- (c) synovectomy;
- (d) osteotomy, with or without fixation;
- (e) local tendon transfer;
- (f) local tendon lengthening or release;
- (g) ligament repair;
- (h) joint debridement;
- 3 metatarsals

(H) (Anaes.) (Assist.)

Fee: ~~\$695.00~~ **997.40** Benefit: 75% = ~~\$521.25~~ **748.05**

Private Health Insurance Classification:

- Clinical category: Bone, joint and muscle
- Procedure type: Type A **Advanced** Surgical

49764

### Category 3 – THERAPEUTIC PROCEDURES

Stabilisation of metatarsophalangeal joint at metatarsals, including any of the following (if performed):

- (a) capsulotomy;
  - (b) joint release;
  - (c) synovectomy;
  - (d) osteotomy, with or without fixation;
  - (e) local tendon transfer;
  - (f) local tendon lengthening or release;
  - (g) ligament repair;
  - (h) joint debridement;
- 4 metatarsals

(H) (Anaes.) (Assist.)

Fee: ~~\$757.55~~ **1,139.85** Benefit: 75% = ~~\$568.20~~ **854.90**

Private Health Insurance Classification:

- Clinical category: Bone, joint and muscle
- Procedure type: Type A **Advanced** Surgical

49765

Stabilisation of metatarsophalangeal joint at metatarsals, including any of the following (if performed):

- (a) capsulotomy;
  - (b) joint release;
  - (c) synovectomy;
  - (d) osteotomy, with or without fixation;
  - (e) local tendon transfer;
  - (f) local tendon lengthening or release;
  - (g) ligament repair;
  - (h) joint debridement;
- 5 metatarsals

(H) (Anaes.) (Assist.)

Fee: ~~\$820.05~~ **1,282.40** Benefit: 75% = ~~\$615.05~~ **961.80**

Private Health Insurance Classification:



### Category 3 – THERAPEUTIC PROCEDURES

- Clinical category: Bone, joint and muscle
- Procedure type: Type A **Advanced** Surgical

49766

Stabilisation of metatarsophalangeal joint at metatarsals, including any of the following (if performed):

- (a) capsulotomy;
- (b) joint release;
- (c) synovectomy;
- (d) osteotomy, with or without fixation;
- (e) local tendon transfer;
- (f) local tendon lengthening or release;
- (g) ligament repair;
- (h) joint debridement;

—6 metatarsals

(H) (Anaes.) (Assist.)

Fee: ~~\$882.65~~ **1,424.85** Benefit: 75% = ~~\$662.00~~ **1,068.65**

Private Health Insurance Classification:

- Clinical category: Bone, joint and muscle
- Procedure type: Type A **Advanced** Surgical

49767

Stabilisation of metatarsophalangeal joint at metatarsals, including any of the following (if performed):

- (a) capsulotomy;
- (b) joint release;
- (c) synovectomy;
- (d) osteotomy, with or without fixation;
- (e) local tendon transfer;
- (f) local tendon lengthening or release;
- (g) ligament repair;
- (h) joint debridement;

—7 metatarsals

### Category 3 – THERAPEUTIC PROCEDURES

(H) (Anaes.) (Assist.)

Fee: ~~\$945.20~~ **1,567.35** Benefit: 75% = ~~\$708.80~~ **1,175.55**

Private Health Insurance Classification:

- Clinical category: Bone, joint and muscle
- Procedure type: Type A Advanced Surgical

49678

Stabilisation of metatarsophalangeal joint at metatarsals, including any of the following (if performed):

- (a) capsulotomy;
  - (b) joint release;
  - (c) synovectomy;
  - (d) osteotomy, with or without fixation;
  - (e) local tendon transfer;
  - (f) local tendon lengthening or release;
  - (g) ligament repair;
  - (h) joint debridement;
- 8 metatarsals

(H) (Anaes.) (Assist.)

Fee: ~~\$1,007.70~~ **1,709.80** Benefit: 75% = ~~\$755.80~~ **1,282.35**

Private Health Insurance Classification:

- Clinical category: Bone, joint and muscle
- Procedure type: Type A Advanced Surgical

49771

Synovectomy of major tendon of ankle, for extensive synovitis by any method, including any of the following (if performed):

- (a) tenolysis;
- (b) debridement of ligament or tendon (or both);
- (c) release of ligament or tendon (or both);
- (d) excision of tubercle or osteophyte;
- (e) reconstruction of tendon retinaculum;
- (f) neurolysis;

### Category 3 – THERAPEUTIC PROCEDURES

other than a service associated with a service to which item 30023 applies **that is performed at the same site** — each incision

(H) (Anaes.) (Assist.)

Fee: \$408.95 Benefit: 75% = \$306.75

Private Health Insurance Classification:

- Clinical category: Bone, joint and muscle
- Procedure type: Type A Surgical

49773

Revision of excision of intermetatarsal or digital neuroma, including any of the following (if performed):

(a) release of tissues;

(b) excision of bursae;

(c) neurolysis;

other than a service associated with a service to which item 30023 applies **that is performed at the same site** — one web space

(H) (Anaes.) (Assist.)

Fee: \$447.30 Benefit: 75% = \$335.50

Private Health Insurance Classification:

- Clinical category: Bone, joint and muscle
- Procedure type: Type A Surgical

49774

Release of tarsal tunnel, including any of the following (if performed):

(a) release of ligaments;

(b) synovectomy;

(c) neurolysis;

other than a service associated with a service to which item 30023 applies **that is performed at the same site** — one foot

(H) (Anaes.) (Assist.)

Fee: \$304.65 Benefit: 75% = \$228.50

Private Health Insurance Classification:

- Clinical category: Bone, joint and muscle
- Procedure type: Type A Surgical

### Category 3 – THERAPEUTIC PROCEDURES

49775

Revision of release of tarsal tunnel, including any of the following (if performed):

- (a) release of ligaments;
- (b) synovectomy;
- (c) neurolysis;

other than a service associated with a service to which item 30023 applies **that is performed at the same site** — one foot

(H) (Anaes.) (Assist.)

Fee: \$411.30 Benefit: 75% = \$308.50

Private Health Insurance Classification:

- Clinical category: Bone, joint and muscle
- Procedure type: Type A Surgical

49776

Revision of arthrodesis of joint of hindfoot, by open or arthroscopic means, with internal or external fixation by any method, including any of the following (if performed):

- (a) capsulotomy;
- (b) joint release;
- (c) synovectomy;
- (d) removal of osteophytes at joint;
- (e) removal of hardware;
- (f) neurolysis;
- (g) osteotomy of non-union or malunion;

other than a service associated with a service to which item 30023 applies **that is performed at the same site** — may only be claimed once per joint

(H) (Anaes.) (Assist.)

Fee: \$1,293.75 Benefit: 75% = \$970.35

Private Health Insurance Classification:

- Clinical category: Bone, joint and muscle
- Procedure type: Type A Advanced Surgical

49782

Revision of total ankle replacement, including:

### Category 3 – THERAPEUTIC PROCEDURES

(a) bone grafting of perioperative cysts to the tibia or talus (or both); and

(b) retention of implants; and

(c) any of the following (if performed):

(i) capsulotomy;

(ii) joint release;

(iii) neurolysis;

(iv) debridement and grafting of cysts;

(v) synovectomy;

(vi) joint debridement;

other than a service associated with a service to which item 30023 applies **that is performed at the same site**

(H) (Anaes.) (Assist.)

Fee: \$622.35 Benefit: 75% = \$466.80

Private Health Insurance Classification:

- Clinical category: Joint replacements
- Procedure type: Type A Surgical

49866

Excision of intermetatarsal or digital neuroma, including any of the following (if performed):

(a) release of metatarsal or digital ligament;

(b) excision of bursae;

(c) neurolysis;

other than a service associated with a service to which item 30023 applies **that is performed at the same site** — one web space

(H) (Anaes.) (Assist.)

Fee: \$331.35 Benefit: 75% = \$248.55

Private Health Insurance Classification:

- Clinical category: Bone, joint and muscle
- Procedure type: Type A Surgical

49881

Complete excision of one or more ganglia or bursae:

### Category 3 – THERAPEUTIC PROCEDURES

(a) including excision of bony prominence or mucinous cyst of interphalangeal or metatarsophalangeal joint and surrounding tissues; and

(b) including any of the following (if performed):

(i) arthrotomy;

(ii) synovectomy;

(iii) osteophyte resections;

(iv) neurolysis;

(v) skin closure, by any local method;

other than a service associated with a service to which item 30023 applies **that is performed at the same site** — each incision

(H) (Anaes.) (Assist.)

Fee: \$242.05 Benefit: 75% = \$181.55

Private Health Insurance Classification:

- Clinical category: Bone, joint and muscle
- Procedure type: Type B Non-band specific

49884

Complete excision of one or more ganglia or bursae:

(a) including excision of bony prominence or mucinous cyst of ankle, hindfoot or midfoot joint and surrounding tissues; and

(b) including any of the following (if performed):

(i) arthrotomy;

(ii) synovectomy;

(iii) osteophyte resections;

(iv) neurolysis;

(v) capsular or ligament repair;

(vi) skin closure, by any method;

other than a service associated with a service to which item 30023 applies **that is performed at the same site** — each incision.

(H) (Anaes.) (Assist.)

Fee: \$408.95 Benefit: 75% = \$306.75

Private Health Insurance Classification:

- Clinical category: Bone, joint and muscle

### Category 3 – THERAPEUTIC PROCEDURES

- Procedure type: Type B Non-band specific

49887

Revision of complete excision of one or more ganglia or bursae:

(a) including excision of bony prominence or mucinous cyst of interphalangeal or metatarsophalangeal joint and surrounding tissues; and

(b) including any of the following (if performed):

(i) arthrotomy;

(ii) synovectomy;

(iii) osteophyte resections;

(iv) neurolysis;

(v) skin closure, by any method;

other than a service associated with:

**(c) a service to which item ~~30023~~ or 49881 applies; or**

**(d) a service to which item 30023 applies that is performed at the same site** — each incision

(H) (Anaes.) (Assist.)

Fee: \$326.90 Benefit: 75% = \$245.20

Private Health Insurance Classification:

- Clinical category: Bone, joint and muscle
- Procedure type: Type B Non-band specific

49890

Revision of complete excision of one or more ganglia or bursae:

(a) including excision of bony prominence or mucinous cyst of ankle, hindfoot or midfoot joint and surrounding tissues; and

(b) including any of the following (if performed):

(i) arthrotomy;

(ii) synovectomy;

(iii) osteophyte resections;

(iv) neurolysis;

(v) capsular or ligament repair;

(vi) skin closure, by any method;

### Category 3 – THERAPEUTIC PROCEDURES

other than a service associated with:

**(c)** a service to which item ~~30023~~ or 49884 applies; or

**(d)** a service to which item 30023 applies that is performed at the same site — each incision

(H) (Anaes.) (Assist.)

Fee: \$552.00 Benefit: 75% = \$4

Private Health Insurance Classification:

- Clinical category: Bone, joint and muscle
- Procedure type: Type B Non-band specific

Please note that the information provided is a general guide only. It is ultimately the responsibility of treating practitioners to use their professional judgment to determine the most clinically appropriate services to provide, and then to ensure that any services billed to Medicare fully meet the eligibility requirements outlined in the legislation.

This factsheet is current as of the Last updated date shown above and does not account for MBS changes since that date.