



# Orthopaedic Surgery Changes – Fractures and General Orthopaedic Procedures

Last updated: 6 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 fractures and general orthopaedic procedures.

## What are the changes?

Effective 1 March 2024 there will be a revised structure for items for orthopaedic surgery. The new structure includes 15 new items for orthopaedic procedures for treating exostoses, heterotopic ossification, fracture non-unions, and isolated fibular fractures as detailed below.

Additional amendments to some existing items for the treatment of fractures in the hand and wrist or foot and ankle are listed in the respective fact sheets.

- New item **47577** will be created to restore MBS coverage for the surgical management of isolated fibular fractures where existing items **47600**, **47570**, or **47573** are not appropriate.
- Five new, region-specific items, **48436**, **48438**, **48440**, **48442**, and **48444** will be created to restore MBS coverage for the isolated removal of exostoses.
- Three new items, **49592**, **49594**, and **49596** will be created for the removal of heterotopic ossification in the lower limbs.
- Six new items, **48446**, **48448**, **48450**, **48452**, **48454**, and **48456**, will be created for the treatment of fracture non-unions or malunions to create complete medical services and clarify appropriate claiming for these procedures.

## New item descriptors (to take effect 1 March 2024)

### Category 3 – THERAPEUTIC PROCEDURES

#### Group T8 – Surgical Operations

#### Subgroup 15 - Orthopaedic

47577

Treatment of fracture of fibula proximal to ankle, by open reduction, with internal fixation, including any of the following (if performed):

- (a) internal fixation;
- (b) arthrotomy;
- (c) capsule repair;
- (d) removal of loose fragments or intervening soft tissue
- (e) washout of joint;
- (H) (Anaes.) (Assist.)

Fee: \$621.75 Benefit: 75% = \$466.35

Private Health Insurance Classification:

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

48436

Excision of one or more exostoses of the hand, distal to the wrist, including any of the following (if performed):

- (a) excision of surrounding osteophytes;
- (b) release of ligaments;
- (c) removal of one or more associated bursae or ganglia;
- (d) removal of bone;
- (e) synovectomy;

other than a service associated with a service to which another item in this Schedule applies that:

- (f) is an arthroscopic procedure, arthrodesis, arthroplasty or osteotomy, or involves the removal of hardware; and
  - (g) is performed on the same joint or bone;
- each incision

(H) (Anaes.)(Assist.)

Fee: \$295.30 Benefit: 75% = \$221.50

### Category 3 – THERAPEUTIC PROCEDURES

Private Health Insurance Classification:

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

48438

Excision of one or more exostoses in the wrist including any of the following (if performed):

- (a) capsulotomy;
  - (b) excision of surrounding osteophytes;
  - (c) release of ligaments;
  - (d) removal of one or more associated bursae or ganglia;
  - (e) removal of bone;
  - (f) synovectomy;
- other than:
- (g) a service to which 48436 applies; or
  - (h) a service associated with a service to which another item in this Schedule applies that:
  - (i) is an arthroscopic procedure, arthrodesis, arthroplasty or osteotomy, or the removal of hardware; and
  - (ii) is performed on the same joint or bone;
- each incision
- (H) (Anaes.) (Assist.)

Fee: \$295.30 Benefit: 75% = \$221.50

Private Health Insurance Classification:

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

48440

Excision of one or more exostoses in the arm or shoulder, including the radius, ulna, humerus, acromion, clavicle, or scapula, including any of the following (if performed):

- (a) capsulotomy;
- (b) excision of surrounding osteophytes;
- (c) release of ligaments;
- (d) removal of one or more associated bursae or ganglia;
- (e) removal of bone;
- (f) synovectomy;

### Category 3 – THERAPEUTIC PROCEDURES

other than:

(g) a service to which 48438 applies; or

(h) a service associated with a service to which another item in this Schedule applies that:

(i) is an arthroscopic procedure, arthrodesis, arthroplasty or osteotomy, or the removal of hardware; and

(ii) is performed on the same joint or bone;

—each incision

(H) (Anaes.) (Assist.)

Fee: \$295.30 Benefit: 75% = \$221.50

Private Health Insurance Classification:

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

48442

Excision of one or more exostoses in the hip, including pelvis and femur, including any of following (if performed):

(a) capsulotomy;

(b) excision of surrounding osteophytes;

(c) release of ligaments;

(d) removal of one or more associated bursae or ganglia;

(e) removal of bone;

(f) synovectomy;

other than:

(g) a service to which 48444 applies; or

(h) a service associated with a service to which another item in this Schedule applies that:

(i) is an arthroscopic procedure, arthrodesis, arthroplasty or osteotomy, or the removal of hardware; and

(ii) is performed on the same joint or bone;

—each incision

(H) (Anaes.)(Assist.)

Fee: \$295.30 Benefit: 75% = \$221.50

Private Health Insurance Classification:

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

### Category 3 – THERAPEUTIC PROCEDURES

48444

Excision of one or more exostoses in the knee, tibia or fibula, including any of following (if performed):

- (a) capsulotomy;
- (b) excision of surrounding osteophytes;
- (c) release of ligaments;
- (d) removal of one or more associated bursae or ganglia;
- (e) removal of bone;
- (f) synovectomy;

other than:

- (g) a service to which 48430 applies; or
- (h) a service associated with a service to which another item in this Schedule applies that:
  - (i) is an arthroscopic procedure, arthrodesis, arthroplasty or osteotomy, or the removal of hardware; and
  - (ii) is performed on the same joint or bone;

—each incision

(H) (Anaes.) (Assist.)

Fee: \$295.30 Benefit: 75% = \$221.50

Private Health Insurance Classification:

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

48446

Treatment of non-union or malunion of fracture of pelvis, including bone graft, and including any of the following (if performed):

- (a) arthrotomy;
- (b) debridement;
- (c) osteotomy;
- (d) removal of hardware;
- (e) internal fixation;

other than a service associated with a service to which item 48245, 48248, 48251, 48254, 48257, or 47929 applies that is performed on the same bone

—one bone

(H) (Anaes.) (Assist)

### Category 3 – THERAPEUTIC PROCEDURES

Fee: \$1,328.20 Benefit: 75% = \$996.15

Private Health Insurance Classification:

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

48448

Treatment of non-union or malunion of fracture of femur, including bone graft, and including any of the following (if performed):

- (a) arthrotomy;
- (b) debridement;
- (c) osteotomy;
- (d) removal of hardware;
- (e) internal fixation;

other than a service associated with a service to which item 48245, 48248, 48251, 48254, 48257, or 47929 applies that is performed on the same bone

—one bone

(H) (Anaes.) (Assist)

Fee: \$1,328.20 Benefit: 75% = \$996.15

Private Health Insurance Classification:

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

48450

Treatment of non-union or malunion of fracture of tibia or fibula, proximal to ankle, including bone graft, and including any of the following (if performed):

- (a) arthrotomy;
- (b) debridement;
- (c) osteotomy;
- (d) removal of hardware;
- (e) internal fixation;

other than a service associated with a service to which item 48245, 48248, 48251, 48254, 48257, or 47929 applies that is performed on the same bone

—one bone

(H) (Anaes.) (Assist)

Fee: \$1,203.80 Benefit: 75% = \$902.85

### Category 3 – THERAPEUTIC PROCEDURES

Private Health Insurance Classification:

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

48452

Treatment of non-union or malunion of fracture of humerus, including bone graft, and including any of the following (if performed):

- (a) arthrotomy;
- (b) debridement;
- (c) osteotomy;
- (d) removal of hardware;
- (e) internal fixation;

other than a service associated with a service to which item 48245, 48248, 48251, 48254, 48257, or 47929 applies that is performed on the same bone

—one bone

(H) (Anaes.) (Assist)

Fee: \$1,203.80 Benefit: 75% = \$902.85

Private Health Insurance Classification:

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

48454

Treatment of non-union or malunion of fracture of radius, ulna, or carpus including bone graft, and including any of the following (if performed):

- (a) arthrotomy;
- (b) debridement;
- (c) osteotomy;
- (d) removal of hardware;
- (e) internal fixation;

other than a service associated with a service to which item 48245, 48248, 48251, 48254, 48257, or 47929 applies that is performed on the same bone

—one bone

(H) (Anaes.) (Assist)

Fee: \$892.90 Benefit: 75% = \$669.70

Private Health Insurance Classification:

### Category 3 – THERAPEUTIC PROCEDURES

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

48456

Treatment of non-union or malunion of fracture of hand, distal to wrist, including bone graft, and including any of the following (if performed):

- (a) arthrotomy;
- (b) debridement;
- (c) osteotomy;
- (d) removal of hardware;
- (e) internal fixation;

other than a service associated with a service to which item 48245, 48248, 48251, 48254, 48257, or 47929 applies that is performed on the same bone

—one bone

(H) (Anaes.) (Assist)

Fee: \$892.90 Benefit: 75% = \$669.70

Private Health Insurance Classification:

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

49592

Excision of heterotopic ossification, myositis ossificans or post-traumatic ossification in the hip, including pelvis and proximal femur

(H) (Anaes.) (Assist.)

Fee: \$1,256.50 Benefit: 75% = \$942.40

Private Health Insurance Classification:

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

49594

Excision of heterotopic ossification, myositis ossificans or post-traumatic ossification in the knee, including distal femur, proximal fibula and proximal tibia

(H) (Anaes.) (Assist.)

Fee: \$1,005.20 Benefit: 75% = \$753.90

Private Health Insurance Classification:



### Category 3 – THERAPEUTIC PROCEDURES

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

49596

Excision of heterotopic ossification, myositis ossificans or post-traumatic ossification in the lower leg, other than a service to which item 49594 applies

(H) (Anaes.) (Assist.)

Fee: \$753.90 Benefit: 75% = \$565.45

Private Health Insurance Classification:

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

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.