



Orthopaedic Surgery Changes – Knee, Hip, and Paediatric Hip 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 orthopaedic services in the knee and hip, including paediatric hip procedures.

What are the changes?

Effective 1 March 2024 there will be a revised structure for items for orthopaedic surgery. The new structure includes 8 amended items for knee procedures, 2 amended items for hip procedures, and 1 amended item for paediatric hip procedures as detailed below:

Hip procedures

- Item **49363**, for hip arthroscopy with synovial biopsy, will be amended to correctly identify it as a diagnostic hip arthroscopy item rather than an arthroscopic treatment item.
- Item **49321**, for complex primary hip arthroplasty, will be amended to update the terminology to be more clinically relevant and clearly differentiate it from primary hip arthroplasty item **49318**.

Knee procedures

- Minor amendments will be made to items **49518, 49519, 49527, 49530, 49533 and 49534**, for knee arthroplasty services, to improve the clarity and consistency of the terminology across this group of knee items.
- Items **49521 and 49524**, for complex knee arthroplasty procedures, will be amended to clarify that 'revision components' are being used rather than pre-existing components being 'revised'. The new wording will better describe the procedure, making it easier for providers to identify the correct knee arthroplasty item.
- Item **49524** will additionally be amended to allow it to be used for rare knee arthroplasty procedures that include a distal femoral replacement or a proximal tibial replacement.

Paediatric hip procedures

- Item **50654**, for examination of closed reduction of the hip in paediatric patients, will be expanded to allow it to be used for some rare paediatric hip pathologies that are not well-described as hip dysplasia or dislocation. The amended item may be relevant to Perthes disease, slipped upper femoral epiphysis, avascular necrosis of the hip, labral pathologies, and diagnostic injections under anaesthesia to identify the source of hip pain. Item **50390** will continue to be used where the service is limited to the application of a cast.
- Whilst the reference to 'under anaesthesia' has been removed from this item, the intention has not changed. This item remains solely for use for paediatric hip examination or closed reduction (or both) under anaesthesia. It is not intended to be used for routine hip examination that does not require anaesthesia in paediatric patients. The Department will monitor the use of this item to ensure it remains claimed with appropriate anaesthetic items and the item descriptor for 50654 will be clarified to better reflect this intent in a future update.

Amended item descriptors (to take effect

1 March 2024) -amendments to MBS items are indicated with strikethrough and bold text

Category 3 – THERAPEUTIC PROCEDURES

Group T8 – Surgical Operations

Subgroup 15 - Orthopaedic

49321

~~Total~~**Complex primary** arthroplasty of hip, with internal fixation, including either or both of the following (if performed):

(a) structural bone graft;

(b) insertion of synthetic substitutes or metal augments;

other than a service associated with a service to which item 48245, 48248, 48251, 48254 or 48257 applies

(H) (Anaes.) (Assist.)

Fee: \$1,761.80 Benefit: 75% = \$1,321.35

Private Health Insurance Classification:

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

49363

~~Treatment~~**Diagnostic arthroscopy** of hip, ~~by arthroscopic means,~~ with synovial biopsy, ~~including any procedures to treat bone or soft tissue in the same area (if performed),~~ other than a service associated with a service to which another item in this

Category 3 – THERAPEUTIC PROCEDURES

Schedule applies ~~that is performed on if the service described in the other item is for the purpose of performing:~~

~~(a) a procedure of the hip joint by arthroscopic means; or~~

~~(b) surgery for femoroacetabular impingement~~

(H) (Anaes.) (Assist.)

Fee: \$455.90 Benefit: 75% = \$341.95

Private Health Insurance Classification:

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

49518

Total **replacement** arthroplasty of knee, including either or both of the following (if performed):

(a) revision of patello-femoral joint replacement to total knee replacement;

(b) patellar resurfacing;

other than a service associated with a service to which item 48245, 48248, 48251, 48254 or 48257 applies

(H) (Anaes.) (Assist.)

Fee: \$1,450.55 Benefit: 75% = \$1,087.95

Private Health Insurance Classification:

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

49519

Bilateral total **replacement** arthroplasty of knee, including patellar resurfacing, other than a service associated with a service to which item 48445, 48248, 48521, 48524 or 48257 applies

(H) (Anaes.) (Assist.)

Fee: \$2,548.50 Benefit: 75% = \$1,911.40

Private Health Insurance Classification:

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

49521

Complex primary arthroplasty of knee, ~~with revision of components to femur or tibia~~ **using revision femoral or tibial components**, including either or both of the following (if performed):

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(a) ligament reconstruction;

(b) patellar resurfacing;

other than a service associated with a service to which item 48245, 48248, 48251, 48254 or 48257 applies

(H) (Anaes.) (Assist.)

Fee: \$1,761.80 Benefit: 75% = \$1,321.35

Private Health Insurance Classification:

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

49524

Complex primary arthroplasty of knee:–**with**

(a) using revision of components to femoral and tibial components,; or

(b) using revision components to femoral or tibial components including anatomic specific allograft of femur or tibia;

including either or both of the following (if performed):

(c) ligament reconstruction;

(d) patellar resurfacing;

other than a service associated with a service to which item 48245, 48248, 48251, 48254 or 48257 applies

(H) (Anaes.) (Assist.)

Fee: \$2,072.60 Benefit: 75% = \$1,554.45

Private Health Insurance Classification:

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

49527

Minor revision of total or partial ~~replacement~~ **arthroplasty** of knee, including either or both of the following:

(a) exchange of polyethylene component (including uni);

(b) insertion of patellar component;

other than a service associated with a service to which item 48245, 48248, 48251, 48254 or 48257 applies

(H) (Anaes.) (Assist.)

Fee: \$1,450.55 Benefit: 75% = \$1,087.95

Private Health Insurance Classification:

Category 3 – THERAPEUTIC PROCEDURES

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

49530

Revision of total or partial ~~replacement~~ **arthroplasty** of knee, with exchange of femoral or tibial component:

- (a) excluding revision of unicompartmental with unicompartmental implants; and
- (b) including patellar resurfacing (if performed);

other than a service associated with a service to which item 48245, 48248, 48251, 48254 or 48257 applies

(H) (Anaes.) (Assist)

Fee: \$2,176.35 Benefit: 75% = \$1,632.30

Private Health Insurance Classification:

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

49533

Revision of total or partial ~~replacement~~ **arthroplasty** of knee, with exchange of femoral and tibial components, excluding revision of unicompartmental with unicompartmental implants, including patellar resurfacing (if performed), other than a service associated with a service to which item 48245, 48248, 48251, 48254 or 48257 applies

(H) (Anaes.) (Assist.)

Fee: \$2,798.55 Benefit: 75% = \$2,098.95

Private Health Insurance Classification:

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

49534

Replacement Arthroplasty of patella and trochlea of patello-femoral joint of knee, performed as a primary procedure

(H) (Anaes.) (Assist.)

Fee: \$800.55 Benefit: 75% = \$600.45

Private Health Insurance Classification:

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

50654

Category 3 – THERAPEUTIC PROCEDURES

~~Treatment of hip dysplasia or dislocation, Examination or closed reduction (or both) of hip~~ for a patient under the age of 18 years, ~~by examination or closed reduction (or both),~~ including any of the following (if performed):

(a) diagnostic injection;

(b) ~~with or without~~ arthrography; ~~of the hip under anaesthesia, and with~~

(c) application or reapplication of a hip spica

(H) (Assist.) (Anaes.)

Fee: \$546.60 Benefit: 75% = \$409.95

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.