



Orthopaedic Surgery Changes – Shoulder and Elbow 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 shoulder and elbow.

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 and 1 amended item for shoulder and elbow procedures as detailed below:

- New items **48952** and **48953** will be created to restore patient access for arthroscopic surgery services on the acromioclavicular, sternoclavicular, and scapulothoracic joints.
- New items **48943** and **48944** will be created to restore patient access for arthrodesis services for the acromioclavicular, sternoclavicular, and scapulothoracic joints.
- Item **47792** will be amended to encompass joint stabilisation procedures of the acromioclavicular or sternoclavicular joints instead of the acromioclavicular and scapulothoracic joints.
- A new item, **47795**, will be created specifically for joint stabilisation procedures of the scapulothoracic joint. This new item will more accurately describe the procedure and will be able to be claimed in conjunction with items for rib osteotomy or a chest drain where they are performed.
- New items **47968**, **47970**, and **47973** will be created to restore patient access for open tenotomy procedures in the shoulder, scapula, or elbow, respectively.
- A new item, **49113**, will be created restore patient access for procedures wherein a radial head prosthesis is removed but not revised.
- A new item, **49114**, will be created to restore patient access for procedures for the revision of a radial head prosthesis where the existing item for elbow replacement revision (49117) is not appropriate.
- A new item, **48919**, will be created for anatomic or reverse total shoulder replacement procedures with a bone graft. This will ensure that patients receive an appropriate benefit for these shoulder replacement procedures, including where bone is grafted from the excised humeral head to the glenoid.

- A new item, **48959**, will be created for the Latarjet procedure to address uncertainty among providers regarding the appropriate claiming pattern for this service. This will ensure patients receive an appropriate benefit for this procedure.
- New items **49127**, **48925** and **48932** will be created for arthroplasty procedures of the shoulder, elbow, acromioclavicular, or sternoclavicular joints for which no other existing arthroplasty items are appropriate. This will restore patient access for some arthroplasty procedures including interpositional arthroplasties.

New item descriptors (to take effect 1 March 2024)

Category 3 – THERAPEUTIC PROCEDURES

Group T8 – Surgical Operations

Subgroup 15 - Orthopaedic

47795

Joint stabilisation procedure of scapulothoracic joint, other than a service associated with a service to which another item in this Group (other than item 38828 or 48406) applies

(H) (Anaes.) (Assist.)

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

Private Health Insurance Classification:

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

47968

Open tenotomy of one or more tendons of shoulder, with or without tenoplasty, to restore shoulder function, other than a service to which another item in this Group applies - applicable once per joint per occasion on which this service is performed

(Anaes.)

Fee: \$238.30 Benefit: 75% = \$177.85 85% = \$202.55

Private Health Insurance Classification:

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

47970

Open tenotomy of one or more tendons of scapula, with or without tenoplasty, to restore scapula function, other than a service to which another item in this Group applies - applicable once per joint per occasion on which this service is performed

(Anaes.)

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Fee: \$238.30 Benefit: 75% = \$177.85 85% = \$202.55

Private Health Insurance Classification:

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

47973

Open tenotomy of one or more tendons of elbow, with or without tenoplasty, to restore elbow function, other than a service to which another item in this Group applies - applicable once per joint per occasion on which this service is performed

(Anaes.)

Fee: \$238.30 Benefit: 75% = \$177.85 85% = \$202.55

Private Health Insurance Classification:

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

48919

Anatomic or reverse total shoulder replacement with bone graft, including any of the following (if performed):

- (a) associated rotator cuff repair;
- (b) biceps tenodesis;
- (c) tuberosity osteotomy;

other than a service associated with:

- (d) a service to which another item in this Schedule applies that is performed on the shoulder region by open or arthroscopic means; or
- (e) a service to which item 48245, 48248, 48251, 48254 or 48257 applies that is performed on the same joint

(H) (Anaes) (Assist)

Fee: \$1,877.60 Benefit: 75% = \$1,408.20

Private Health Insurance Classification:

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

48925

Arthroplasty of shoulder, other than:

- (a) a service to which another item applies; or

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(b) a service associated with a service to which any of items 48900 to 48909, 48948, 48951, or 48960 applies that is performed on the same joint

(H) (Anaes.) (Assist.)

Fee: \$773.25 Benefit: 75% = \$579.95

Private Health Insurance Classification:

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

48932

Arthroplasty of acromioclavicular joint or sternoclavicular joint, other than:

(a) a service to which another item applies; or

(b) a service associated with a service to which another item in this Schedule applies that is performed on the same joint by arthroscopic means

-one joint

(H) (Anaes.)(Assist.)

Fee: \$773.25 Benefit: 75% = \$579.95

Private Health Insurance Classification:

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

48943

Arthrodesis of acromioclavicular or sternoclavicular joint, including either or both of the following (if performed):

(a) joint debridement;

(b) synovectomy;

- one joint

(H) (Anaes.) (Assist.)

Fee: \$518.10 Benefit: 75% = \$386.60

Private Health Insurance Classification:

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

48944

Arthrodesis of scapulothoracic joint, including either or both of the following (if performed):

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(a) joint debridement;

(b) synovectomy;

- one joint

(H) (Anaes.) (Assist.)

Fee: \$518.10 Benefit: 75% = \$386.60

Private Health Insurance Classification:

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

48952

Surgery of acromioclavicular joint or sternoclavicular joint, by arthroscopic means, including any of the following (if performed):

(a) cartilage treatment;

(b) removal of loose bodies;

(c) synovectomy;

(d) excision of joint osteophytes;

other than a service associated with a service to which another item in this Group applies that is performed on the same joint by arthroscopic means

(H) (Anaes.) (Assist.)

Fee: \$673.60 Benefit: 75% = \$502.20

Private Health Insurance Classification:

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

48953

Surgery of scapulothoracic joint, by arthroscopic means, including any of the following (if performed):

(a) cartilage treatment;

(b) removal of loose bodies;

(c) synovectomy;

(d) excision of joint osteophytes;

other than a service associated with a service to which another item in this Group applies that is performed on the same joint by arthroscopic means

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(H) (Anaes.) (Assist.)

Fee: \$673.60 Benefit: 75% = \$502.20

Private Health Insurance Classification:

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

48959

Latarjet procedure by open or arthroscopic means, including any of the following (if performed) but excluding removal of hardware:

- (a) labral repair or reattachment;
- (b) bone grafting;
- (c) tendon transfer;

other than a service associated with a service to which another item in this Schedule applies that is performed on the shoulder region by arthroscopic means (H) (Anaes.) (Assist.)

Fee: \$1,664.15 Benefit: 75% = \$1,248.15

Private Health Insurance Classification:

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

49113

Removal of radial head prosthesis

(H) (Anaes)(Assist)

Fee: \$773.25 Benefit: 75% = \$579.95

Private Health Insurance Classification:

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

49114

Revision of radial head replacement

(H) (Anaes)(Assist)

Fee: \$773.25 Benefit: 75% = \$579.95

Private Health Insurance Classification:

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

Category 3 – THERAPEUTIC PROCEDURES

49127

Elbow joint, arthroplasty of, other than a service to which another item applies.

(H) (Anaes.) (Assist.)

Fee: \$773.25 Benefit: 75% = \$579.95

Private Health Insurance Classification:

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

Amended item descriptor (to take effect 1 March 2024) -amendments are shown with strikethrough and bold text

Category 3 – THERAPEUTIC PROCEDURES

Group T8 – Surgical Operations

Subgroup 15 - Orthopaedic

47792

Joint stabilisation procedure of ~~acromio-clavicular~~ **acromioclavicular** joint or ~~scapulo~~ **thoracic sternoclavicular** joint, including any of the following (if performed):

- arthrotomy;
- osteotomy, with or without fixation;
- local tendon transfer;
- local tendon lengthening or release;
- ligament repair;
- joint debridement;

not being a service associated with a service to which another item in this Group applies

(H) (Anaes.) (Assist.)

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

Private Health Insurance Classification:

- Clinical category: Joint reconstructions
- 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.