



Plastic and reconstructive surgery changes – Burns procedures

Last updated: 10 May 2023

- From 1 July 2023 there will be changes to approximately 360 Medical Benefits Schedule (MBS) items for plastic and reconstructive surgery. These changes are a result of recommendations from the MBS Review Taskforce that considered how more than 5,700 items on the MBS can be aligned with contemporary clinical evidence and practice and improve health outcomes for patients.
- The changes are summarised in the fact sheet titled “Plastic and reconstructive surgery – summary of changes” and are further detailed in individual fact sheets on specific topics. This fact sheet sets out the changes for burns procedures.

What are the changes?

The practice of burns surgery has changed significantly over the years with the advance of technology. The two major improvements that have occurred in this field are the introduction of dermal analogues and bio-engineered skin substitutes as standard practice and the practice of having more than one burns surgeon operating on one patient, to reduce the duration of surgery. Effective 1 July 2023, there will be amendments to a range of items for burns excision and closure, to allow for modern best clinical practice. The new burns items will be structured in a way where burns excision is separated from burns closure, with a modifier item, to provide additional funding for burns involving the hands, face and anterior neck. Specific rules regarding co-claiming of these items will be outlined in Explanatory Note **TN.8.274**. Aftercare will be removed from items referring to burns treatment involving 10 per cent or more of the total body surface area. This will allow all participating burns surgeons to claim consultation or burns dressing items as appropriate during the aftercare period. Amendments will also be made to the burns dressing and contracture items. These changes are detailed below.

Dressing of burns items

- Items **30003** and **30006** will be amended to provide clarity that these items are intended for patients with burns as their primary clinical problem, to ensure appropriate claiming.
- New item **30007** will be created for the dressing of burns without anaesthesia, where the burns involve 10% or more of the total body surface area.
- Items **30010** and **30014** will be amended to specify the total body surface area, to include an option for intravenous sedation and to prevent a nurse alone from performing the service.

- Item **30015** will be created for burns dressings under anaesthesia, for burns 20 per cent or more but less than 50 per cent of the total body surface area.
- Item **30016** will be created for burns dressings under anaesthesia, for burns 50 per cent or more of the total body surface area.

Burns excision and closure items

- All existing burns excision and closure items (**30017, 30020, 45406, 45409, 45412, 45415, 45418, 45460, 45461, 45462, 45464, 45465, 45466, 45468, 45469, 45471, 45472, 45474, 45475, 45477, 45478, 45480, 45481, 45483, 45484, 45485, 45486, 45487, 45488, 45489, 45490, 45491, 45492, 45493, 45494**) will be deleted.
- New modifier item **46100** will be created to provide extra funding for burns involving the hands, face and anterior neck. The modifier item can be co-claimed with items **46101** to **46135** where excision of burnt tissue or definitive burn wound closure involves greater than 1% of the hands, face or anterior neck. Claims involving the modifier item will result in a derived fee of an additional 40% of the fee for the co-claimed service. The modifier item cannot be co-claimed with whole-of-face burns items **46112, 46124** or **46136**, as the fee for the whole-of-face items already reflects the complexity of these procedures.
- Explanatory Note **TN.8.273** will be created outlining information about the modifier item.

Excision of burnt tissue items:

- New items (**46101** to **46111**) will be created for the excision of burnt tissue, as follows:

Note: Only one of items **46101** to **46111** may be claimed per provider per operation.

New item number	% of total body surface area of burn excised
46101	not more than 1%
46102	more than 1% but less than 3%
46103	3% or more but less than 10%
46104	10% or more but less than 20%
46105	20% or more but less than 30%
46106	30% or more but less than 40%
46107	40% or more but less than 50%
46108	50% or more but less than 60%
46109	60% or more but less than 70%
46110	70% or more but less than 80%
46111	80% or more

- New item **46112** will be created for excision of burnt tissue involving whole of face (excluding ears). This item may be claimed with one excision item from items **46101** to

46111, based on the percentage of total body surface (excluding the face), however it cannot be claimed with the modifier item (**46100**).

- For any size of burn, each surgeon will be able to work with another surgeon and each surgeon will choose the excision item from items **46101** to **46112** based on the area that they, as an individual surgeon, have excised.
- Where two surgeons are claiming item numbers, the sum of items of each of the surgeons must match the total percentage surface area of burn excised for that patient.
- Excision of burnt tissue items (items **46101** to **46112**) can be co-claimed with immediate closure items (items **46113** to **46124**), but not with delayed definitive closure items (items **46130** to **46136**).

Immediate closure items:

- New items (**46113** to **46124**) will be created for excised burn wound closure, where performed at the same time as the procedure for the primary burn wound excision, as follows:

New item number	% total body surface defect area
46113	not more than 1%
46114	more than 1% but not more than 3%
46115	more than 3% but not more than 10%
46116	more than 10% but not more than 20%
46117	20% or more but less than 30%
46118	30% or more but less than 40%
46119	40% or more but less than 50%
46120	50% or more but less than 60%
46121	60% or more but less than 70%
46122	70% or more but less than 80%
46123	80% or more
46124	whole of face

Non-excisional debridement items:

- New items (**46125** to **46129**) will be created for non-excisional debridement of superficial or mid dermal partial thickness burns, and application of skin substitute, as follows:

New item number	% total body surface area of burn
46125	less than 1%
46126	1% or more but less than 3%

46127	3% or more but less than 10%
46128	10% or more but less than 30%
46129	30% or more

Delayed definitive closure items:

- New items (**46130** to **46136**) will be created for delayed definitive burn wound closure, following previous procedure using non-autologous temporary wound closure or simple dressings, as follows:

New item number	% total body surface defect area
46130	less than 1%
46131	1% or more but less than 3%
46132	3% or more but less than 10%
46133	10% or more but less than 20%
46134	20% or more but less than 30%
46135	30% or more
46136	whole of face

- Delayed definitive closure items (items **46130** to **46136**) cannot be co-claimed with excision of burnt tissue items (items **46101** to **46112**), immediate closure items (items **46113** to **46124**) or non-excisional debridement items (items **46125** to 46129).
- Explanatory Note **TN.8.274** will be created to outline the co-claiming arrangements and restrictions for the burns excision and closure items.

Burns contracture release and escharotomy items

- Item **45519** will be deleted and replaced with four new burns contracture items.
- New items (**46140** to **46143**) will be created for burns contracture, to provide for differing magnitudes of contracture release, as follows:

Note: items **46140** to **46143** can be used with the immediate closure and delayed definitive closure items, where the defect has not been closed by other means (such as local flaps).

New item number	% total body surface defect area
46140	less than 1%
46141	1% or more but less than 3%
46142	3% or more but less than 10%

46143	10% or more but less than 20%
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- Item **45054** will be amended to increase the schedule fee, to reflect the critical nature of this procedure and significant skills required to perform it.

Item descriptors (to take effect 1 July 2023)

Note:

- All fees listed include indexation which will be applied 1 July 2023.
- The Private Health Insurance Classifications for the new and amended items are subject to final delegate approval.

Category: 3 - Therapeutic procedures
Group: T8 - Surgical Operations
Subgroup 1 - General
<p>30003 (Amended)</p> <p>Localised Burns, involving 1% or more but less than 3% of total body surface, dressing of (including redressing of any related donor site, if required), without anaesthesia, (not involving grafting) if medical practitioner is present—each attendance at which the procedure is performed, including any associated consultation.</p> <p>Not applicable for skin reactions secondary to radiotherapy</p> <p>Fee: \$39.80 Benefit: 75% = \$29.85 85% = \$33.85</p> <p>Private Health Insurance Classification:</p> <ul style="list-style-type: none"> Clinical category: Plastic and reconstructive surgery (medically necessary) Procedure type: Type C
<p>30006 (Amended)</p> <p>Extensive Burns, involving 3% or more but less than 10% of total body surface, dressing of (including redressing of any related donor site, if required), without anaesthesia, (not involving grafting) if medical practitioner is present—each attendance at which the procedure is performed, including any associated consultation.</p> <p>Not applicable for skin reactions secondary to radiotherapy</p> <p>Fee: \$50.90 Benefit: 75% = \$38.20 85% = \$43.30</p> <p>Private Health Insurance Classification:</p> <ul style="list-style-type: none"> Clinical category: Plastic and reconstructive surgery (medically necessary) Procedure type: Type C

30007 (New)

Burns, involving 10% or more of total body surface, dressing of (including redressing of any related donor site, if required), without anaesthesia, if medical practitioner is present—each attendance at which the procedure is performed

Not applicable for skin reactions secondary to radiotherapy

Fee: \$170.20 Benefit: 75% = \$127.65 85% = \$144.70

Private Health Insurance Classification:

- Clinical category: **Plastic and reconstructive surgery (medically necessary)**
- Procedure type: **Unlisted**

30010 (Amended)

~~Localised~~ **Burns, involving not more than 3% of total body surface, dressing of (including redressing of any related donor site, if required), in an operating theatre under general anaesthesia or intravenous sedation, (not involving grafting) if medical practitioner is present (H) (Anaes.)**

Fee: \$81.00 Benefit: 75% = \$60.75

Private Health Insurance Classification:

- Clinical category: Plastic and reconstructive surgery (medically necessary)
- Procedure type: Unlisted

30014 (Amended)

~~Extensive~~ **Burns, involving 3% or more but less than 20% of total body surface, dressing of (including redressing of any related donor site, if required), in an operating theatre under general anaesthesia or intravenous sedation, (not involving grafting) if medical practitioner is present (H) (Anaes.)**

Fee: \$170.20 Benefit: 75% = \$127.65

Private Health Insurance Classification:

- Clinical category: Plastic and reconstructive surgery (medically necessary)
- Procedure type: Unlisted

30015 (New)

Burns, involving 20% or more but less than 50% of total body surface, or burns of less than 20% of total body surface involving 1% or more of total body surface within the hands or face, dressing of (including redressing of any related donor site, if required), in an operating theatre under general anaesthesia or intravenous sedation, if medical practitioner is present (H) (Anaes.) (Assist.)

Fee: \$255.30 Benefit: 75% = \$191.50

Private Health Insurance Classification:

- Clinical category: **Plastic and reconstructive surgery (medically necessary)**
- Procedure type: **Unlisted**

30016 (New)

Burns, involving 50% or more of total body surface, dressing of (including redressing of any related donor site, if required), in an operating theatre under general anaesthesia or intravenous sedation, if medical practitioner is present (H) (Anaes.) (Assist.)

Fee: \$382.95 Benefit: 75% = \$287.25

Private Health Insurance Classification:

- Clinical category: **Plastic and reconstructive surgery (medically necessary)**
- Procedure type: **Type A Surgical**

30017 (Delete)

~~**Burns, excision of, under general anaesthesia, involving not more than 10 per cent of body surface, where grafting is not carried out during the same operation (Anaes.) (Assist.)**~~

30020 (Delete)

~~**Burns, excision of, under general anaesthesia, involving more than 10 per cent of body surface, where grafting is not carried out during the same operation (Anaes.) (Assist.)**~~

Category: 3 - Therapeutic procedures

Group: T8 - Surgical Operations

Subgroup 13 - Plastic and Reconstructive Surgery

45054 (Amended fee)

Limb or chest, decompression escharotomy of (including all incisions), for acute compartment syndrome secondary to burn (H) (Anaes.) (Assist.)

Fee: **\$357.10** Benefit: 75% = **\$267.85**

Private Health Insurance Classification:

- Clinical category: Plastic and reconstructive surgery (medically necessary)
- Procedure type: Type A Surgical

45406 (Delete)

~~**Free grafting (split skin) to burns, including excision of burnt tissue – involving not more than 3% of total body surface (Anaes.) (Assist.)**~~

45409 (Delete)

~~**Free grafting (split skin) to burns, including excision of burnt tissue – involving 3% or more but less than 6% of total body surface (Anaes.) (Assist.)**~~

45412 (Delete) Free grafting (split skin) to burns, including excision of burnt tissue – involving 6% or more but less than 9% of total body surface (Anaes.) (Assist.)
45415 (Delete) Free grafting (split skin) to burns, including excision of burnt tissue – involving 9% or more but less than 12% of total body surface (Anaes.) (Assist.)
45418 (Delete) Free grafting (split skin) to burns, including excision of burnt tissue – involving 12% or more but less than 15 per cent of total body surface (Anaes.) (Assist.)
45460 (Delete) Free grafting (split skin) to burns, including excision of burnt tissue – involving 15 percent or more but less than 20 percent of total body surface – one surgeon (Anaes.) (Assist.)
45461 (Delete) Free grafting (split skin) to burns, including excision of burnt tissue – involving 15 percent or more but less than 20 percent of total body surface – conjoint surgery, principal surgeon (Anaes.) (Assist.)
45462 (Delete) Free grafting (split skin) to burns, including excision of burnt tissue – involving 15 percent or more but less than 20 percent of total body surface – conjoint surgery, co-surgeon (Assist.)
45464 (Delete) Free grafting (split skin) to burns, including excision of burnt tissue – involving 20 percent or more but less than 30 percent of total body surface – one surgeon (Anaes.) (Assist.)
45465 (Delete) Free grafting (split skin) to burns, including excision of burnt tissue – involving 20 percent or more but less than 30 percent of total body surface – conjoint surgery, principal surgeon (Anaes.) (Assist.)
45466 (Delete) Free grafting (split skin) to burns, including excision of burnt tissue – involving 20 percent or more but less than 30 percent of total body surface – conjoint surgery, co-surgeon (Assist.)
45468 (Delete) Free grafting (split skin) to burns, including excision of burnt tissue – involving 30 percent or more but less than 40 percent of total body surface – conjoint surgery, principal surgeon (Anaes.) (Assist.)

45469 (Delete)

~~Free grafting (split skin) to burns, including excision of burnt tissue – involving 30 percent or more but less than 40 percent of total body surface – conjoint surgery, co-surgeon (Assist.).~~

45471 (Delete)

~~Free grafting (split skin) to burns, including excision of burnt tissue – involving 40 percent or more but less than 50 percent of total body surface – conjoint surgery, principal surgeon (Anaes.) (Assist.).~~

45472 (Delete)

~~Free grafting (split skin) to burns, including excision of burnt tissue – involving 40 percent or more but less than 50 percent of total body surface – conjoint surgery, co-surgeon (Assist.).~~

45474 (Delete)

~~Free grafting (split skin) to burns, including excision of burnt tissue – involving 50 percent or more but less than 60 percent of total body surface – conjoint surgery, principal surgeon (Anaes.) (Assist.).~~

45475 (Delete)

~~Free grafting (split skin) to burns, including excision of burnt tissue – involving 50 percent or more but less than 60 percent of total body surface – conjoint surgery, co-surgeon (Assist.).~~

45477 (Delete)

~~Free grafting (split skin) to burns, including excision of burnt tissue, involving 60% or more but less than 70% of total body surface—conjoint surgery, principal surgeon (H) (Anaes.) (Assist.)~~

45478 (Delete)

~~Free grafting (split skin) to burns, including excision of burnt tissue, involving 60% or more but less than 70% of total body surface—conjoint surgery, co-surgeon (H) (Assist.)~~

45480 (Delete)

~~Free grafting (split skin) to burns, including excision of burnt tissue, involving 70% or more but less than 80% of total body surface—conjoint surgery, principal surgeon (H) (Anaes.) (Assist.)~~

45481 (Delete)

~~Free grafting (split skin) to burns, including excision of burnt tissue, involving 70% or more but less than 80% of total body surface—conjoint surgery, co-surgeon (H) (Assist.)~~

45483 (Delete)	Free grafting (split skin) to burns, including excision of burnt tissue, involving 80% or more of total body surface—conjoint surgery, principal surgeon (H) (Anaes.) (Assist.)
45484 (Delete)	Free grafting (split skin) to burns, including excision of burnt tissue, involving 80% or more of total body surface—conjoint surgery, co surgeon (H) (Assist.)
45485 (Delete)	Free grafting (split skin) to burns, including excision of burnt tissue—upper eyelid, nose, lip, ear or palm of the hand (H) (Anaes.) (Assist.)
45486 (Delete)	Free grafting (split skin) to burns, including excision of burnt tissue—forehead, cheek, anterior aspect of the neck, chin, plantar aspect of the foot, heel or genitalia (H) (Anaes.) (Assist.)
45487 (Delete)	Free grafting (split skin) to burns, including excision of burnt tissue—whole of toe (Anaes.) (Assist.)
45488 (Delete)	Free grafting (split skin) to burns, including excision of burnt tissue—the whole of one digit of the hand (H) (Anaes.) (Assist.)
45489 (Delete)	Free grafting (split skin) to burns, including excision of burnt tissue—the whole of 2 digits of the hand (H) (Anaes.) (Assist.)
45490 (Delete)	Free grafting (split skin) to burns, including excision of burnt tissue—the whole of 3 digits of the hand (H) (Anaes.) (Assist.)
45491 (Delete)	Free grafting (split skin) to burns, including excision of burnt tissue—the whole of 4 digits of the hand (H) (Anaes.) (Assist.)
45492 (Delete)	Free grafting (split skin) to burns, including excision of burnt tissue—the whole of 5 digits of the hand (H) (Anaes.) (Assist.)
45493 (Delete)	Free grafting (split skin) to burns, including excision of burnt tissue—portion of digit of hand (H) (Anaes.) (Assist.)
45494 (Delete)	Free grafting (split skin) to burns, including excision of burnt tissue—whole of face (excluding ears) (H) (Anaes.) (Assist.)

45519 (Delete)

~~**Extensive burn scars of skin (more than 1% of body surface area), excision of, for correction of scar contracture (H) (Anaes.) (Assist.)**~~

46100 (New)

Excision of burnt tissue, or definitive burn wound closure, if:

(a) the area of burn excised involves more than 1% of hands, face or anterior neck; and

(b) the service is performed in conjunction with a service (the *co-claimed service*) to which any of items 46101 to 46135 (other than item 46112 or 46124) apply

Other than a service to which item 46136 applies

Derived Fee: 40% of the fee for the co-claimed service

Private Health Insurance Classification:

- Clinical category: **Support list**
- Procedure type: **Unlisted**

46101 (New)

Excision of burnt tissue, if the area of burn excised involves not more than 1% of the total body surface (Anaes.) (Assist.)

Fee: \$369.65 Benefit: 75% = \$277.25 85% = \$314.25

Private Health Insurance Classification:

- Clinical category: **Plastic and reconstructive surgery (medically necessary)**
- Procedure type: **Type B Non-band specific**

46102 (New)

Excision of burnt tissue, if the area of burn excised involves more than 1% but less than 3% of the total body surface (H) (Anaes.) (Assist.)

Fee: \$586.80 Benefit: 75% = \$440.10

Private Health Insurance Classification:

- Clinical category: **Plastic and reconstructive surgery (medically necessary)**
- Procedure type: **Type B Non-band specific**

46103 (New)

Excision of burnt tissue, if the area of burn excised involves 3% or more but less than 10% of the total body surface (H) (Anaes.) (Assist.)

Fee: \$643.65 Benefit: 75% = \$482.75

Private Health Insurance Classification:

- Clinical category: **Plastic and reconstructive surgery (medically necessary)**
- Procedure type: **Type A Surgical**

46104 (New)

Excision of burnt tissue, if the area of burn excised involves 10% or more but less than 20% of the total body surface, excluding aftercare (H) (Anaes.) (Assist.)

Fee: \$981.95 Benefit: 75% = \$736.50

Private Health Insurance Classification:

- Clinical category: **Plastic and reconstructive surgery (medically necessary)**
- Procedure type: **Type A Advanced Surgical**

46105 (New)

Excision of burnt tissue, if the area of burn excised involves 20% or more but less than 30% of total body surface, excluding aftercare (H) (Anaes.) (Assist.)

Fee: \$1,320.60 Benefit: 75% = \$990.45

Private Health Insurance Classification:

- Clinical category: **Plastic and reconstructive surgery (medically necessary)**
- Procedure type: **Type A Advanced Surgical**

46106 (New)

Excision of burnt tissue, if the area of burn excised involves 30% or more but less than 40% of total body surface, excluding aftercare (H) (Anaes.) (Assist.)

Fee: \$1,659.80 Benefit: 75% = \$1244.85

Private Health Insurance Classification:

- Clinical category: **Plastic and reconstructive surgery (medically necessary)**
- Procedure type: **Type A Advanced Surgical**

46107 (New)

Excision of burnt tissue, if the area of burn excised involves 40% or more but less than 50% of total body surface, excluding aftercare (H) (Anaes.) (Assist.)

Fee: \$1,998.45 Benefit: 75% = \$1498.85

Private Health Insurance Classification:

- Clinical category: **Plastic and reconstructive surgery (medically necessary)**
- Procedure type: **Type A Advanced Surgical**

46108 (New)

Excision of burnt tissue, if the area of burn excised involves 50% or more but less than 60% of total body surface (H) (Anaes.) (Assist.)

Fee: \$2,336.50 Benefit: 75% = \$1752.40

Private Health Insurance Classification:

- Clinical category: **Plastic and reconstructive surgery (medically necessary)**
- Procedure type: **Type A Advanced Surgical**

46109 (New)

Excision of burnt tissue, if the area of burn excised involves 60% or more but less than 70% of total body surface, excluding aftercare (H) (Anaes.) (Assist.)

Fee: \$2,675.20 Benefit: 75% = \$2006.40

Private Health Insurance Classification:

- Clinical category: **Plastic and reconstructive surgery (medically necessary)**
- Procedure type: **Type A Advanced Surgical**

46110 (New)

Excision of burnt tissue, if the area of burn excised involves 70% or more but less than 80% of total body surface, excluding aftercare (H) (Anaes.) (Assist.)

Fee: \$3,048.05 Benefit: 75% = \$2286.05

Private Health Insurance Classification:

- Clinical category: **Plastic and reconstructive surgery (medically necessary)**
- Procedure type: **Type A Advanced Surgical**

46111 (New)

Excision of burnt tissue, if the area of burn excised involves 80% or more of total body surface, excluding aftercare (H) (Anaes.) (Assist.)

Fee: \$3,413.65 Benefit: 75% = \$2560.25

Private Health Insurance Classification:

- Clinical category: **Plastic and reconstructive surgery (medically necessary)**
- Procedure type: **Type A Advanced Surgical**

46112 (New)

Excision of burnt tissue, if the area of burn excised involves whole of face (excluding ears)—may be claimed with any one of items 46101 to 46111, based on the percentage total body surface (excluding the face), other than a service associated with a service to which item 46100 applies and excluding aftercare (H) (Anaes.) (Assist.)

Fee: \$1,884.50 Benefit: 75% = \$1413.40

Private Health Insurance Classification:

- Clinical category: **Plastic and reconstructive surgery (medically necessary)**
- Procedure type: **Type A Advanced Surgical**

46113 (New)

Excised burn wound closure, or closure of skin defect secondary to burns contracture release, if the defect area is not more than 1% of total body surface and if the service:
(a) is performed at the same time as the procedure for the primary burn wound excision or contracture release; and
(b) involves:
(i) autologous skin grafting for definitive closure; or

(ii) allogenic skin grafting, or biosynthetic skin substitutes to temporize the excised wound

(Anaes.) (Assist.)

Fee: \$369.65 Benefit: 75% = \$277.25 85% = \$314.25

Private Health Insurance Classification:

- Clinical category: **Plastic and reconstructive surgery (medically necessary)**
- Procedure type: **Type B Non-band specific**

46114 (New)

Excised burn wound closure, or closure of skin defect secondary to burns contracture release, if the defect area is more than 1% but not more than 3% of total body surface and if the service:

(a) is performed at the same time as the procedure for the primary burn wound excision or contracture release; and

(b) involves:

- (i) autologous skin grafting for definitive closure; or**
- (ii) allogenic skin grafting, or biosynthetic skin substitutes to temporize the excised wound**

(H) (Anaes.) (Assist.)

Fee: \$586.80 Benefit: 75% = \$440.10

Private Health Insurance Classification:

- Clinical category: **Plastic and reconstructive surgery (medically necessary)**
- Procedure type: **Type B Non-band specific**

46115 (New)

Excised burn wound closure or closure of skin defect secondary to burns contracture release, if the defect area is more than 3% but not more than 10% of total body surface and if the service:

(a) is performed at the same time as the procedure for the primary burn wound excision or contracture release; and

(b) involves:

- (i) autologous skin grafting for definitive closure; or**
- (ii) allogenic skin grafting, or biosynthetic skin substitutes to temporize the excised wound**

(H) (Anaes.) (Assist.)

Fee: \$643.65 Benefit: 75% = \$482.75

Private Health Insurance Classification:

- Clinical category: **Plastic and reconstructive surgery (medically necessary)**
- Procedure type: **Type A Surgical**

46116 (New)

Excised burn wound closure or closure of skin defect secondary to burns contracture release, if the defect area is more than 10% but not more than 20% of total body

surface and if the service:

(a) is performed at the same time as the procedure for the primary burn wound excision or contracture release; and

(b) involves:

(i) autologous skin grafting for definitive closure; or

(ii) allogenic skin grafting, or biosynthetic skin substitutes to temporize the excised wound;

excluding aftercare (H) (Anaes.) (Assist.)

Fee: \$981.95 Benefit: 75% = \$736.50

Private Health Insurance Classification:

- Clinical category: **Plastic and reconstructive surgery (medically necessary)**
- Procedure type: **Type A Surgical**

46117 (New)

Excised burn wound closure, if the defect area is 20% or more but less than 30% of total body surface and if the service:

(a) is performed at the same time as the procedure for the primary burn wound excision; and

(b) involves:

(i) autologous skin grafting for definitive closure; or

(ii) allogenic skin grafting, or biosynthetic skin substitutes to temporize the excised wound;

excluding aftercare (H) (Anaes.) (Assist.)

Fee: \$1,320.60 Benefit: 75% = \$990.45

Private Health Insurance Classification:

- Clinical category: **Plastic and reconstructive surgery (medically necessary)**
- Procedure type: **Type A Advanced Surgical**

46118 (New)

Excised burn wound closure, if the defect area is 30% or more but less than 40% of total body surface and if the service:

(a) is performed at the same time as the procedure for the primary burn wound excision; and

(b) involves:

(i) autologous skin grafting for definitive closure; or

(ii) allogenic skin grafting, or biosynthetic skin substitutes to temporize the excised wound;

excluding aftercare (H) (Anaes.) (Assist.)

Fee: \$1,659.80 Benefit: 75% = \$1244.85

Private Health Insurance Classification:

- Clinical category: **Plastic and reconstructive surgery (medically necessary)**
- Procedure type: **Type A Advanced Surgical**

46119 (New)

Excised burn wound closure, if the defect area is 40% or more but less than 50% of total body surface and if the service:

(a) is performed at the same time as the procedure for the primary burn wound excision; and

(b) involves:

(i) autologous skin grafting for definitive closure; or

(ii) allogenic skin grafting, or biosynthetic skin substitutes to temporize the excised wound;

excluding aftercare (H) (Anaes.) (Assist.)

Fee: \$1,998.45 Benefit: 75% = \$1498.85

Private Health Insurance Classification:

- Clinical category: **Plastic and reconstructive surgery (medically necessary)**
- Procedure type: **Type A Advanced Surgical**

46120 (New)

Excised burn wound closure, if the defect area is 50% or more but less than 60% of total body surface and if the service:

(a) is performed at the same time as the procedure for the primary burn wound excision or contracture release; and

(b) involves:

(i) autologous skin grafting for definitive closure; or

(ii) allogenic skin grafting, or biosynthetic skin substitutes to temporize the excised wound;

excluding aftercare (H) (Anaes.) (Assist.)

Fee: \$2,336.50 Benefit: 75% = \$1752.40

Private Health Insurance Classification:

- Clinical category: **Plastic and reconstructive surgery (medically necessary)**
- Procedure type: **Type A Advanced Surgical**

46121 (New)

Excised burn wound closure, if the defect area is 60% or more but less than 70% of total body surface and if the service:

(a) is performed at the same time as the procedure for the primary burn wound excision; and

(b) involves:

(i) autologous skin grafting for definitive closure; or

(ii) allogenic skin grafting, or biosynthetic skin substitutes to temporize the excised wound;

excluding aftercare (H) (Anaes.) (Assist.)

Fee: \$2,675.20 Benefit: 75% = \$2006.40

Private Health Insurance Classification:

- Clinical category: **Plastic and reconstructive surgery (medically necessary)**

- Procedure type: **Type A Advanced Surgical**

46122 (New)

Excised burn wound closure, if the defect area is 70% or more but less than 80% of total body surface and if the service:

(a) is performed at the same time as the procedure for the primary burn wound excision or contracture release; and

(b) involves:

(i) autologous skin grafting for definitive closure; or

(ii) allogenic skin grafting, or biosynthetic skin substitutes to temporize the excised wound;

excluding aftercare (H) (Anaes.) (Assist.)

Fee: \$3,048.05 Benefit: 75% = \$2286.05

Private Health Insurance Classification:

- Clinical category: **Plastic and reconstructive surgery (medically necessary)**
- Procedure type: **Type A Advanced Surgical**

46123 (New)

Excised burn wound closure, if the defect area is 80% or more of total body surface and if the service:

(a) is performed at the same time as the procedure for the primary burn wound excision; and

(b) involves:

(i) autologous skin grafting for definitive closure; or

(ii) allogenic skin grafting, or biosynthetic skin substitutes to temporize the excised wound;

excluding aftercare (H) (Anaes.) (Assist.)

Fee: \$3,413.65 Benefit: 75% = \$2560.25

Private Health Insurance Classification:

- Clinical category: **Plastic and reconstructive surgery (medically necessary)**
- Procedure type: **Type A Advanced Surgical**

46124 (New)

Excised burn wound closure of whole of face, if the service:

(a) is performed at the same time as the procedure for the primary burn wound excision; and

(b) involves:

(i) autologous skin grafting for definitive closure; or

(ii) allogenic skin grafting, or biosynthetic skin substitutes to temporize the excised wound;

excluding aftercare, other than a service associated with a service to which item 46100 applies (H) (Anaes.) (Assist.)

Fee: \$1,884.50 Benefit: 75% = \$1413.40

Private Health Insurance Classification:

- Clinical category: **Plastic and reconstructive surgery (medically necessary)**
- Procedure type: **Type A Advanced Surgical**

46125 (New)

Non-excisional debridement of superficial or mid-dermal partial thickness burns, if the area of burn involves less than 1% of total body surface, and application of skin substitute (skin allograft or biosynthetic epidermal replacements) (Anaes.) (Assist.)

Fee: \$369.65 Benefit: 75% = \$277.25 85% = \$314.25

Private Health Insurance Classification:

- Clinical category: **Plastic and reconstructive surgery (medically necessary)**
- Procedure type: **Type B Non-band specific**

46126 (New)

Non-excisional debridement of superficial or mid-dermal partial thickness burns, if the area of burn involves 1% or more but less than 3% of total body surface, and application of skin substitute (skin allograft or biosynthetic epidermal replacements) (Anaes.) (Assist.)

Fee: \$586.80 Benefit: 75% = \$440.10 85% = \$498.80

Private Health Insurance Classification:

- Clinical category: **Plastic and reconstructive surgery (medically necessary)**
- Procedure type: **Type B Non-band specific**

46127 (New)

Non-excisional debridement of superficial or mid-dermal partial thickness burns, if the area of burn involves 3% or more but less than 10% of total body surface, and application of skin substitute (skin allograft or biosynthetic epidermal replacements) (H) (Anaes.) (Assist.)

Fee: \$812.90 Benefit: 75% = \$609.70

Private Health Insurance Classification:

- Clinical category: **Plastic and reconstructive surgery (medically necessary)**
- Procedure type: **Type A Surgical**

46128 (New)

Non-excisional debridement of superficial or mid-dermal partial thickness burns, if the area of burn involves 10% or more but less than 30% of total body surface, and application of skin substitute (skin allograft or biosynthetic epidermal replacements), excluding aftercare (H) (Anaes.) (Assist.)

Fee: \$1,490.25 Benefit: 75% = \$1117.70

Private Health Insurance Classification:

- Clinical category: **Plastic and reconstructive surgery (medically necessary)**
- Procedure type: **Type A Advanced Surgical**

46129 (New)

Non-excisional debridement of superficial or mid-dermal partial thickness burns, if the area of burn involves 30% or more of total body surface, and application of skin substitute (skin allograft or biosynthetic epidermal replacements), excluding aftercare (H) (Anaes.) (Assist.)

Fee: \$2,727.10 Benefit: 75% = \$2045.35

Private Health Insurance Classification:

- Clinical category: **Plastic and reconstructive surgery (medically necessary)**
- Procedure type: **Type A Advanced Surgical**

46130 (New)

Definitive burn wound closure, or closure of skin defect secondary to necrotising fasciitis or secondary to release of burns scar contracture, if the defect area involves less than 1% of total body surface, using autologous tissue (split skin graft or other) following previous procedure using non-autologous temporary wound closure or simple dressings (Anaes.) (Assist.)

Fee: \$369.65 Benefit: 75% = \$277.25 85% = \$314.25

Private Health Insurance Classification:

- Clinical category: **Plastic and reconstructive surgery (medically necessary)**
- Procedure type: **Type B Non-band specific**

46131 (New)

Definitive burn wound closure, or closure of skin defect secondary to necrotising fasciitis or secondary to release of burns scar contracture, if the defect area involves 1% or more but less than 3% of total body surface, using autologous tissue (split skin graft or other) following previous procedure using non-autologous temporary wound closure or simple dressings (H) (Anaes.) (Assist.)

Fee: \$586.80 Benefit: 75% = \$440.10

Private Health Insurance Classification:

- Clinical category: **Plastic and reconstructive surgery (medically necessary)**
- Procedure type: **Type B Non-band specific**

46132 (New)

Definitive burn wound closure, or closure of skin defect secondary to necrotising fasciitis or secondary to release of burns scar contracture, if the defect area involves 3% or more but less than 10% of total body surface, using autologous tissue (split skin graft or other) following previous procedure using non-autologous temporary wound closure or simple dressings (H) (Anaes.) (Assist.)

Fee: \$643.65 Benefit: 75% = \$482.75

Private Health Insurance Classification:

- Clinical category: **Plastic and reconstructive surgery (medically necessary)**

- Procedure type: **Type A Surgical**

46133 (New)

Definitive burn wound closure, or closure of skin defect secondary to necrotising fasciitis or secondary to release of burns scar contracture, if the defect area involves 10% or more but less than 20% of total body surface, using autologous tissue (split skin graft or other) following previous procedure using non-autologous temporary wound closure or simple dressings, excluding aftercare (H) (Anaes.) (Assist.)

Fee: \$981.95 Benefit: 75% = \$736.50

Private Health Insurance Classification:

- Clinical category: **Plastic and reconstructive surgery (medically necessary)**
- Procedure type: **Type A Surgical**

46134 (New)

Definitive burn wound closure, or closure of skin defect secondary to necrotising fasciitis, if the defect area involves 20% or more but less than 30% of total body surface, using autologous tissue (split skin graft or other) following previous procedure using non-autologous temporary wound closure, excluding aftercare (H) (Anaes.) (Assist.)

Fee: \$2,173.15 Benefit: 75% = \$1629.90

Private Health Insurance Classification:

- Clinical category: **Plastic and reconstructive surgery (medically necessary)**
- Procedure type: **Type A Advanced Surgical**

46135 (New)

Definitive burn wound closure, or closure of skin defect secondary to necrotising fasciitis, if the defect area involves 30% or more of total body surface, using autologous tissue (split skin graft or other) following previous procedure using non-autologous temporary wound closure, excluding aftercare (H) (Anaes.) (Assist.)

Fee: \$3,413.65 Benefit: 75% = \$2560.25

Private Health Insurance Classification:

- Clinical category: **Plastic and reconstructive surgery (medically necessary)**
- Procedure type: **Type A Advanced Surgical**

46136 (New)

Definitive burn wound closure, or closure of skin defect secondary to necrotising fasciitis, of whole of face, using autologous tissue (split skin graft or other) following previous procedure using non-autologous temporary wound closure, excluding aftercare, other than a service associated with a service to which item 46100 applies (H) (Anaes.) (Assist.)

Fee: \$1,884.50 Benefit: 75% = \$1413.40

Private Health Insurance Classification:

- Clinical category: **Plastic and reconstructive surgery (medically necessary)**
- Procedure type: **Type A Advanced Surgical**

46140 (New)

Burns contracture, release of, by excision or incision of scar, if the defect resulting from surgery is less than 1% of total body surface, including direct repair if performed (Anaes.) (Assist.)

Fee: \$281.95 Benefit: 75% = \$211.50 85% = \$239.70

Private Health Insurance Classification:

- Clinical category: **Plastic and reconstructive surgery (medically necessary)**
- Procedure type: **Type B Non-band specific**

46141 (New)

Burns contracture, release of, by excision or incision of scar, if the defect resulting from surgery is 1% or more but less than 3% of total body surface (H) (Anaes.) (Assist.)

Fee: \$423.00 Benefit: 75% = \$317.25

Private Health Insurance Classification:

- Clinical category: **Plastic and reconstructive surgery (medically necessary)**
- Procedure type: **Type B Non-band specific**

46142 (New)

Burns contracture, release of, by excision or incision of scar, if the defect resulting from surgery is 3% or more but less than 10% of total body surface (H) (Anaes.) (Assist.)

Fee: \$507.45 Benefit: 75% = \$380.60

Private Health Insurance Classification:

- Clinical category: **Plastic and reconstructive surgery (medically necessary)**
- Procedure type: **Type A Surgical**

46143 (New)

Burns contracture, release of, by excision or incision of scar, if the defect resulting from surgery is 10% or more but less than 20% of total body surface (H) (Anaes.) (Assist.)

Fee: \$657.80 Benefit: 75% = \$493.35

Private Health Insurance Classification:

- Clinical category: **Plastic and reconstructive surgery (medically necessary)**
- Procedure type: **Type A Surgical**

Explanatory Notes

TN.8.273 Modifier Item for Burns Involving Hands, Face or Anterior Neck – (Item 46100)

Item 46100 is a modifier item that provides extra funding for burns involving the hands, face and anterior neck.

The modifier item can be co-claimed with any of items 46101 to 46135 (other than item 46112 or 46124), where excision of burnt tissue or definitive burn wound closure involves greater than 1% of the hands, face or anterior neck.

The modifier items cannot be co-claimed with whole-of-face burns items 46112, 46124 or 46136.

The derived fee for claims including the modifier item will be an additional 40% of the fee for the co-claimed service.

Related Items: 46100 to 46136

TN.8.274 Rules for Burns Excision and Closure Items – (Items 46100 to 46136)

Only one item can be claimed from the excision of burnt tissue items (items 46101 to 46112) for one provider in one operation.

Item 46112, for excision of burnt tissue involving whole of face, may be claimed with one excision of burnt tissue item (items 46101 to 46111), based on the percentage of total body surface (excluding the face).

For any size of burn, each surgeon can work with another surgeon and each surgeon chooses the excision item from items 46101 to 46112 based on the area that they, as an individual surgeon, have excised.

Where two surgeons are claiming item numbers, the sum of items of each of the surgeons must match the total percentage surface area of burn excised for that patient.

Excision of burnt tissue items (items 46101 to 46112) can be co-claimed with immediate closure items (items 46113 to 46124), but not with delayed definitive closure items (items 46130 to 46136).

When immediate closure is being performed, if it is indicated, both an immediate closure item (items 46113 to 46124) and a non-excisional debridement item (items 46125 to 46129) can be claimed.

Delayed definitive closure items (items 46130 to 46136) cannot be co-claimed with excision of burnt tissue items (items 46101 to 46112), immediate closure items (items 46113 to 46124) or non-excisional debridement items (items 46125 to 46129).

The modifier item (46100) can be co-claimed with the excision of burnt tissue items, immediate closure items, the non-excisional debridement items and the delayed closure items, but it cannot to co-claimed with whole-of-face items 46112, 46124 or 46136.

Related Items: 46100 to 46136

Quick Reference Table

	Amended
30003	Clarify use.
30006	Clarify use.
30010	To specify the total body surface area, include an option for intravenous sedation and prevent a nurse alone from performing the service.
30014	To specify the total body surface area, include an option for intravenous sedation and prevent a nurse alone from performing the service.
45054	To increase the schedule fee, reflect the critical nature of this procedure and significant skills required to perform it.

	New
30007	For burns dressing without anaesthesia - 10% or more of the total body surface area.
30015	For burns dressing under anaesthesia – 20% or more but less than 50% of the total body surface area.
30017	For burns dressing under anaesthesia –50% or more of the total body surface area.
46100	Modifier item - to provide extra funding for burns involving the hands, face and anterior neck.
46101	For the excision of burnt tissue - not more than 1% of total body surface area of burn excised.

46102	For the excision of burnt tissue - more than 1% but less than 3% of total body surface area of burn excised.
46103	For the excision of burnt tissue - 3% or more but less than 10% of total body surface area of burn excised.
46104	For the excision of burnt tissue - 10% or more but less than 20% of total body surface area of burn excised.
46105	For the excision of burnt tissue - 20% or more but less than 30% of total body surface area of burn excised.
46106	For the excision of burnt tissue - 30% or more but less than 40% of total body surface area of burn excised.
46107	For the excision of burnt tissue - 40% or more but less than 50% of total body surface area of burn excised.
46108	For the excision of burnt tissue - 50% or more but less than 60% of total body surface area of burn excised.
46109	For the excision of burnt tissue - 60% or more but less than 70% of total body surface area of burn excised.
46110	For the excision of burnt tissue - 70% or more but less than 80% of total body surface area of burn excised.
46111	For the excision of burnt tissue - 80% or more of total body surface area of burn excised.
46112	For excision of burnt tissue involving whole of face (excluding ears). May be co-claimed with 1 item from 46101 to 46111 based on the percentage of total body surface (excluding the face). Cannot be co-claimed with the modifier item 46100.
46113	For excised burn wound closure, where performed at the same time as the procedure for the primary burn wound excision - not more than 1% total body surface defect area.
46114	For excised burn wound closure, where performed at the same time as the procedure for the primary burn wound excision - more than 1% but not more than 3% total body surface defect area.

46115	For excised burn wound closure, where performed at the same time as the procedure for the primary burn wound excision - more than 3% but not more than 10% total body surface defect area.
46116	For excised burn wound closure, where performed at the same time as the procedure for the primary burn wound excision - more than 10% but not more than 20% total body surface defect area.
46117	For excised burn wound closure, where performed at the same time as the procedure for the primary burn wound excision - 20% or more but less than 30% total body surface defect area.
46118	For excised burn wound closure, where performed at the same time as the procedure for the primary burn wound excision - 30% or more but less than 40% total body surface defect area.
46119	For excised burn wound closure, where performed at the same time as the procedure for the primary burn wound excision - 40% or more but less than 50% total body surface defect area.
46120	For excised burn wound closure, where performed at the same time as the procedure for the primary burn wound excision - 50% or more but less than 60% total body surface defect area.
46121	For excised burn wound closure, where performed at the same time as the procedure for the primary burn wound excision - 60% or more but less than 70% total body surface defect area.
46122	For excised burn wound closure, where performed at the same time as the procedure for the primary burn wound excision - 70% or more but less than 80% total body surface defect area.
46123	For excised burn wound closure, where performed at the same time as the procedure for the primary burn wound excision - 80% or more total body surface defect area.
46124	For excised burn wound closure, where performed at the same time as the procedure for the primary burn wound excision – whole of face.
46125	For non-excisional debridement of superficial or mid dermal partial thickness burns, and application of skin substitute - less than 1% total body surface area of burn.

46126	For non-excisional debridement of superficial or mid dermal partial thickness burns, and application of skin substitute - 1% or more but less than 3% total body surface area of burn.
46127	For non-excisional debridement of superficial or mid dermal partial thickness burns, and application of skin substitute - 3% or more but less than 10% total body surface area of burn.
46128	For non-excisional debridement of superficial or mid dermal partial thickness burns, and application of skin substitute - 10% or more but less than 30% total body surface area of burn.
46129	For non-excisional debridement of superficial or mid dermal partial thickness burns, and application of skin substitute - 30% or more total body surface area of burn.
46130	For delayed definitive burn wound closure, following previous procedure using non-autologous temporary wound closure or simple dressings - less than 1% total body surface defect area.
46131	For delayed definitive burn wound closure, following previous procedure using non-autologous temporary wound closure or simple dressings - 1% or more but less than 3% total body surface defect area.
46132	For delayed definitive burn wound closure, following previous procedure using non-autologous temporary wound closure or simple dressings - 3% or more but less than 10% total body surface defect area.
46133	For delayed definitive burn wound closure, following previous procedure using non-autologous temporary wound closure or simple dressings - 10% or more but less than 20% total body surface defect area.
46134	For delayed definitive burn wound closure, following previous procedure using non-autologous temporary wound closure or simple dressings - 20% or more but less than 30% total body surface defect area.
46135	For delayed definitive burn wound closure, following previous procedure using non-autologous temporary wound closure or simple dressings - 30% or more total body surface defect area.
46136	For delayed definitive burn wound closure, following previous procedure using non-autologous temporary wound closure or simple dressings - whole of face.
46140	For burns contracture - less than 1% total body surface defect area.

46141	For burns contracture - 1% or more but less than 3% total body surface defect area.
46142	For burns contracture - 3% or more but less than 10% total body surface defect area.
46143	For burns contracture - 10% or more but less than 20% total body surface defect area.

Deleted
30017, 30020, 45406, 45409, 45412, 45415, 45418, 45460, 45461, 45462, 45464, 45465, 45466, 45468, 45469, 45471, 45472, 45474, 45475, 45477, 45478, 45480, 45481, 45483, 45484, 45485, 45486, 45487, 45488, 45489, 45490, 45491, 45492, 45493, 45494, 45519

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.