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 ~~foot~~ 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 ~~foot~~ hindfoot bone  (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) ~~O~~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):  (~~a~~i) removal of bone;  (~~b~~ii) excision of surrounding osteophytes;  (~~c~~iii) synovectomy;  (~~d~~iv) 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  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 |
| 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;  (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;  (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  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:   * 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% = $~~622.00~~ 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  (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 tubercule or osteophyte;  (e) reconstruction of tendon retinaculum;  (f) neurolysis;  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 |
| 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:  (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:  (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 * 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;  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.