



Changes to MBS Items for Orthopaedic Hand and Wrist Surgery

Last updated: 1 July 2021

- From 1 July 2021, the MBS items for orthopaedic hand and wrist surgery will be changing to support high value care, reflect contemporary clinical practice, and improve quality of care and safety for patients. These changes are a result of the MBS Review Taskforce (the Taskforce) recommendations and extensive consultation with key stakeholders.
- These changes are relevant to specialists involved in the provision of orthopaedic surgery services, consumers claiming these services, private hospitals, and private health insurers.
- Billing practices from 1 July 2021 will need to be adjusted to reflect these changes.

Summary of the changes

From 1 July 2021, there will be a revised MBS item structure for orthopaedic hand and wrist surgery services. Overall, the new structure includes:

- **14 new items that represent complete medical services**
- **68 amended items for services considered as requiring change in order to improve clarity of services for patients and providers, and improve the MBS to better reflect contemporary clinical practice.**
- **16 superseded items where services have been consolidated into new or amended items.**

What are the key changes?

The new hand and wrist orthopaedic item structure will be included in the MBS under Subgroup 14 of Group T8 – Surgical Operations.

The hand and wrist MBS items have been restructured to create a more logical and streamlined group of items in line with contemporary practice.

Changes have been made to some item descriptors to create complete medical services. Descriptors now specify the components to be included in a procedure to provide greater clarity on the use of the items. Additional revision and recurrence items have been created to reflect the increased complexity of these procedures.

A number of items have been amended to provide greater clarity between elective and trauma procedures. For example, the term 'reconstruction' is used for a late secondary procedure and the phrase 'exploration and repair' refers to an acute traumatic condition. This is intended to ensure consistency in the use of 'reconstruction' for elective procedures and 'repair' for traumatic procedures.

A number of items have been amended to include a provision for surgical assistance to reflect the complexity of the procedures and support patient safety and outcomes.



Please note that the information provided is a general guide only and subject to revision. 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.

The following information provides an overview of key changes within the hand and wrist surgery schedule. Further specific information highlighting new item descriptors and amendments to existing items can be found in the item mapping document on MBS Online by searching 'Changes to MBS items for orthopaedic surgery services'.

Amputation items

Items 44325 and 44328:

- Have been amended to better describe the anatomical location of the amputation.

Item 46464:

- Has been amended to allow for a surgical assistant to provide safe and accurate surgery in the difficult anatomical region of the hand.

Items 46465, 46468, 46471, 46474 and 46477

- Have been amended to better reflect the complexity of contemporary clinical practice and allow for a surgical assistant.
- The items now specify that resection of bone, neuroma and skin cover is included, if performed.
- The term 'digit' has been replaced with the term 'ray'.

Items 46480 and 46483:

- Have been amended to clarify the components that are considered to be an inherent part of the surgery.
- This makes it easier for clinicians to determine which items to use.
- The term 'digit' has been replaced with the term 'ray'.

Item 50396:

- Has been amended to more accurately reflect the procedure and clarify that the item can also be used by foot surgeons.



Bone procedures

Item 46396 and 46399:

- Item 46396 has been consolidated under item 46399 (osteotomy with internal fixation) as osteotomy of the phalanx and metacarpal requires internal fixation.
- Item 46399 has been amended to include the term 'per bone' to clarify appropriate use of this item.

Items 46401, 46402 and 46405:

- Items 46402 and 46405 have been consolidated under item 46401 to simplify the MBS as the procedures cover similar surgical methods that result in the same clinical outcome.

Item 46493:

- Has been created to provide a new item for resection of a metacarpal boss.
- Clinicians most often claim item 46396 (osteectomy) as the primary item for this surgery, which is recommended for deletion.
- This surgery includes removal of associated ganglion, small osteotomy to remove boss and closure of the incision.

Dupuytren's disease

Items 46366, 46369 and 46370:

- Items 46366 and 46369 have been consolidated under item 46370.
- This reflects current surgical practice by removing the distinction between subcutaneous and palmar fasciotomy.

Items 46372, 46375, 46378, 46379 and 46380:

- Have been created or amended to provide a more accurate and complete description of the surgery performed.
- Items for four and five rays are required for consistency across the MBS and to appropriately reimburse procedures across multiple digits.
- This makes it easier for clinicians to determine which items to use.

Item 46381:

- Has been amended to remove the reference to 'capsule release' and add the words 'each joint' to better reflect contemporary clinical practice.



- The item has been retained rather than incorporated into the other Dupuytren's items because joint release is not an inherent part of fasciectomy to treat Dupuytren's contracture.

Item 46387, 46390, 46393, 46394 and 46395:

- Have been created or amended to provide a more accurate and complete description of the surgery performed.
- Items for four and five rays are required for consistency across the MBS and to appropriately reimburse procedures across multiple digits.
- This makes it easier for clinicians to determine which items to use.

Fingernail procedures

Items 46513 and 46516:

- Item 46516 has been consolidated under item 46513 to simplify the MBS.
- This change has been made as the procedures cover similar surgical methods that result in the same clinical outcome.

Item 46513:

- Has been amended to clarify that removal of the segment of nail, unguual fold and portion of the nail bed are components of the procedure and should not be claimed separately.
- This will provide a more accurate and complete description of the surgery performed.

Item 46531:

- Has been amended to require phenolisation in an effort to reduce the chance of the nail regrowing and provide better postoperative analgesia.

Item 46534:

- Has been amended to better reflect the complexity of contemporary clinical practice.
- The phrase 'radial excision' has been replaced with the term 'complete ablation'.

Item 46489:

- Has been amended to specify included components of the procedure.
- The term 'secondary reconstruction' was added as the item applies to late secondary repair.



Item 46486:

- Has been amended to clarify appropriate use of the item.
- The item is intended for use in a trauma situation.

Ganglion procedures

Items 46494 and 46495:

- Items 46494 has been consolidated under item 46495.
- Changes have been made as the procedures cover similar surgical methods that result in the same clinical outcome.
- Item 46495 has been amended as surgical assistance can be required to undertake safe and accurate surgery in the difficult anatomical region of the hand.

Item 46498:

- Has been amended to better reflect the complexity of contemporary clinical practice.
- The item now specifies that flexor tenosynovectomy, sheath excision, and skin closure by any method are included, if performed.

Item 46500:

- Has been amended provide a more accurate and complete description of the procedure, covering all the steps of a routine surgery.

Items 46501, 46502 and 46503:

- Have been amended to clarify inclusions and co-claiming restrictions.
- The items now specify that the procedures includes wrist joint arthrotomy, synovectomy and any capsular/ligament repair, if performed.
- As a result, the descriptors provide more accurate and complete descriptions of the procedures that better reflect contemporary clinical practice.

Infections

Items 46459 and 46462:

- Have been consolidated under the general orthopaedic items for osteomyelitis and septic arthritis.



Items 46519 and 46522:

- Have been amended to better describe the services intended anatomical location and the inherent components of each procedure.
- Adding 'dorsum' to the descriptor of item 46519 removes the need for a new item.

Inflammatory Arthritis

Item 46336:

- Has been amended to clarify the appropriate use of this item by specifying that it is for synovectomy and includes capsulectomy, debridement of, ligament and tendon realignment, if performed.
- The item now specifies that it must be performed 'as an independent procedure'.

Item 46365:

- Has been created to provide a rebate for the excision of rheumatoid nodules.
- This is a common procedure that it is likely billed under item 31350 (benign tumor of soft tissue).
- The new item appropriately describes the procedure and reflects a complete medical service.

Item 46339:

- Has been amended with clear and specific wording in an effort to reduce ambiguity.
- This includes specifying that the descriptor is for flexor tendons (as opposed to extensor); includes flexor tenolysis and release of median nerve and carpal tunnel; and can only be claimed once per procedure.

Items 46335, 46340 and 46341:

- Have been created for tenosynovectomy of flexor and extensor tendons of the wrist.
- The items reflect the changes to item 46339 and support appropriate co-claiming of MBS items in the management of tenosynovectomy.

Items 46348, 46351, 46354, 46357 and 46360:

- Have been amended to better describe the services' intended anatomical location and the inherent components of each procedure.
- Have been amended to clarify that flexor tenosynovectomy is a mandatory component of the procedure, and that a separate item for tenolysis, tenoplasty or removal of intratendinous nodules cannot be claimed.
- The term 'digit' has been replaced with the term 'ray'.



Item 46364:

- Has been created to provide a rebate for digital sympathectomy to reflect current clinical practice.

Joint procedures

Item 46300:

- Has been amended to provide a more accurate and complete description of the procedure.
- The item now specifies that joint debridement is now included, if performed.

Item 46303:

- The item better reflects contemporary clinical practice by including reference to synovectomy and joint debridement.

Items 46306, 46307 and 46308:

- Items 46306 and 46307 have been consolidated under item 46308 to simplify the MBS.
- The changes have been made as the procedures cover similar surgical methods that result in the same clinical outcome.

Items 46309, 46312, 46315, 46318 and 46321

- Have been amended to specify that associated synovectomy, tendon transfer, realignment and ligament reconstruction are included, if performed.
- This provides a more accurate and complete description of the procedure, covering all the steps of routine surgical procedures.

Items 46324 and 46325:

- Have been amended to specify that item 46324 is to be claimed in the event of a carpal bone replacement procedure and item 46325 is to be claimed in the event of an excisional arthroplasty of the thumb carpometacarpal joint.
- This change will clearly separate joint replacement procedures and soft tissue reconstruction procedures.

Item 46327:

- Has been consolidated into other items in this section (46324-46392).
- Arthrotomy is an integral part of all joint procedures and is therefore not required as an individual item.



Item 46322:

- Has been created to provide a specific item for revision of interphalangeal joint or metacarpophalangeal joint procedures.
- The new item reflects the increased complexity of revision procedures.

Item 46333:

- Has been amended to provide a more accurate and complete descriptions of the procedures (covering all the steps of routine surgeries) to better reflect contemporary clinical practice.
- The item now specifies that the surgery includes ligamentous or capsular reconstruction with graft as a mandatory component, and that separate items for arthrotomy, synovectomy or joint stabilisation cannot be claimed.

Items 46444 and 46447:

- Item 46447 has been consolidated under item 46444 (and 46492 if contracture is present)
- Item 46444 has been amended to include tendon transfer or tendon graft harvesting.
- This provides a more accurate and complete description of the procedure that better reflects contemporary clinical practice.

Item 46492:

- Has been amended to more specifically describe contemporary clinical practice.
- The term 'digit' has been replaced with the term 'joint'.

Nerve Compression Syndromes

Item 39321:

- Has been amended to provide greater clarity around co-claiming.

Item 39330:

- Has been amended to restrict co-claiming with the proposed sub-specialty specific nerve items.

Item 39332, 39336, 39339, 39342 and 39345:

- Have been created to specifically provide for primary and revision ulnar nerve decompression procedures.



- The items have been previously claimed using an inconsistent mix of existing items.
- Two new ulnar nerve items, an item for the radial, median and ulnar nerves, and two new revision items will provide greater clarity and consistency for consumers.

Item 39331:

- Has been amended to better reflect the complexity of contemporary clinical practice and allow for a surgical assistant.

Nerve Procedures and Other Disorders

Items 39303 and 39309:

- Have been amended to provide more accurate and complete descriptions of the procedures that better reflect contemporary clinical practice.
- The items now specify that neurolysis and transposition are included if performed.

Items 39315 and 39318:

- Have been amended to provide more accurate and complete descriptions of the procedures that better reflect contemporary clinical practice.
- The items now specify that graft harvesting, transposition and anastomoses are included, if performed.

Item 39324:

- Has been amended to allow clinicians to choose between operation techniques, which reflects contemporary clinical practice.

Item 39328:

- Has been created to provide a rebate specifically for hand surgery to deep peripheral nerves, separate from the neurosurgery section numbers.

Item 39329:

- Has been created to specifically provide for neurolysis of the radial, median or ulnar nerve trunk in the forearm or arm.



Item 46504:

- Has been amended to specify that the service includes heterodigital and soft tissue cover as mandatory components of the procedure.

Item 46507 and 46510:

- Have been amended to specify that tendon rebalancing, nerve transfer and skin closure by any means cannot be claimed.
- Changes to these descriptors provide more accurate and complete descriptions of the procedures that better reflect contemporary clinical practice.

Item 39300:

- Has been amended to include the words 'per nerve'.
- This provide more accurate and complete descriptions of the procedures that better reflect contemporary clinical practice.

Item 39306:

- Has been amended to restrict co-claiming with item 39330.

Item 39307:

- Has been created to provide a new item specifically for reconstruction of nerve trunk using biological or synthetic nerve conduit.

Item 39319:

- Has been created to provide a new item specifically for reconstruction of digital or cutaneous nerve using biological or synthetic nerve conduit.

Tendon Procedures

Item 46363:

- Has been amended to better reflect the complexity of contemporary clinical practice and allow for a surgical assistant.
- The item now specifies that the surgery includes synovial biopsy and synovectomy, if performed.



Items 46367 and 47972:

- Has been created to provide a new item for DeQuervain's release.
- Item 47972 has been consolidated under 46367.
- A new item with an accurate and complete description of the procedure will reduce the variation in items being claimed for this procedure.

Items 46408, 46411, 46414, 46417, 46423 and 46450:

- Have been amended to provide more accurate and complete descriptions of the procedures (covering all the steps of routine surgical procedures) that better reflect contemporary clinical practice.

Items 46429, 46434 and 46435:

- Items 46429 and 46435 have been consolidated under item 46434 to simplify the MBS.
- The procedures cover similar surgical methods that result in the same clinical outcome.

Item 46426 and 46432:

- Have been amended to provide more accurate and complete descriptions of the procedures that better reflect contemporary clinical practice.
- This includes replacing the term 'each tendon' with the term 'per tendon' and specifying the maximum number of tendons permitted per procedure.

Wrist arthroplasty

Item 49213:

- Has been created to provide a new item for Sauve-Kapandji release (fusion of distal radioulnar joint with creation of a pseudoarthrosis of the ulnar just proximal to the fusion).

Item 46345:

- Has been amended to provide a more accurate and complete description of the procedure that better reflects contemporary clinical practice.
- The phrase 'reconstruction or stabilisation of' has been replaced with 'resection arthroplasty.'



Item 49209:

- Has been amended to clarify that the item covers prosthetic replacement of the ulnar head or prosthetic replacement of the distal radioulnar joint.
- The item now states that ligament and tendon realignments are included, if performed.

Item 49210:

- Has been amended to clarify that the item covers total arthroplasty of the ulnar head or the distal radioulnar joint.
- The item now states that ligament and tendon rebalancing is included, if performed.

Wrist – Diagnostic / Therapeutic

Item 49236:

- Has been created to provide an item for soft tissue stabilisation of distal radioulnar joint.
- There is currently no specific item for this procedure, leading to inconsistent billing practices.

Item 49200 and 49203:

- Have been amended to remove reference to bone grafting as it can be used in combination with the bone graft section, which better accounts for the associated range of complexity.

Item 49206:

- Has been amended to include the words 'synovectomy' and 'row' in this item descriptor.
- This provides a more accurate and complete description of the procedure that better reflects contemporary clinical practice.

Item 49212:

- Has been amended to include the words 'for infection, removal of loose bodies, synovectomy and/or joint debridement'.
- This provides a more accurate and complete description of the procedure that better reflects contemporary clinical practice.



Items 49215, 49221 and 49224:

- Have been amended to provide a more accurate and complete description of the procedure (covering all the steps of routine surgical procedures) that better reflects contemporary clinical practice.

Item 49227:

- Has been amended to include arthroscopic assisted partial wrist fusion, carpectomy and fracture management'.
- This better reflects current clinical practice and the increasing prevalence of arthroscopic management of fractures.

Item 49219:

- Has been created to provide a new item for diagnostic arthroscopy of a small joint.
- This new item is necessary to better reflect contemporary clinical practice.

Item 49220:

- Has been created to provide a new item for an arthroscopic procedure for small joint.
- This new item is necessary to better reflect contemporary clinical practice.

Item 49239:

- Has been created to provide a rebate for the excision of the pisiform.
- This new item is necessary to better reflect contemporary clinical practice.

Dislocations

Items 47036 and 47042:

- Item 47036 has been consolidated under item 47042.
- The procedures cover similar surgical methods that result in the same clinical outcome.
- Item 47042 has been amended to include the 'interphalangeal joint' to account for the removal of 47036.

Item 47027:

- The item has been amended to include styloid fracture or triangular fibrocartilage complex repair.



- This provides a more accurate and complete description of the procedure.

Fractures

Items 47378 and 47387:

- Item 47378 has been consolidated under item 47387.
- The procedures cover similar surgical methods that result in the same clinical outcome.

Items 47384, 47386 and 47393:

- Have been amended to provide a more accurate and complete description of the procedures (covering all the steps of routine surgical procedures) that better reflects contemporary clinical practice.
- This includes specifying that internal fixation is a requirement of certain procedures.

Item 47348:

- Has been amended to state it is for treatment by cast immobilisation only.
- This provides a more accurate and complete description of the procedure, covering all the steps of routine surgical procedures.

Item 47357:

- Has been amended to include fixation by any method.
- This will allow clinicians to choose how to perform the surgery, recognising the development of a more recent technique.

Item 47033:

- Has been amended to include ligament repair, if performed.
- This describes a more complete medical service.

Item 47351:

- Has been amended to better reflect the complexity of contemporary clinical practice and allow for a surgical assistant.
- The item now includes internal fixation, if performed.



Items 47301 and 47304:

- Have been amended to remove co-claiming restrictions allowing multiple fractures to be treated by closed reduction at the same time.
- These changes also provide more accurate and complete descriptions of the procedures that better reflect contemporary clinical practice.

Item 47307, 47310 and 47313:

- Have been amended to include the use of dynamic fixation devices.
- This provides a more accurate and complete description of the procedure that better reflects contemporary clinical practice.

Item 46441:

- Has been amended to include joint release and tenolysis, if performed.
- This provides a more accurate and complete description of the procedure that better reflects contemporary clinical practice.

Why are the changes being made?

The MBS Review Taskforce (the Taskforce) found that changes to orthopaedic hand and wrist surgery were required to reduce ambiguity among item descriptors, and to ensure the schedule is structured logically and reflects modern clinical practice.

These changes are a result of a review by the Taskforce, which was informed by the Orthopaedics Clinical Committee and discussion with key stakeholders. More information about the Taskforce and associated Committees is available via the Medicare Benefits Schedule Review page, within the 'for consumers' tab.

In some instances, item descriptors may differ from the descriptors proposed by the Taskforce. This is a result of recommendations made by the Orthopaedic Surgery Implementation Liaison Group (OSILG). The OSILG comprised representatives of orthopaedic sub-specialty societies, the Australian Medical Association (AMA) and the private hospital and insurance sectors. The OSILG provided advice on the implementation of the item changes, including identifying potential service gaps and preventing unintended consequences arising as an outcome of the review.

A copy of the final Taskforce Orthopaedic Review report is available on the Department of Health's website at: www.health.gov.au/resources/publications/taskforce-final-report-orthopaedic-mbs-items



What does this mean for providers?

Providers will need to familiarise themselves with the descriptor changes in the orthopaedic schedule, and any associated rules and explanatory notes. Providers have a responsibility to ensure that any services they bill to Medicare fully meet the eligibility requirements outlined in the legislation.

How will these changes affect patients?

Patients will continue to receive Medicare rebates for orthopaedic hand and wrist surgery services that are clinically appropriate and reflect modern clinical practice.

Who was consulted on the changes?

The MBS Review Orthopaedic Clinical Committee was established in September 2016 to provide expert clinical advice and make recommendations to the MBS Review Taskforce on Orthopaedic MBS services.

The MBS Review included a public consultation process which provided feedback from peak bodies, clinical experts and consumers. Feedback from stakeholders was considered by the Taskforce prior to making its final recommendations to the Government.

How will the changes be monitored and reviewed?

Service use of amended MBS orthopaedic hand and wrist surgery items will be monitored and reviewed post implementation.

All orthopaedic hand surgery items will continue to be subject to MBS compliance processes and activities, including random and targeted audits which may require a provider to submit evidence about the services claimed.

Significant variation from forecasted expenditure may warrant review and amendment of fees, and incorrect use of MBS items can result in penalties including the health professional being asked to repay monies that have been incorrectly received.

Further information

The full item descriptor(s) and information on amended schedule fees are now available on the [MBS Online](#) website. You can also subscribe to future MBS updates by visiting [MBS Online](#) and clicking 'Subscribe'.



Enquiries

For questions relating to implementation, or to the interpretation of the new orthopaedic surgery MBS items, please email 1july2021MBSchanges.orthopaedics@health.gov.au.

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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 sheet is current as of the Last updated date shown below, and does not account for MBS changes since that date.