



Changes to MBS Items for Orthopaedic Paediatric Surgery

Last updated: 1 July 2021

- From 1 July 2021, the MBS items for orthopaedic paediatric 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 paediatric surgery services. Overall, the new structure includes:

- **9 new items that represent complete medical services.**
- **33 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.**
- **20 superseded items where services have been consolidated into new or amended items.**
- **2 deleted items where services have been assessed as obsolete or no longer reflective of contemporary clinical practice.**

What are the key changes?

Paediatric orthopaedic MBS items have been re-categorised into the following seven sub-groups in an effort to create a more logical and streamlined schedule:

1. Paediatric hip - including slipped capital femoral epiphysis
2. Paediatric lower extremity
3. Limb lengthening
4. Growth plate procedures
5. Paediatric fractures and dislocations
6. Paediatric spine
7. Single-event multilevel surgery for children with cerebral palsy.



The new item structure will be included in the MBS under Subgroup 15 of Group T8 – Surgical Operations.

Changes have been made to some item descriptors to create complete medical services. Descriptors now provide greater clarity as to their appropriate use, by specifying the components of the procedure that are to be included, if performed.

A number of items have been amended to include a provision for surgical assistance to reflect the complexity of the procedures and to 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 judgement 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 paediatric surgery schedule.

Paediatric Hip

Slipped Capital Femoral Epiphysis

Items 47525, 47983 and 47984:

- Item 47525 has been split into two items for slipped capital femoral epiphysis procedures: one for internal fixation to stabilise slipped capital femoral epiphysis, and one for open sub-capital realignment for slipped capital femoral epiphysis.
- The changes clarify appropriate use of the items in paediatric patients.

Osteotomy Procedures

Items 48424 and 48427:

- Have been amended to distinguish the items by anatomical site (pelvis and femur) rather than the requirement for internal fixation. This amendment more accurately reflects differences in clinical practice.
- The term osteectomy has been removed from both descriptors to align the descriptors with other items across the schedule.
- The items now specify that both procedures should be performed in patients under the age of 18 years, to distinguish between paediatric and adult procedures which differ in nature.
- Separate items for osteotomy of the hip and pelvis in adult patients have been created to prevent service gaps.

Hip Dysplasia or Dislocation

Items 50349, 50650, 50654 and 50658:

- 50349, 50650 and 50658 have been consolidated under item 50654 to provide an updated item for treatment of hip dysplasia or dislocation.
- The item can be used in cases where closed reduction is not successful.
- The phrase 'in a child' has been replaced with 'in patients under the age of 18' for clarity and consistency with other items.



Item 50351:

- Has been amended to clarify that application of a hip spica is part of the procedure and to create a complete medical service.

Items 50352 and 50353:

- Item 50353 has been consolidated under item 50352 to provide an updated item for developmental hip dysplasia.
- The item has been amended to clarify that it is only appropriate to include the initial application of a splint or a harness as part of the item (subsequent attendances with patients should be billed via consultation items).
- These items cover similar procedures. Consolidating the items will assist in making the MBS more user-friendly and consistent.

Other Hip Procedures

Items 50375, 50378, 50381 and 50384:

- Have been amended to clarify that lengthening or division of the adductors and psoas are mandatory components of the procedure and cannot be co-claimed with other items.

Item 50387:

- Has been deleted as the item no longer represents modern practice and is obsolete.

Item 50393

- Has been amended to provide a clearer definition of the procedure as it applies to paediatric patients.
- The restriction on co-claiming with hip arthroplasty procedures and removal of the phrase 'bone graft' clarifies appropriate use of the item.

Paediatric Lower Extremity

Deformity Procedures

Items 50315, 50318 and 50321:

- Items 50315 and 50318 have been consolidated under item 50321 for open soft tissue release of the talipes equinovarus.
- These items have low service volumes and separate items are not required; combining these items will make the MBS more user-friendly.

Item 50324:

- Has been amended to provide an item for revision of open soft tissue release of the talipes equinovarus.
- The descriptor has been updated so that it is consistent with the proposed descriptor for item 50321.



Item 50327:

- Has been deleted and consolidated under items 50321 and 50324 for primary and revision open soft tissue release of the talipes equinovarus.

Item 50333:

- Has been amended to clarify appropriate use of the item and create consistency with other items used by foot and ankle surgeons.

Item 50335:

- Has been created to provide a new item for vertical, congenital talus procedures.
- The item is required because item 50336 no longer represents first-line treatment for vertical talus deformity.
- Modern practice is now to reverse Ponseti casting followed by stabilisation of talonavicular joint via percutaneous K-wire fixation and Achilles tenotomy; previously, no item has been available for this technique.

Items 50339 and 50342:

- Item 50342 has been deleted and consolidated under item 50339 for tibialis (anterior or posterior) tendon transfer.
- The descriptor for item 50339 has been changed to account for this consolidation and variation in technique.
- It has also been changed to address ambiguities in the current wording regarding the appropriate circumstances in which the procedure can be performed.

Knee and Leg Procedures

Item 50354:

- Has been amended to remove the restriction that fixation must be internal, if performed.
- Treatment of congenital pseudarthrosis of the tibia can involve internal or external fixation.

Items 50357 and 50360:

- Have been amended to remove reference to 'knee, leg or thigh' given that the items describe the specific anatomical site.

Items 50363, 50366 and 50369:

- Items 50363 and 50366 have been consolidated under item 50369 to provide an updated item for release of knee contracture.
- Multiple tendon lengthening or tenotomies are considered a mandatory component of the procedure, and release of the joint capsule is considered an optional component of the procedure.
- This item should not be co-claimed with primary or revision knee arthroplasty items.



Item 50372:

- Has been amended so that it is consistent with the updated descriptor of item 50369.
- Item 50372 is the bilateral version of item 50369.

Item 50394:

- Has been amended to remove the term 'acetabular dysplasia' as there is no clear definition of this term and it is not a useful component of the item descriptor.

Item 50395:

- Has been created to provide a new item for osteotomy and distalisation of greater trochanter.
- There is currently no item for trochanteric transfer where it is moved distally to address a Trendelenburg gait in patients with Perthes' disease or developmental dysplasia of the hip.

Amputations or Reconstruction for Congenital Deformities

Item 50426:

- Has been updated to reflect contemporary terminology and now requires a specific diagnosis and histological examination.
- The term 'diaphyseal aclasia' has been replaced with the phrase 'osteochondroma, either solitary or in the context of hereditary multiple exostoses'.
- The item can be claimed once per approach.

Item 50428:

- Has been created to provide a new item for percutaneous drilling of an osteochondritis dessicans or other osteochondral lesion in patient with open growth plates or less than 18 years of age.
- The procedure is commonly provided via item 49559 (knee arthroscopic surgery), which does not accurately describe the procedure.

Limb Lengthening

Item 50300:

- Has been amended to better clarify appropriate use of the item and improve consumer access to clinically appropriate services.
- This includes removing the phrase 'payable only once in any 12 month period'.
- The phrase 'using ring fixator or similar device' has been replaced with 'application of external fixator'.



Item 50303:

- Has been amended to better clarify appropriate use and improve consumer access to clinically appropriate services.
- This includes removing the phrases 'payable only once in any 12 month period'.
- The restriction against billing the item where the bone has been lengthened more than 5cm has been removed as this is not an accurate indicator of complexity.

Item 50310:

- Has been created to provide a new item for a major adjustment to a ring fixator or similar device.
- The item is required to cover major adjustments in a clinic setting that do not require anaesthetic, such as major (usually three or more) strut changes.

Growth Plate Procedures

Items 48500, 48503, 48506 and 48507:

- Items 48500, 48503 and 48506 have been consolidated under item 48507 to provide a new item for epiphysiodesis in a long bone in a patient less than 18 years.
- This will streamline the MBS.

Item 48509:

- Has been amended to reflect modern clinical practice and help to future-proof the MBS.
- This includes replacing 'epiphysiodesis' with 'hemi-epiphysiodesis,' removing the reference to 'staple arrest of hemi-epiphysis' and adding 'partial growth plate arrest using internal fixation'.
- The item now includes provisions for surgical assistance.

Item 48512:

- Has been amended to more accurately describe the procedure.
- This includes replacing 'operation to prevent closure of plate' with 'release of focal growth plate closure'.
- The amendments are required as epiphysiolysis does not prevent growth plate closure, but rather aims to release or reverse a focal growth plate closure that has already occurred.

Paediatric Fractures and Dislocations

Items 50500, 50504, 50508 and 50512:

- Item 50500 and 50504 have been consolidated under items 50508 and 50512 respectively, to reduce the duplication of items for treatment of similar fractures, where differentiation between fractures is unnecessary.
- Consolidating these pairs of items will make the MBS more user-friendly.
- Amendments to items 50508 and 50512 reflect that Colles', Smith's and Barton's fractures are all adult fracture terms and are not appropriate terms for paediatric procedures.



Items 50520 and 50536:

- Item 50520 has been consolidated under item 50536 in an effort to make the MBS more user friendly.
- Item 50536 has been amended to account for the deletion of 50520 and reflect the modern practice of closed reduction and percutaneous insertion of internal fixation.
- This surgical technique involves greater surgical time, skill, resources and clinical follow-up than closed reduction alone and should be incorporated into existing items for open reduction of fractures.

Items 50516 and 50532:

- Item 50516 has been consolidated under item 50532 in an effort to streamline the MBS.
- Minor amendment have been made to item 50532 to cover services previously reimbursed under item 50516.

Items 50556 and 50564:

- Have been amended to include the modern practice of closed reduction and percutaneous insertion of internal fixation.
- This surgical technique involves greater surgical time, skill, resources and clinical follow-up than closed reduction alone and should be incorporated into existing item numbers for open reduction of fractures.

Item 50592:

- Has been created to provide a new item for treating a fracture of the shaft of the femur with open growth plates.
- The item is required to address a service gap for the treatment of a fracture of the femur in a child by internal fixation.

Item 50576:

- Has been amended to clarify that the application of a hip spica is included, if performed.

Item 50596:

- Has been created to provide a new item for treating a fracture of the shaft of the femur with open growth plates.
- The item is required because there is currently no item to cover treatment of tibial shaft fracture in a child by closed reduction and casting.

Miscellaneous Surgery

Shoulder, Arm and Forearm Procedures

Items 44133 and 50402:

- Item 50402 has been consolidated under item 44133 for unipolar release.
- Unipolar and bipolar release should be a single item because the procedures are similar and billed infrequently.



Item 50405:

- Has been deleted as the item is not required as an independent paediatric item and does not describe a complete medical procedure.

Item 50408:

- Has been deleted as the item does not describe modern practice and is obsolete.

Why are the changes being made?

The MBS Review Taskforce (the Taskforce) found that changes to orthopaedic paediatric 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 health 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 paediatric 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 paediatric 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.