



Orthopaedic surgery amendments to eight MBS items

Last updated: 6 October 2022

- From 1 November 2022, there will be changes to eight Medicare Benefits Schedule (MBS) items for Orthopaedic Surgery.
- These changes form part of an early post-implementation review to address unintended consequences such as patient service gaps arising from implementation of the MBS Review Taskforce changes on 1 July 2021.
- These changes are relevant to specialists involved in the provision of orthopaedic surgery services, patients receiving these services, private hospitals, and private health insurers.

What are the changes?

Effective 1 November 2022, there will be changes to eight orthopaedic items as follows:

- New item 47790 will be introduced to provide services that were previously available under generic item 47957, prior to 1 July 2021. This will ensure that patients receive a rebate for lengthening procedures of relevant large tendons.
- New item 47791 will be introduced to provide services that were previously available under generic item 47969, prior to 1 July 2021. This will ensure that patients receive a rebate for tenosynovectomy procedures of relevant tendons.
- New item 47792 will be introduced to allow patients to receive a rebate for stabilisation of the scapula-thoracic joint or the acromio-clavicular joint. These include procedures used in the treatment of winged scapula and were previously available under generic items 50106 and 50109, prior to 1 July 2021.
- Item 47967 will be amended to include the phrase 'or elbow' to also allow the service to be used for the restoration of elbow function. This will ensure patients receive rebates for restoration of elbow function by major muscle tendon transfer.
- Item 49215 will be amended to remove the phrase 'by open procedure' to allow for wrist ligament or capsule reconstruction to allow the services to be performed via open or arthroscopic approach.
- Item 49236 will be amended to remove the phrase 'by open procedure' to allow stabilisation of the soft tissue of the distal radioulnar joint to be performed via open or arthroscopic approach.
- Item 49212 will be amended to remove the phrase 'for infection' to ensure that patients receive a rebate for arthrotomy of the wrist in the absence of infection.
- Item 49734 will be amended to remove the phrase 'for infection' to ensure that patients receive a rebate for arthrotomy of the hindfoot, midfoot or metatarsophalangeal joint in the absence of infection.

Why are the changes being made?

On 1 July 2021, changes were made to 599 orthopaedic surgery MBS items as a result of the MBS Review Taskforce recommendations and extensive consultation with key stakeholders.

From 1 November 2022, additional amendments will be made to eight items for orthopaedic surgery in response to feedback from key stakeholders as part of the early post-implementation review. These amendments address unintended consequences for patients, better align the items with modern clinical practice, and improve patient access to services.

What does this mean for providers?

The changes correct unintended consequences to address patient service gaps arising from MBS Review Taskforce changes implemented on 1 July 2021.

Providers will need to familiarise themselves with the descriptor changes in the orthopaedics schedule.

How will these changes affect patients?

Patients will receive Medicare rebates for services that are clinically appropriate and reflect modern clinical practice.

Who was consulted on the changes?

These changes are being made in response to feedback from stakeholders as part of the early post-implementation review following the introduction of the broader orthopaedic changes on 1 July 2021. The Department is continuing to work with the Australian Orthopaedic Association and orthopaedic sub-specialty societies to consider feedback regarding the 1 July 2021 changes.

How will the changes be monitored and reviewed?

All MBS items are subject to compliance processes and activities, including random and targeted audits which may require a provider to submit evidence about the services claimed.

Amended and new item descriptors (to take effect 1 November 2022)

	Subgroup T8 – Surgical Operations
	Subgroup 15 – Orthopaedic
Item	Descriptor (amendments in bold text)

Subheading 3- General Operations	
47967	<p>Restoration of shoulder or elbow function by major muscle tendon transfer, including associated dissection of neurovascular pedicle, excluding micro-anastomosis and biceps tenodesis—one transfer (H) (Anaes.) (Assist.)</p> <p>Fee: \$457.70</p> <p>Benefit: 75% = \$343.30</p> <p>Private Health Insurance Classifications: (No Change)</p> <p>Procedure Type: Type A Surgical</p> <p>Clinical Category: Bone, joint and muscle</p>
Subheading 10 - Wrist	
49236	<p>Stabilisation of soft tissue of distal radioulnar joint, by open procedure, with or without ligament or tendon grafting, including either or both of the following (if performed):</p> <p>(a) graft harvest;</p> <p>(b) triangular fibrocartilage complex repair or reconstruction</p> <p>(H) (Anaes.)(Assist.)</p> <p>Fee: \$618.20</p> <p>Benefit: 75% = \$463.65</p> <p>Private Health Insurance Classifications: (No Change)</p> <p>Procedure Type: Type A Surgical</p> <p>Clinical Category: Joint reconstructions</p>
49215	<p>Reconstruction of single or multiple ligaments or capsules of wrist, by open procedure, including any of the following (if performed):</p> <p>(a) arthrotomy;</p> <p>(b) ligament harvesting and grafting;</p> <p>(c) synovectomy;</p> <p>(d) tendon harvesting and grafting;</p> <p>(e) insertion of synthetic ligament substitute</p> <p>(H) (Anaes.) (Assist.)</p> <p>Fee: \$686.45</p> <p>Benefit: 75% = \$514.85</p> <p>Private Health Insurance Classifications: (No Change)</p>

	<p>Procedure Type: Type A Surgical</p> <p>Clinical Category: Joint reconstructions</p>
49212	<p>Arthrotomy of wrist or distal radioulnar joint, for infection, including any of the following (if performed):</p> <ul style="list-style-type: none"> (a) joint debridement; (b) removal of loose bodies; (c) synovectomy <p>(H) (Anaes.) (Assist.)</p> <p>Fee: \$248.95</p> <p>Benefit: 75% = \$186.75</p> <p>Private Health Insurance Classifications: (No Change)</p> <p>Procedure Type: Unlisted</p> <p>Clinical Category: Bone, joint and muscle</p>
	Subheading 14 - Foot
49734	<p>Arthrotomy of hindfoot, midfoot or metatarsophalangeal joint, for infection, including:</p> <ul style="list-style-type: none"> (a) removal of loose bodies; and (b) either or both of the following: <ul style="list-style-type: none"> (i) joint debridement; (ii) release of joint contracture; <p>—each incision (H) (Anaes.) (Assist.)</p> <p>Fee: \$348.40</p> <p>Benefit: 75% = \$261.30</p> <p>Private Health Insurance Classifications: (No Change)</p> <p>Procedure Type: Type A Surgical</p> <p>Clinical Category: Bone, joint and muscle</p>
Item	Descriptor (new items)
	Subheading 10 - Wrist
47790	Tendon, large, lengthening of, as an independent procedure. (Anaes.) (Assist.)

	<p>Fee: \$298.45</p> <p>Benefit 75% = \$223.85 85% = \$253.70</p> <p>Proposed Private Health Insurance Classifications:</p> <p>Proposed Procedure Type: Type A Surgical</p> <p>Proposed Clinical Category: Bone, joint and muscle</p>
	<p>Subheading 3 – General Operations</p>
47791	<p>Tenosynovectomy, not being a service associated with a service to which another item in this Group applies. (Anaes.) (Assist.)</p> <p>Fee: \$278.65</p> <p>Benefit: 75% = \$209.00 85% = \$236.85</p> <p>Proposed Private Health Insurance Classifications:</p> <p>Proposed Procedure Type: Type A Surgical</p> <p>Proposed Clinical Category: Bone, joint and muscle</p>
47792	<p>Joint stabilisation procedure of acromio-clavicular joint or scapulo-thoracic joint, including any of the following (if performed)</p> <p>(a) arthrotomy;</p> <p>(b) osteotomy, with or without fixation;</p> <p>(c) local tendon transfer;</p> <p>(d) local tendon lengthening or release;</p> <p>(e) ligament repair;</p> <p>(f) joint debridement;</p> <p>not being a service associated with a service to which another item in this Group applies (Anaes.) (Assist.)</p> <p>Fee: \$497.60</p> <p>Benefit: 75% = \$373.20 85% = \$423.00</p> <p>Proposed Private Health Insurance Classifications:</p> <p>Proposed Procedure Type: Type A Surgical</p> <p>Proposed Clinical Category: Joint Reconstructions</p>

Where can I find more information?

The current item descriptors and information on other changes to the MBS can be found on the MBS Online website at www.mbsonline.gov.au. The updated item descriptors will be live on the website from 1 November 2022. The updated item descriptors are also set out in full above.

You can also subscribe to future MBS updates by visiting [MBS Online](#) and clicking 'Subscribe'. For questions relating to implementation, or to the interpretation of the orthopaedic surgery items, please email askMBS@health.gov.au.

Subscribe to '[News for Health Professionals](#)' on the Services Australia website and you will receive regular news highlights.

If you are seeking advice in relation to Medicare billing, claiming, payments, or obtaining a provider number, please go to the Health Professionals page on the Services Australia website or contact Services Australia on the Provider Enquiry Line – 13 21 50.

The data file for software vendors will be available via the MBS Online website under the [Downloads](#) page.

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 above and does not account for MBS changes since that date.