



Orthopaedic Surgery Changes – Summary

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 relevant for orthopaedic surgeons, patients receiving these services, private hospitals and private health insurers.
- Medical providers will need to familiarise themselves with the changes and adjust their billing practices accordingly.

What are the changes?

Effective 1 March 2024 there will be a revised structure for items for orthopaedic surgery. The new structure includes 30 new items and 86 amended items. The amendments include changes to:

- Restore patient access for some clinically appropriate orthopaedic procedures.
- Refine co-claiming restrictions between items to support appropriate use of multiple items.
- Clarify item descriptors to make them easier to interpret and better align with contemporary clinical practice.

These changes are explained in detail in individual fact sheets on the following topics:

- Hand and wrist procedures
- Foot and ankle procedures
- Shoulder and elbow procedures
- Knee, hip, and paediatric hip procedures
- Neurosurgery procedures
- General orthopaedic procedures and fracture management procedures

Why are the changes being made?

On 1 July 2021, changes were made to 599 orthopaedic surgery MBS items in response to the MBS Review Taskforce (the Taskforce) recommendations and following extensive consultation with key stakeholders. An early post-implementation review of these changes

has been carried out to identify and address unintended consequences arising from the 1 July 2021 changes.

From 1 March 2024, there will be 30 new and 86 amended items in response to feedback received during the early post-implementation review.

What does this mean for providers?

The changes address unintended consequences arising from the Taskforce changes implemented on 1 July 2021. Providers will benefit from more comprehensive MBS coverage of orthopaedic procedures and clearer item descriptors.

Providers will need to familiarise themselves with the new item descriptors, changes to existing item descriptors, and any associated 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 benefit from improved access to subsidised orthopaedic services, more appropriate benefits for some complex procedures, and clearer MBS item descriptors.

Who was consulted on the changes?

This review involved extensive consultation with the peak body for orthopaedic surgery, the Australian Orthopaedic Association (AOA), together with orthopaedic sub-specialty societies, including:

- Shoulder and Elbow Society of Australia (SESA)
- Australian Hand Surgery Society (AHSS)
- Arthroplasty Society of Australia (ASA)
- Australian Orthopaedic Foot and Ankle Society (AOFAS)
- Australian Paediatric Orthopaedic Society (APOS)

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.

Where can I find more information?

The full item descriptor(s) and information on other changes to the MBS can be found on the MBS Online website at www.mbsonline.gov.au. You can also subscribe to future MBS updates by visiting [MBS Online](#) and clicking 'Subscribe'.

The Department of Health and Aged Care provides an email advice service for providers seeking advice on interpretation of the MBS items and rules and the *Health Insurance Act 1973* and associated regulations. If you have a query relating exclusively to interpretation of the Schedule, you should email askMBS@health.gov.au.

Private health insurance information on the product tier arrangements is available at www.privatehealth.gov.au. Detailed information on the MBS item listing within clinical categories is available on the [Department's website](#). Private health insurance minimum accommodation benefits information, including MBS item accommodation classification, is available in the latest version of the *Private Health Insurance (Benefit Requirements) Rules 2011* found on the [Federal Register of Legislation](#). If you have a query in relation to private health insurance, you should email PHI@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 the Services Australia on the Provider Enquiry Line – 13 21 50.

The data file for software vendors when available can be accessed via 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 factsheet is current as of the Last updated date shown above and does not account for MBS changes since that date.