



Minor changes to clarify the intent of orthopaedic surgery items (2 items)

DRAFT CHANGES SUBJECT TO THE PASSAGE OF LEGISLATION

Last updated: 16 November 2021

- From 1 January 2022, minor administrative amendments will be made to MBS items 49200 and 49851 for orthopaedic surgery.
- The changes will better align the items with the original intent of recommendations of the MBS Review of Orthopaedic Surgery, and correct errors or omissions in the items.
- 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?

From 1 January 2022:

- Item 49200 will be amended to remove the reference to 'bone grafting'. If a bone graft is required for a wrist arthrodesis procedure, then items 48245, 48248, 48251, 48254 or 48257 should be undertaken to better reflect the range of complexity with bone grafting.
- Item 49851 will be amended to include the term 'Assist' to clarify that the service may be performed with a surgical assistant.

Why are the changes being made?

On 1 July 2021, a number of changes were made to the orthopaedic surgery MBS items to support high value care, reflect contemporary clinical practice, and improve quality of care and safety for patients. The changes were a result of the MBS Review Taskforce recommendations and extensive consultation with key stakeholders.

From 1 January 2022, minor amendments will be made to 2 items for orthopaedic surgery. These amendments provide a more accurate and complete description of the procedures, as recommended by Orthopaedic Clinical Committee of the MBS Review Taskforce.

What does this mean for providers?

The changes correct minor errors in the existing items.

How will these changes affect patients?

There are no material changes for patients.

Who was consulted on the changes?



These changes are being made in response to feedback from stakeholders following the introduction of the broader orthopaedic changes on 1 July 2021.

The Department will continue to work with the AMA, the Australian Orthopaedic Association, sub-specialties and other stakeholders to consider how the changes introduced on 1 July 2021 are operating in practice, and whether any further changes are necessary to address errors or unintended consequences for patients.

Amended item descriptors (to take effect from 1 January 2022 subject to the approval of legislation)

49200	Wrist, arthrodesis of, with synovectomy, if performed, with or without bone graft and internal fixation of the radiocarpal joint (H) (Anaes.) (Assist.) Fee: \$852.15 Benefit: 75% = \$639.15
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49851	Arthrodesis, osteotomy or interpositional arthroplasty of proximal or distal (or both) joints of lesser toe, including any of the following (if performed): (a) internal fixation, by any method; (b) capsulotomy; (c) tendon lengthening; (d) joint release; (e) synovectomy; (f) removal of osteophytes at joints; - one toe (H) (Anaes.) (Assist.) Fee: \$450.50 Benefit: 75% = \$337.90
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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 current item descriptor(s) 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 January 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 1july2021MBSchanges.orthopaedics@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.