



Changes to MBS Items for Orthopaedic Foot and Ankle Surgery

Last updated: 1 July 2021

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

- **58 new items that represent complete medical services**
- **70 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.**
- **12 superseded items where services have been consolidated into new or amended items.**
- **5 deleted items where services have been assessed obsolete or no longer reflective of contemporary clinical practice.**

What are the key changes?

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

The foot and ankle MBS items have been restructured to create a more logical and streamlined group of items that reflect 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 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 the key changes affecting foot and ankle surgery. 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 44338, 44342, 44346, 44350, 44354 and 44358:

- 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'.

Item 44359:

- Has been amended to clarify that the item can be used for amputations through the midfoot or hindfoot, where performed to treat diabetic or other microvascular disease.
- Changing 'one foot' to 'per foot' in the descriptor creates consistency across the amputation items.

Item 44361:

- Has been amended to include amputation through the hindfoot and remove the reference to Syme and Pirogoff types.
- This reflects modern clinical practice and terminology and provides a more accurate and complete description of all the components of the procedure.

Item 44364:

- Has been amended to reflect modern clinical practice.
- The terms 'midtarsal' and 'transmetatarsal' have been replaced with 'transtarsal' to better describe the level of amputation.



Bone procedures

Items 47933 and 48430:

- Item 47933 has been consolidated under foot and ankle specific new item 48430 for exostosis specific to the foot and ankle.
- Excision of osteophytes of the foot and ankle (such as simple removal of a bunion) is considered a mandatory component of the procedure.

Item 48400:

- Has been amended to provide an item for osteotomy without fixation.
- The amended descriptor also provides a more accurate and complete description of the procedure by clarifying the included components.
- The term 'per bone' has been added to better guide appropriate use of this item.

Item 49806 and 49809:

- Have been amended to remove the term osteectomy.
- The proposed descriptors also clarify the included parts of the procedure to guide appropriate use of the items.

Items 48419 and 48420:

- Have been created to provide a new item for osteotomy of the distal tibia.
- This accounts for the deletion and restriction of items 48418 and 48421.
- The addition of "for deformity correction" clearly indicates that the item is not to be used for simple osteophyte removal.
- The items now describe complete medical services and reflects modern clinical practice.

Items 48433 and 48435:

- Have been created to provide for the treatment of an ankle or hindfoot bone non-union and the treatment of a midfoot or forefoot non-union or malunion.
- This change addresses a service gap for the treatment of bone non-union, which may occur after fracture fixation.
- The items now describe complete medical services and reflect modern clinical practice.



Bunion Procedures

Items 49827, 49830, 49833, 49836, 49837 and 49838:

- Have been amended to clarify that the procedure includes osteotomy without fixation, exostectomy, removal of bursae, synovectomy, capsule repair, and capsule or tendon release or transfer, if performed.
- The items represent increasing complexity of procedures from soft tissue correction, soft tissue with osteotomy without fixation to soft tissue with internal fixation.
- Changes to the procedure descriptors will clearly define the procedure and components that are considered part of procedure when performed.

Items 49769 and 49770:

- Have been created for unilateral and bilateral correction of hallux valgus deformity.
- This change addresses a service gap for the correction of hallux valgus or hallus varus deformity combined with an aiken osteotomy of the 1st toe proximal phalanx.

Toe Nail Procedures

Items 47915 and 47918:

- Have been amended to specify the required components of the procedure to guide appropriate use.
- Required components now include removal of a segment of nail, removal of the unguis fold, and excision and partial ablation of the germinal matrix and a portion of the nail bed.

Item 47915:

- Has been amended to remove reference to the method of destruction for the nail matrix and make phenolisation a mandatory component of the procedure.
- Removing unnecessary specificity regarding the technique also reflects modern clinical practice and improves patient access to the service.

Ganglion Procedures

Items 49881 and 49884:

- Have been created to provide a rebate for removal of a ganglion in the foot or ankle (primary).
- This accounts for the deletion of general items for the excision of a ganglion preserving patient access and preventing service gaps.



Items 49887 and 49890:

- Have been created to provide a rebate for removal of a ganglion in the foot or ankle (revision).
- This change addresses a service gap for the excision of ganglion, bursae or mucinous cyst.
- The new items account for the increased complexity of performing a revision procedure.

Infections

Item 47912:

- Has been deleted as the item is no longer required because the procedure is a minor task that should be accommodated within the MBS consultation fee.

Inflammatory Arthritis

Item 49863 and 49860:

- Item 49863 had been consolidated under 49860.
- Item 49860 has been amended to cover 'one or more joints, per foot' in order to reflect the inclusion of procedures previously reimbursed using item 49863.
- The amended item provides a more accurate and complete description of the procedure by specifying all the likely steps, including capsulectomy, debridement or release of ligament or tendon.

Item 50312:

- Has been amended to provide a more accurate and complete description of the procedure by specifying all the likely inclusions: capsulotomy, debridement and release of a ligament and/or tendon.
- The item is indicated for use in treatment of a large osteochondral defect (> 1.5cm²) consisting of debridement and microfracture technique.

Item 49771:

- Has been created to provide an item for synovectomy of a major ankle tendon.
- The phrase 'per incision' has been included in the descriptor to guide appropriate use.
- The new item provides an accurate description of a complete medical service that reflects modern clinical practice.



Item 49772:

- Has been created to provide a rebate for excision of rheumatoid nodules and/or guoty tophi.
- The phrase 'per incision' has been included in the descriptor to guide appropriate use.
- The new item provides an accurate description of a complete medical service that reflects modern clinical practice.

Nerve Procedures

Item 49866:

- Has been amended to replace the phrase 'neurectomy for plantar or digital neuritis' with 'excision of intermetatarsal or digital neuroma,' removing the reference to Morton's or Bett's syndrome and adding the phrase 'per web space.'
- The amended item provides a more accurate and complete description of the procedure that better reflects modern clinical practice.

Item 49774:

- Has been created to provide an item for tarsal tunnel release which accurately describes the procedure when performed on the foot to address a current service gap.
- The phrase 'per foot' has been included in the descriptor because there can be more than one nerve involved in tarsal tunnel release.

Items 49773 and 49775:

- Have been created to provide an item for revision tarsal tunnel release.
- The items are required as revision procedures are more complicated than the primary procedures due to scar tissue, nerve adherence and the need to make different incisions.

Arthrodesis Procedures

Item 49712:

- Has been amended to provide a more accurate and complete description of the procedure that better reflects modern clinical practice.
- This includes amendments that clarify that the procedure can be performed open or arthroscopically and includes internal or external fixation by any method.
- The procedure now includes capsulotomy, joint release, synovectomy and removal of osteophytes at the joint, if performed.



Item 50118:

- Has been amended to provide an item for arthrodesis of the talonavicular or calcaneocuboid joint.
- These joints have previously been billed using item 50109 (arthrodesis of other joints), which has been deleted.

Item 49815:

- Has been amended to provide a more accurate and complete description of the procedure that better reflects modern clinical practice.
- Triple arthrodesis remains part of modern clinical practice and retaining the item allows the procedure to be reimbursed as a single, complete medical service.

Items 49777, 49778, 49779, 49780 and 49781:

- Have been created to provide items for primary and revision midfoot joint arthrodesis.
- The items include capsulotomy, joint release, synovectomy and removal of osteophytes at the joint, if performed.

Item 49845 and 49774:

- Item 49845 has been amended to clarify that the procedure includes capsulotomy, joint release, synovectomy and removal of osteophytes at the joint.
- Item 49774 has been created to provide an item for the revision of procedures provided under 49845.

Item 49791:

- Has been created to provide an item for hallux interphalangeal or lesser metatarsophalangeal joint arthrodesis.
- This accounts for the deletion of item 50109, in an effort to prevent service gaps and preserve patient access.

Item 49848:

- Has been deleted as it is a low-volume item and does not represent modern clinical practice with regard to lesser toe deformity.
- Other items better describe current treatment for lesser toe deformities, covering procedures both with and without internal fixation.



Item 49851:

- Has been amended to identify the procedure involved, rather than the clinical indication and aligns the descriptor with other arthrodesis items.
- The item now includes a provision for an assistant surgeon (which is required to limit injury to the neurovascular bundles and support improved patient outcomes).
- The descriptor includes the phrase 'per toe' to limit multiple co-claiming of items for procedures at the distal interphalangeal joint when a wire is passed across to address the proximal interphalangeal joint.

Items 49792, 49793, 49694, 49795, 49796, 49797 and 49798:

- Have been created to provide a rebate for surgery to more than one toe.
- The items are differentiated by the number of toes treated (two to eight).

Items 49740, 49742, 49744 and 49776:

- Have been created for primary and revision ankle and hindfoot arthrodesis.

Items 49789 and 49790:

- Have been created to provide new items for primary and revision arthrodesis at the first metatarsophalangeal joint.
- The items include capsulotomy, joint release, synovectomy and removal of osteophytes at the joint, if performed.

Arthroplasty Procedures

Item 49715:

- Has been amended to clarify the included components of the procedure and specify that the procedure requires prosthetic replacement of the ankle joint.

Item 49716:

- Has been amended to clarify the circumstances in which it is appropriate to bill for a revision procedure.
- A revision involves changing replacement components and is not for isolated joint debridement or isolated treatment of cysts.



Item 49717:

- Has been amended to clarify that the item is to be used when both components are revised to either new ankle with grafting or converted to ankle arthrodesis with grafting.
- Bone grafting has been kept with the item as allograft crunch is often used for cysts and may not be covered under the new bone grafting items

Item 49782:

- Has been created to provide a new item for cyst debridement.
- This accounts for changes to the bone grafting items; preventing a service gap where grafting of tibial and or talar cysts is required and the components are not revised.

Item 49839:

- Has been amended to reflect the procedure involved (joint replacement involving replacement of both joint surfaces), rather than the clinical indication.
- The item now reflects modern clinical practice and will provide greater clarity for consumers and clinicians.

Item 49842:

- Has been deleted as the item is no longer required due to changes to item 49839 (which can be billed more than once for the provision of multiple services).

Item 49857:

- Has been amended to provide a more accurate and complete description of the procedure that better reflects modern clinical practice.
- The descriptor clarifies that the item covers hemi replacement of the first metatarsophalangeal joint or replacement of lesser metatarsophalangeal joints (the item also includes replacement of one half of the joint with plastic or metal).

Item 49821:

- Has been amended to allow the item to be used for procedures on the tarsometatarsal and metatarsophalangeal joints, rather than for specific clinical indications.
- The item now provides an accurate description of a complete medical service that better reflects modern clinical practice.



Item 49824:

- The item has been amended to mirror item 49821.
- Replacing the word 'bilateral' with the phrase 'two joints' allows for the treatment of two joints on the one foot at different metatarsophalangeal or tarsometatarsal sites.

Items 49783, 49784, 49785, 49786, 49787 and 49788:

- Have been created to provide new items for interposition of an increasing number of joints.
- These changes provide a more accurate and complete description of the services.

Item 49760:

- Has been created to provide an item for lesser joint interposition.
- The procedure consists of inserting a spacer into the sinus tarsi region and is currently being billed inconsistently.
- Creating a specific item will make it easier for clinicians to determine which item to use.

Arthroscopy Procedures

Item 49700:

- Has been deleted as it is a low-volume diagnostic service and is of limited clinical value.

Item 49703:

- Has been amended to clarify the components included in the procedure.
- The descriptor now specifies that cartilage treatment, removal of loose bodies, synovectomy and excision of joint osteophytes by arthroscopic means are included, if performed.

Item 49730:

- Has been created to provide an item for arthroscopic surgery of the hindfoot.
- This new item is required to account for the recommended deletion of item 50102, preventing gaps from appearing in the MBS and preserving access for patients.



Item 49732:

- Has been created to provide an item for endoscopy of large tendons of the foot.
- This new item is required to account for the recommended deletion of item 50102, preventing gaps from appearing in the MBS and preserving access for patients.

Soft Tissue Procedures

Item 49706:

- Has been updated for consistency, and to guide appropriate co-claiming by specifying the clinical purpose for which the item should be used.
- Amendments include replacing the phrase 'involving 1 or more of lavage, removal of loose body or division of contracture' with 'for infection, removal of loose bodies, joint debridement, and/or release joint contracture.'

Item 49734:

- Has been created to provide a new item for arthrotomy of the foot.
- This new item is required to account for the recommended deletion of item 50103, preventing gaps from appearing in the MBS and preserving access for patients.

Item 49709:

- Has been amended to cover a complete medical service that reflects modern clinical practice and clarifies the anatomical site at which this procedure is performed.
- The descriptor now includes the phrase 'per incision' in an effort to guide appropriate claiming of individual ligament reconstruction through the same incision.

Item 49738:

- Has been created to provide a new item for talonavicular joint stabilisation.
- This new item is required to account for the recommended deletion of item 50106, preventing gaps from appearing in the MBS and preserving access for patients.



Items 49818 and 49854:

- Have been amended to cover complete medical services that reflect modern clinical practice.
- Changes to the descriptor for item 49818 clarify that it should be used for simple release of the plantar fascia.
- The proposed descriptor for item 49854 specifies that it should be used for extensive plantar fascia release

Items 49761, 49762, 49763, 49764, 49765, 49766, 49767 and 49768:

- Have been created to provide new items for metatarsophalangeal joint stabilisation that represent complete medical services.
- The items are distinguished by the number of joints treated during a single procedure.

Tendon Procedures

Item 49721:

- Has been deleted as it is more appropriate to reimburse this treatment through attendance items.

Item 49724:

- Has been amended to reflect modern clinical practice.
- The phrase 'secondary repair' has been removed from the descriptor to better guide appropriate use and prevent the item's use in cases where the clinician is waiting for acute swelling to resolve.

Item 49814:

- Has been created to provide a new item for hindfoot tendon reconstruction (combined with osteotomy).

Item 49727:

- Has been amended to provide for lengthening of a major ankle tendon.
- At present, there is no MBS item that represents a complete medical service and describes modern clinical practice for the lengthening of major ankle tendons other than the Achilles' tendon.

Item 49728:

- Has been amended to remove reference to children as the same procedure is used in adults for the same indication.
- The addition of 'by any method' removes the need for separate items for different techniques.



Item 49736:

- Has been created to provide a new item for major ankle tendon transfer.
- The item provides a rebate for more complex procedures where transferring a major ankle tendon to the contralateral side of the foot is required.

Item 49812:

- Has been amended to provide a more accurate and complete description of the procedure that better reflects modern clinical practice.
- The item now includes side to side transfer, advancement of, harvesting and transfer for ligament or minor foot tendon reconstruction.

Item 49803:

- Has been amended to provide more accurate and complete descriptions of the procedures that better reflect modern clinical practice.
- Including 'per toe' under item 49803 clarifies appropriate use of the item and limits the number of times the item can be claimed in a single episode.

Item 49718:

- Has been amended to provide a more accurate and complete description of the procedure that better reflects modern clinical practice.
- Replacing 'achilles' with 'major ankle tendon' clearly defines the difference between items 49718 and 49800 and creates consistency across the foot and ankle items.

Item 49800

- Has been amended to provide a more accurate and complete description of the procedure that better reflects modern clinical practice.
- This includes the provision of surgical assistance which reflects the need for careful retraction of surrounding nerves and vessels in order to reduce the risk of complications and provide the best outcome for the patient.
- The words 'per toe' have been included for consistency across the foot and ankle items.



Non-Surgical Management

Items 47594, 47606, 47627, 47633, 47642, 47651 and 47595:

- Have been amended to better reflect the appropriate use of non-surgical treatment items for several fractures to the same limb.
- Items 47594, 47606, 47627, 47633, 47642 and 47651 have been consolidated under item 47595 for non-surgical management.
- Non-surgical treatment is often the same for all injuries, such as the application of a walking boot.

Closed Reduction of Fractures or Dislocations

Items 47063 and 47597:

- Have been amended to allow for an assistant surgeon.
- An assistant is required for counter traction when reducing the fracture or dislocation.
- This process often cannot be done by the surgeon alone, particularly when other injuries are present.

Items 47609 and 47612:

- Item 47609 has been consolidated under item 47612 as hindfoot fractures are more likely to have intra-articular involvement.
- All surgeries previously billed under item 47609 will be billed under item 47612.
- Adding 'hindfoot' to the descriptor allows item 47612 to provide reimbursement for all bones of the hindfoot and clarifies the appropriate use of the item.

Item 47621:

- Has been amended to clarify the intended use of the item.
- Adding 'midfoot' to the descriptor allows the item to provide reimbursement for all midfoot bones or joints and clarifies the appropriate use of the item.

Items 47636, 47637, 47645 and 47654:

- Items 47636, 47645 and 47654 have been consolidated under item 47637 for closed reduction of metatarsals on each foot.
- This reflects the fact that treating multiple metatarsal fractures in the foot is as complex as treating a single fracture.



Item 47663:

- Has been amended to better guide appropriate use of the item.
- The term 'great' has been removed from the descriptor to allow the item to be claimed for any toe.
- Although the item would only be infrequently used for more than one toes, adding the phrase 'per toe' to the item better guides appropriate use when multiple toes or bones of toes are involved.

Item 47069:

- Has been amended to clarify appropriate use of the item.
- Although the item would only be infrequently used for more than one toes, adding the phrase 'per toe' to the item better guides appropriate use when multiple toes or bones of toes are involved.

Fractures

Item 47066:

- Has been amended to create a complete medical service that will assist in guiding appropriate co-claiming.
- The descriptor now includes arthrotomy at the dislocation site, washout of joint, removal of loose fragments or intervening soft tissue, and capsule repair when performed at the same anatomical site.

Item 47600 and 47603:

- Have been amended to include arthrotomy at the fracture site, washout of joint, removal of loose fragments or intervening soft tissue, and capsule repair as part of each procedure.

Items 47615 and 47618:

- Have been amended to specify that arthrotomy of the joint and removal of bone fragments and cartilage in the joint are part of the surgery.
- Changes to the descriptors provide more accurate and complete descriptions of the procedures and better reflect modern clinical practice.
- Changing 'calcaneum or talus' to 'hindfoot' will allow the item to provide reimbursement for all hindfoot bones, removing the need for a new item for navicular or cuboid fractures.



Items 47624 and 47630:

- Have been amended to provide a more accurate and complete description of the procedure that better reflects modern clinical practice.
- Amendments include arthrotomy at the fracture site, washout of joint, removal of loose fragments or intervening soft tissue, and capsule repair.

Items 47639, 47648 and 47657:

- Have been amended to provide a more accurate and complete description of the procedure that better reflects modern clinical practice.
- This includes changing the descriptor to include the removal of loose fragments or intervening soft tissue and including a provision for an assistant surgeon.

Items 47666, 47672, 47072 and 47678:

- Item 47072 has been consolidated under items 47666, 47672 and 47678.
- Adding 'or dislocation' to the remaining descriptors reflects the removal of item 47072 and allows the items to be used in cases where open reduction is required because a fracture prevents successful closed reduction.
- The items now include the removal of loose fragments or intervening soft tissue in an effort to describe a complete medical service.
- The phrase 'per foot' has been included to guide appropriate claiming.

Why are the changes being made?

The MBS Review Taskforce (the Taskforce) found that changes to orthopaedic foot and ankle 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 foot and ankle 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 foot and ankle surgery items will be monitored and reviewed post implementation.

All orthopaedic foot and ankle 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.