



Plastic and reconstructive surgery changes – Cranio-maxillofacial /oral and maxillofacial surgery

Last updated: 9 June 2023

- From 1 July 2023 there will be changes to approximately 360 Medical Benefits Schedule (MBS) items for plastic and reconstructive surgery. These changes are a result of recommendations from the MBS Review Taskforce that considered how more than 5,700 items on the MBS can be aligned with contemporary clinical evidence and practice and improve health outcomes for patients.
- The changes are summarised in the fact sheet titled “Plastic and reconstructive surgery – summary of changes” and are further detailed in individual fact sheets on specific topics. This fact sheet sets out the changes for cranio-maxillofacial /oral and maxillofacial surgery.

What are the changes?

Cranio-maxillofacial and oral and maxillofacial surgery has undergone major changes in the last 20 years due to changes in technology and fixation techniques. Effective 1 July 2023, there will be amendments to a range of items for cranio-maxillofacial /oral and maxillofacial surgery, to update terminology and practices to allow for modern best clinical practice, providing greater clarity and enabling appropriate selection and claiming of item numbers. These changes are detailed below.

Orbital cavity items

- Item **45590** will be amended to include use of bone or cartilage.
- New item **45592** will be created for reconstruction of both wall and floor, consolidating services currently provided under item **45593** and removing reference to prolapsed or entrapped orbital contents, as this is intrinsic to the procedure (item **45593** will be deleted).
- New item **45594** will be created for exploration and reduction of orbital cavity.

Maxilla and mandible resection and reconstruction

- Item **45596** will be amended to update the terminology with contemporary clinical practice, replacing “maxilla, total resection of” with “hemimaxillectomy”.

- Item **45597** will be amended to update the terminology, replacing “total resection of both maxillae” to “total maxillectomy (bilateral)”.
- Explanatory Note **TN.8.264** will be created to further explain the terminology used in the descriptors for items 45596 and 45597.
- Item **45599** will be amended to simplify the descriptor, removing reference to condylectomies and clarifying appropriate circumstances for claiming.
- Item **45608** will be amended to better describe the service.
- New item **45609** will be created for reconstruction of a maxilla, mandible or skull base using a free flap (bony reshaping).
- Explanatory Note **TN.8.267** will be created to clarify that item 45609 applies when in conjunction with a bone-containing free flap.
- Item **45611** will be amended to clarify that the service is for condylectomy of the mandible.

Facial reconstructive contouring

- New item **45718** will replace item **45647** so that it sits closer in the schedule to new alveolar cleft item **45717** (currently **45897**) to enable appropriate claiming. In addition, the item will be amended to add a requirement for pathology (congenital absence of tissue or trauma) and to restrict use of this item with item **45717**. Items **45647** and **45897** will be deleted.

Oro-nasal fistula and velopharyngeal insufficiency

- Item **45714** will be amended to update terminology, removing the reference to “plastic closure”, which is inconsistent with modern terminology.

Mandible or maxilla osteotomy items

- Items **45720, 45723, 45726, 45729, 45731, 45732, 45735, 45738, 45741, 45744, 45747** and **45752** will be deleted and restructured into nine new items to improve clarity and align with modern surgical practice, by including fixation by any means, as fixation should always be used in current clinical practice osteotomies.
- New item **46150** will be created for advancement, retrusion or alteration of tilt of the mandible or maxilla, by osteotomy in standard planes.
- New item **46151** will be created for advancement, retrusion or alteration of tilt of the mandible and maxilla (bimaxillary), by osteotomy in standard planes, for a principal specialist surgeon performing conjoint surgery.
- New item **46152** will be created for advancement, retrusion or alteration of tilt of the mandible and maxilla (bimaxillary), by osteotomy in standard planes, for a conjoint specialist surgeon performing conjoint surgery.
- New item **46153** will be created for advancement, retrusion or alteration of tilt of the mandible and maxilla (bimaxillary), by osteotomy in standard planes, for a single surgeon.

- Explanatory Note **TN.8.269** will be created outlining examples of mandible and maxilla (bimaxillary) procedures for advancement, retrusion or alteration of tilt by osteotomies in standard planes.
- New item **46154** will be created for arch reshaping of the maxilla, by complex segmental osteotomies.
- New item **46155** will be created for arch reshaping of the mandible, by complex segmental osteotomies, including genioplasty.
- New item **46156** will be created for any combination of arch reshaping, advancement, retrusion or tilting of the mandible and maxilla (bimaxillary), involving complex segmental osteotomies, for a principal specialist surgeon performing conjoint surgery.
- New item **46157** will be created for any combination of arch reshaping, advancement, retrusion or tilting of the mandible and maxilla (bimaxillary), involving complex segmental osteotomies, for a conjoint specialist surgeon performing conjoint surgery.
- New item **46158** will be created for any combination of arch reshaping, advancement, retrusion or tilting of the mandible and maxilla (bimaxillary), involving complex segmental osteotomies, for a single surgeon.
- Items **45753** and **45754** will be deleted and restructured into three new items for midfacial osteotomies, as follows:
 - New item **46159** will be created for Le Fort II or Le Fort III midfacial osteotomies, for a principal specialist surgeon performing conjoint surgery.
 - New item **46160** will be created for Le Fort II or Le Fort III midfacial osteotomies, for a conjoint specialist surgeon performing conjoint surgery.
 - New item **46161** will be created for Le Fort II or Le Fort III midfacial osteotomies, for a single surgeon.

Genioplasty

- Items **45761** will be amended to include a requirement of pathology (congenital absence of tissue or trauma) and a requirement for photographic evidence to be captured before treatment.

Correction of hypertelorism

- Items **45767** will be amended to clarify the intracranial approach to better reflect the complex nature of the procedure, and to provide that the service must be performed in-hospital.
- Item **45770** will be deleted, as correction of hypertelorism by subcranial approach is no longer recommended or performed.

Surgery for orbital malformations

- Item **45773** will be amended to include syndromic orbital dystopia, specify bilateral reconstruction and allow for use of bone grafts from a distant site, as bone grafts are sometimes obtained from calvarium or other sites.

Surgery for congenital craniofacial malformations

- Item **45782** will be amended to reflect contemporary clinical practice, as unilateral advancement is not performed in current surgical practice, and to provide that the service must be performed in-hospital.
- Item **45785** will be amended to replace “oxycephaly, brachycephaly, turricephaly or similar condition” with “single suture synostosis” reflecting current clinical practice.
- Item **45788** will be amended to update terminology to describe the service more accurately.
- Item **45791** will be amended to replace “hemifacial microsomia” with “craniofacial microsomia”, to align with contemporary clinical practice.
- Item **45853** will be deleted as it duplicates services available under item 45791.

Osseo-integration procedures

- Items **45794** and **45797** will be amended to reflect contemporary clinical practice, include pathology requirements (congenital absence of tissue, tumour or trauma), and to remove the restriction on use for implantable bone conduction hearing system device, as there are other items available for implantation of implantable hearing systems.
- Items **45845** and **45847** will be amended to allow for treatment due to trauma or congenital absence of maxilla or mandible.

Jaw Tumours and Cysts

- Item **45799** will be deleted as aspiration as an independent procedure is not used in modern clinical practice.
- Item **45801** will be amended to consolidate services currently provided under items **45803** and **45805**, to simplify services under these items, to specify use to the oral cavity to ensure appropriate use, and to address the overlap with skin service items (items **45803** and **45805** will be deleted).

Surgery for osteomyelitis

- Item **45815** will be amended to include a requirement for radiological and laboratory evidence of osteomyelitis, expand to allow surgery for management of radiation or medication induced osteonecrosis, and restrict use for alveolar margins, preventing use for dental extractions.
- Item **45817** and **45819** will be deleted as they are inconsistent with contemporary clinical practice and unnecessarily duplicates other services available under the MBS.

Insertion of bone growth stimulator

- Items **45821** will be deleted as it is inconsistent with contemporary clinical practice and unnecessarily duplicates other services available under the MBS.

Preprosthetic and reconstructive surgery

- Item **45839** will be deleted as the Obwegeser technique is a form of vestibuloplasty and can be performed under item 45837.

- Item **45843** will be deleted as insertion of an inflatable tissue expansion device for alveolar ridge augmentation is no longer consistent with modern practice.
- Item **45849** will be amended to include use of allograft, as this procedure is not for pure bone augmentation to the sinus floor.

Papillary hyperplasia of the palate

- Items **45831** will be amended to consolidate services currently provided under items **45833** and **45835**, to simplify papillary hyperplasia of the palate procedures under the MBS, as papillary hyperplasia of the palate is considered a single, continuous, general condition rather than multiple distinct lesions (items **45833** and **45835** will be deleted).

Temporomandibular joint procedures

- Items **45755**, **45758**, **45859**, **45861**, **45863**, **45867**, **45869**, **45875**, **45877** and **45879** will be deleted as they are inconsistent with modern practice.
- Item **45851** will be amended to clarify use as an independent procedure.
- Item **45855** will be amended to reduce the schedule fee to align with the fee for arthrocentesis of the temporomandibular joint (item 45865), which is of similar complexity.
- Item **45857** will be amended to update terminology for management of intra-articular procedures in line with contemporary clinical practice and to clarify appropriate use.
- New item **45874** will be created for total temporomandibular joint replacement.

Miscellaneous oral and maxillofacial procedures

- Item **45885** will be deleted as it is obsolete, as this procedure is never performed in isolation and is always an integral part of other procedures (such as a neck dissection or parotidectomy).
- Item **45894** will be amended to specify use in the oral cavity, to reduce duplication and overlap with skin service items.

Maxillofacial fractures and dislocations

- Item **45823** will be amended to allow for the insertion of similar fixtures such as Intermaxillary Fixation (IMF) Screws.
- Items **45900**, **45945**, **45975**, **45978**, **45981** will be deleted as they are inconsistent with modern surgical practice.
- Items **45984**, **45987**, **45990**, **45993** and **45996** will be deleted as they are worded inconsistently with modern surgical practice and are duplicates of the orthopaedic fracture items.
- Item **47000** will be amended to specify use in the operating theatre of a hospital and requiring general anaesthesia or intravenous sedation.
- Items **47753** will be amended to specify treatment of fracture of maxilla or mandible, to consolidate services currently provided under item **47756** to simplify the MBS (item **47756** will be deleted).

- Item **47762** will be amended to update terminology and restrict co-claiming with any other item in the Surgical Operations Group.
- Items **47765** will be amended to specify internal or external fixation at one or more sites, consolidate services currently provided under items **47768** and **47771** to simplify the MBS (items **47768** and **47771** will be deleted).
- Items **47786** and **47789** will be amended to clarify fixation involving one or more plates, to be consistent with modern clinical practice.
- Items **47774**, **47777**, **47780** and **47783** will be deleted as amended items **47786** and **47789** will account for modern surgical best practice as open reduction should not be performed without some sort of fixation.
- New item **47766** will be created to describe the management of naso-orbital-ethmoidal (NOE) fractures.

Cleft procedures

- Items **45677**, **45680**, **45683** and **45686** will be amended to include primary repair of the nasolabial complex and to increase the schedule fees to better reflect the complexity of these procedures.
- New item **45717** will be created for alveolar bone grafting, replacing existing item **45897**, with a schedule fee higher than the fee for item 45897, to better reflect the complexity of the procedure (item **45897** will be deleted).

Flow on changes resulting from new and amended items commencing 1 July 2023:

- Items **45644**, **45873** and **75621** will be amended to update co-claiming arrangements.

Item descriptors (to take effect 1 July 2023)

Note:

1. All fees listed include indexation which will be applied 1 July 2023.
2. The Private Health Insurance Classifications for the new and amended items are subject to final delegate approval.

Category: 3 - Therapeutic procedures
Group: T8 - Surgical Operations
Subgroup: 13 – Plastic and Reconstructive Surgery
Subheading: 4 - Other Grafts and Miscellaneous Procedures
45590 (Amended)

Orbital cavity, reconstruction of a wall or floor, with or without **bone graft, cartilage graft or foreign implant, other than a service associated with a service to which item 45594 applies on the same side (H) (Anaes.) (Assist.)**

Fee: \$529.30 Benefit: 75% = \$397.00

Private Health Insurance Classification:

- Clinical category: Plastic and reconstructive surgery (medically necessary)
- Procedure type: Type A Surgical

45592 (New)

Orbital cavity, reconstruction of wall and floor with bone graft, cartilage graft or foreign implant, other than a service associated with a service to which item 45594 applies on the same side (H) (Anaes.) (Assist.)

Fee: \$932.25 Benefit: 75% = \$699.20

Private Health Insurance Classification:

- Clinical category: **Plastic and reconstructive surgery (medically necessary)**
- Procedure type: **Type A Surgical**

45593 (Delete)

~~**Orbital cavity, bone or cartilage graft to orbital wall or floor including reduction of prolapsed or entrapped orbital contents (H) (Anaes.) (Assist.)**~~

45594 (New)

Orbital cavity, exploration of wall or floor without bone graft, cartilage graft or foreign implant, other than a service associated with a service to which item 45590 or 45592 applies on the same side (H) (Anaes.) (Assist.)

Fee: \$436.90 Benefit: 75% = \$327.70

Private Health Insurance Classification:

- Clinical category: **Plastic and reconstructive surgery (medically necessary)**
- Procedure type: **Type A Surgical**

45596 (Amended)

~~**Hemimaxillectomy Maxilla, total resection of (H) (Anaes.) (Assist.)**~~

Fee: \$986.15 Benefit: 75% = \$739.65

Private Health Insurance Classification:

- Clinical category: Plastic and reconstructive surgery (medically necessary)
- Procedure type: Type A Advanced Surgical

45597 (Amended)

Total maxillectomy (bilateral) Maxilla, total resection of both maxillae (H) (Anaes.) (Assist.)

Fee: \$1,320.15 Benefit: 75% = \$990.15

Private Health Insurance Classification:

- Clinical category: Plastic and reconstructive surgery (medically necessary)
- Procedure type: Type A Advanced Surgical

45599 (Amended)

Mandible, total resection of, **other than a service associated with a service to which item 45608 applies both sides, including condylectomies, if performed (H) (Anaes.) (Assist.)**

Fee: \$1,025.75 Benefit: 75% = \$769.35

Private Health Insurance Classification:

- Clinical category: Plastic and reconstructive surgery (medically necessary)
- Procedure type: Type A Advanced Surgical

45608 (Amended)

Mandible, **segmental mandibular or maxilla reconstruction with bone graft, hemi-mandibular reconstruction with bone graft, hemi-mandibular reconstruction with bone graft**, not being a service associated with a service to which item 45599 applies (H) (Anaes.) (Assist.)

Fee: \$906.10 Benefit: 75% = \$679.60

Private Health Insurance Classification:

- Clinical category: Plastic and reconstructive surgery (medically necessary)
- Procedure type: Type A Surgical

45609 (New)

Mandible, maxilla or skull base, reconstruction of, using bony free flap, all osteotomies, shaping, inset and fixation by any means, including all necessary 3 dimensional planning, if performed in conjunction with one or more services covered by items 46060 to 46068 (H) (Anaes.) (Assist.)

Fee: \$906.10 Benefit: 75% = \$679.60

Private Health Insurance Classification:

- Clinical category: **Plastic and reconstructive surgery (medically necessary)**
- Procedure type: **Type A Surgical**

45611 (Amended)

Mandible, condylectomy **of** (H) (Anaes.) (Assist.)

Fee: \$518.90 Benefit: 75% = \$389.20

Private Health Insurance Classification:

- Clinical category: Plastic and reconstructive surgery (medically necessary)
- Procedure type: Type A Surgical

45644 (Amended)

Rhinoplasty, total, including correction of all bony and cartilaginous elements of the external nose involving autogenous bone or cartilage graft obtained from distant donor site, including obtaining of graft, if:

(a) the indication for surgery is:

(i) airway obstruction and the patient has a self-reported NOSE Scale score of greater than 45; or

(ii) significant acquired, congenital or developmental deformity; and

(b) photographic and/or NOSE Scale evidence demonstrating the clinical need for this service is documented in the patient notes;

other than a service associated with a service to which item 45718 applies

(H) (Anaes.) (Assist.)

Fee: \$1,401.25 Benefit: 75% = \$1050.95

Private Health Insurance Classification:

- Clinical category: Plastic and reconstructive surgery (medically necessary)
- Procedure type: Type A Advanced Surgical

45647 (Delete)

~~**FACE, contour restoration of 1 region, using autogenous bone or cartilage graft (not being a service to which item 45644 applies)**~~

45677 (Amended)

Cleft lip, unilateral—primary repair **of nasolabial complex**, one stage, without anterior palate repair (H) (Anaes.) (Assist.)

Fee: **\$625.25** Benefit: 75% = **\$468.95**

Private Health Insurance Classification:

- Clinical category: Plastic and reconstructive surgery (medically necessary)
- Procedure type: Type A Surgical

45680 (Amended)

Cleft lip, unilateral—primary repair **of nasolabial complex**, one stage, with anterior palate repair (H) (Anaes.) (Assist.)

Fee: **\$815.40** Benefit: 75% = **\$611.55**

Private Health Insurance Classification:

- Clinical category: Plastic and reconstructive surgery (medically necessary)
- Procedure type: Type A Surgical

45683 (Amended)

Cleft lip, bilateral—primary repair **of nasolabial complex**, one stage, without anterior palate repair (H) (Anaes.) (Assist.)

Fee: **\$905.85** Benefit: 75% = **\$679.40**

Private Health Insurance Classification:

- Clinical category: Plastic and reconstructive surgery (medically necessary)
- Procedure type: Type A Surgical

45686 (Amended)

Cleft lip, bilateral—primary repair **of nasolabial complex**, one stage, with anterior palate repair (H) (Anaes.) (Assist.)

Fee: **\$1,069.20** Benefit: 75% = **\$801.90**

Private Health Insurance Classification:

- Clinical category: Plastic and reconstructive surgery (medically necessary)
- Procedure type: Type A Advanced Surgical

45714 (Amended)

Oro-nasal fistula, **repair of, including a local flap for closure** ~~plastic closure of, including services to which item 45200, 45203 or 45239 applies~~ (H) (Anaes.) (Assist.)

Fee: \$856.35 Benefit: 75% = \$642.30

Private Health Insurance Classification:

- Clinical category: Plastic and reconstructive surgery (medically necessary)
- Procedure type: Type A Surgical

45717 (New)

Alveolar cleft (congenital), unilateral, bone grafting of, including local flap closure of associated oro-nasal fistulae and ridge augmentation, other than a service associated with a service to which item 45718 applies (H) (Anaes.) (Assist.)

Fee: \$1,287.95 Benefit: 75% = \$966.00

Private Health Insurance Classification:

- Clinical category: **Plastic and reconstructive surgery (medically necessary)**
- Procedure type: **Type A Advanced Surgical**

45718 (New)

Face, contour restoration of one region, for the correction of deformity using autogenous bone or cartilage, if the deformity:

(a) is secondary to congenital absence of tissue; or

(b) has arisen from:

- (i) trauma (other than from previous cosmetic surgery); or
- (ii) a diagnosed pathological process;

other than a service associated with a service to which item 45644 or 45717 (alveolar bone grafting) applies (H) (Anaes.) (Assist.)

Fee: \$1,401.25 Benefit: 75% = \$1050.95

Private Health Insurance Classification:

- Clinical category: **Plastic and reconstructive surgery (medically necessary)**
- Procedure type: **Type A Advanced Surgical**

45720 (Delete)

~~MANDIBLE OR MAXILLA, unilateral osteotomy or osteectomy of, including transposition of nerves and vessels and bone grafts taken from the same site and excluding services to which item 47933 or 47936 apply (Anaes.) (Assist.)~~

45723 (Delete)

~~MANDIBLE OR MAXILLA, unilateral osteotomy or osteectomy of, including transposition of nerves and vessels and bone grafts taken from the same site and stabilisation with fixation by wires, screws, plates or pins, or any combination, and excluding services to which item 47933 or 47936 apply (Anaes.) (Assist.)~~

45726 (Delete)

~~MANDIBLE OR MAXILLA, bilateral osteotomy or osteectomy of, including transposition of nerves and vessels and bone grafts taken from the same site, and excluding services to which item 47933 or 47936 apply (Anaes.) (Assist.)~~

45729 (Delete)

~~MANDIBLE OR MAXILLA, bilateral osteotomy or osteectomy of, including transposition of nerves and vessels and bone grafts taken from the same site and stabilisation with fixation by wires, screws, plates or pins, or any combination, and excluding services to which item 47933 or 47936 apply (Anaes.) (Assist.)~~

45731 (Delete)

~~MANDIBLE or MAXILLA, osteotomies or osteectomies of, involving 3 or more such procedures on the 1 jaw, including transposition of nerves and vessels and bone grafts taken from the same site, and excluding services to which item 47933 or 47936 apply (Anaes.) (Assist.)~~

45732 (Delete)

~~MANDIBLE OR MAXILLA, osteotomies or osteectomies of, involving 3 or more such procedures on the 1 jaw, including transposition of nerves and vessels and bone grafts taken from the same site and stabilisation with fixation by wires, screws, plates or pins, or any combination, and excluding services to which item 47933 or 47936 apply (Anaes.) (Assist.)~~

45735 (Delete)

~~MANDIBLE AND MAXILLA, osteotomies or osteectomies of, involving 2 such procedures of each jaw, including transposition of nerves and vessels and bone grafts taken from the same site, and excluding services to which item 47933 or 47936 apply (Anaes.) (Assist.)~~

45738 (Delete)

~~MANDIBLE AND MAXILLA, osteotomies or osteectomies of, involving 2 such procedures of each jaw, including transposition of nerves and vessels and bone grafts taken from the same site and stabilisation with fixation by wires, screws, plates or pins, or any combination, and excluding services to which item 47933 or 47936 apply (Anaes.) (Assist.)~~

45741 (Delete)

~~MANDIBLE AND MAXILLA, complex bilateral osteotomies or osteectomies of, involving 3 or more such procedures of 1 jaw and 2 such procedures of the other jaw, including genioplasty when performed and transposition of nerves and vessels and bone grafts taken from the same site, and excluding services to which item 47933 or 47936 apply (Anaes.) (Assist.)~~

45744 (Delete)

~~MANDIBLE AND MAXILLA, complex bilateral osteotomies or osteectomies of, involving 3 or more such procedures of 1 jaw and 2 such procedures of the other jaw, including genioplasty when performed and transposition of nerves and vessels and bone grafts taken from the same site and stabilisation with fixation by wires, screws, plates or pins, or any combination, and excluding services to which item 47933 or 47936 apply (Anaes.) (Assist.)~~

45747 (Delete)

~~MANDIBLE AND MAXILLA, complex bilateral osteotomies or osteectomies of, involving 3 or more such procedures of each jaw, including genioplasty (when performed) and transposition of nerves and vessels and bone grafts taken from the same site, and excluding services to which item 47933 or 47936 apply (Anaes.) (Assist.)~~

45752 (Delete)

~~MANDIBLE AND MAXILLA, complex bilateral osteotomies or osteectomies of, involving 3 or more such procedures of each jaw, including genioplasty when performed and transposition of nerves and vessels and bone grafts taken from the same site and stabilisation with fixation by wires, screws, plates or pins, or any combination, and excluding services to which item 47933 or 47936 apply (H)(Anaes.) (Assist.)~~

45753 (Delete)

~~Midfacial osteotomies—Le Fort II, Modified Le Fort III (Nasomalar), Modified Le Fort III (Malar Maxillary), Le Fort III involving 3 or more osteotomies of the midface including transposition of nerves and vessels and bone grafts taken from the same site (Anaes.) (Assist.)~~

45754 (Delete)

~~Midfacial osteotomies—Le Fort II, Modified Le Fort III (Nasomalar), Modified Le Fort III (Malar Maxillary), Le Fort III involving 3 or more osteotomies of the midface including transposition of nerves and vessels and bone grafts taken from the same site and stabilisation with fixation by wires, screws, plates or pins, or any combination (H) (Anaes.) (Assist.)~~

45755 (Delete)

~~Temporo-mandibular partial or total meniscectomy (Anaes.) (Assist.)~~

45758 (Delete)

~~Temporo-mandibular joint, arthroplasty (H) (Anaes.) (Assist.)~~

45761 (Amended)

Genioplasty, including transposition of nerves and vessels and bone grafts taken from the same site, if:

(a) the deformity:

(i) is secondary to congenital absence of tissue; or

(ii) has arisen from trauma (other than from previous cosmetic surgery) or a diagnosed pathological process; and

(b) the service is required for maintaining lip competency; and

(c) sufficient photographic evidence demonstrating the clinical need for the service is included in patient notes

(H) (Anaes.) (Assist.)

Fee: \$819.95 Benefit: 75% = \$615.00

Private Health Insurance Classification:

- Clinical category: Plastic and reconstructive surgery (medically necessary)
- Procedure type: Type A Surgical

45767 (Amended)

Hypertelorism, correction of, ~~intra-cranial~~ using intracranial approach (H) (Anaes.) (Assist.)

Fee: \$2,750.85 Benefit: 75% = \$2063.15

Private Health Insurance Classification:

- Clinical category: Plastic and reconstructive surgery (medically necessary)
- Procedure type: Type A Advanced Surgical

45770 (Delete)

Hypertelorism, correction of, sub-cranial (H) (Anaes.) (Assist.)

45773 (Amended)

Syndromic orbital dystopia, such as Treacher Collins Syndrome, bilateral facial / periorbital reconstruction, with bone grafts from a distant site ~~periorbital correction of, with rib and iliac bone grafts~~ (H) (Anaes.) (Assist.)

Fee: \$1,920.35 Benefit: 75% = \$1440.30

Private Health Insurance Classification:

- Clinical category: Plastic and reconstructive surgery (medically necessary)
- Procedure type: Type A Advanced Surgical

45782 (Amended)

Fronto-orbital advancement ~~unilateral~~ (H)(Anaes.) (Assist.)

Fee: \$1,079.50 Benefit: 75% = \$809.65

Private Health Insurance Classification:

- Clinical category: Plastic and reconstructive surgery (medically necessary)
- Procedure type: Type A Advanced Surgical

45785 (Amended)

Cranial vault reconstruction for **single suture synostosis oxycephaly, brachycephaly, turriccephaly or similar condition—(bilateral fronto-orbital advancement)** (H) (Anaes.) (Assist.)

Fee: \$1,826.95 Benefit: 75% = \$1370.25

Private Health Insurance Classification:

- Clinical category: Plastic and reconstructive surgery (medically necessary)
- Procedure type: Type A Advanced Surgical

45788 (Amended)

Glenoid fossa, **construction of, from bone and cartilage graft, and creation of condyle and ascending ramus of mandible, in hemifacial microsomia, not including harvesting of graft material, zygomatic arch and temporal bone, reconstruction of, (Obwegeser technique)** (H) (Anaes.) (Assist.)

Fee: \$1,806.15 Benefit: 75% = \$1354.65

Private Health Insurance Classification:

- Clinical category: Bone, joint and muscle
- Procedure type: Type A Advanced Surgical

45791 (Amended)

Absent condyle and ascending ramus in **craniofacial hemifacial** microsomia, construction of, not including harvesting of graft material (H) (Anaes.) (Assist.)

Fee: \$975.70 Benefit: 75% = \$731.80

Private Health Insurance Classification:

- Clinical category: Plastic and reconstructive surgery (medically necessary)
- Procedure type: Type A Advanced Surgical

45794 (Amended)

Osseo-integration procedure, ~~extra-oral first stage~~, implantation of ~~titanium~~ fixture, **following congenital absence, tumour or trauma, other than a service associated with a service to which item 41603 or 41604 applies not for implantable bone conduction hearing system device** (Anaes.)

Fee: \$551.90 Benefit: 75% = \$ 413.95 85% = \$469.15

Private Health Insurance Classification:

- Clinical category: Plastic and reconstructive surgery (medically necessary)
- Procedure type: Type A Surgical

45797 (Amended)

Osseo-integration procedure, **second stage**, fixation of transcutaneous abutment, **following congenital absence, tumour or trauma, other than a service associated with a service to which item 41603 or 41604 applies not for implantable bone conduction hearing system device** (Anaes.)

Fee: \$204.30 Benefit: 75% = \$153.25 85% = \$173.70

Private Health Insurance Classification:

- Clinical category: Plastic and reconstructive surgery (medically necessary)
- Procedure type: Unlisted

45799 (Delete)

~~Aspiration biopsy of one or more jaw cysts as an independent procedure to obtain material for diagnostic purposes, other than a service associated with an operative procedure on the same day (Anaes.)~~

Category: 3 - Therapeutic procedures

Group: T8 - Surgical Operations

Subgroup: 13 – Plastic and Reconstructive Surgery

Subheading: 5 – Oral and Maxillofacial Surgery

45801 (Amended)

Tumour, cyst, ulcer or scar, (other than a scar removed during the surgical approach at an operation), in the oral **cavity and maxillofacial region, up to 3 cm in diameter**, removal from **mucosa or submucosal cutaneous or subcutaneous** tissues, **or from mucous**

~~membrane, if the if the removal is by surgical excision and suture other than a service to which item 45803 applies (Anaes.)~~

Fee: \$147.80 Benefit: 75% = \$110.85 85% = \$125.65

Private Health Insurance Classification:

- Clinical category: Plastic and reconstructive surgery (medically necessary)
- Procedure type: Type C

45803 (Delete)

~~Tumour, cyst, ulcers or scar (other than a scar removed during the surgical approach at an operation), in the oral and maxillofacial region, up to 3 cm in diameter, removal from cutaneous or subcutaneous tissue or from mucous membrane, if the removal is by surgical excision and suture, and the procedure is performed on more than 3 but not more than 10 lesions (Anaes.) (Assist.)~~

45805 (Delete)

~~Tumour, cyst, ulcer or scar (other than a scar removed during the surgical approach at an operation), in the oral and maxillofacial region, more than 3 cm in diameter, removal from cutaneous or subcutaneous tissue or from mucous membrane (Anaes.)~~

45815 (Amended)

Operation on:

- (a) mandible or maxilla (other than alveolar margins) for chronic osteomyelitis with radiological and laboratory evidence of osteomyelitis; or
- (b) mandible or maxilla for necrosis of the jaw from any cause including medication or radiation that requires debridement of the alveolar bone or beyond

~~one bone or in combination with adjoining bones~~

(Anaes.) (Assist.)

Fee: \$390.30 Benefit: 75% = \$292.75 85% = \$331.80

Private Health Insurance Classification:

- Clinical category: Plastic and reconstructive surgery (medically necessary)
- Procedure type: Type A Surgical

45817 (Delete)

~~Operation on skull for osteomyelitis (Anaes.) (Assist.)~~

45819 (Delete)

~~Operation on any combination of adjoining bones in the oral and maxillofacial region, being bones referred to in item 45817 (Anaes.) (Assist.)~~

45821 (Delete)

~~Bone growth stimulator in the oral and maxillofacial region, insertion of (Anaes.) (Assist.)~~

45823 (Amended)

Arch bars **or similar**, one or more, that were inserted for dental fixation purposes to the maxilla or mandible, removal of, requiring general anaesthesia, if **the service is** undertaken in the operating theatre of a hospital (H) (Anaes.)

Fee: \$119.25 Benefit: 75% = \$89.45

Private Health Insurance Classification:

- Clinical category: Plastic and reconstructive surgery (medically necessary)
- Procedure type: Type B Non-band specific

45831 (Amended)

Papillary hyperplasia of the palate, **surgical reduction of, cannot be claimed more than once per occasion of service removal of less than 5 lesions** (Anaes.) (Assist.)

Fee: \$354.20 Benefit: 75% = \$265.65 85% = \$301.10

Private Health Insurance Classification:

- Clinical category: Plastic and reconstructive surgery (medically necessary)
- Procedure type: Type A Surgical

45833 (Delete)

~~Papillary hyperplasia of the palate, removal of—5 to 20 lesions (Anaes.) (Assist.)~~

45835 (Delete)

~~Papillary hyperplasia of the palate, removal of—more than 20 lesions (Anaes.) (Assist.)~~

45839 (Delete)

~~Floor of mouth lowering (Obwegeser or similar procedure), including excision of muscle and skin or mucosal graft when performed—unilateral (Anaes.) (Assist.)~~

45843 (Delete)

~~Alveolar ridge augmentation—unilateral, insertion of tissue expanding device into maxillary or mandibular alveolar ridge region (Anaes.) (Assist.)~~

45845 (Amended)

Osseo-integration procedure, intra oral implantation of titanium **or similar** fixture to facilitate restoration of the dentition following:

- (a) resection of part of the maxilla or mandible for a benign or a malignant tumours; **or**
- (b) segmental loss from trauma or congenital absence of a segment of the maxilla or mandible (multiple adjacent teeth)

Fixture must be placed at site of the missing segment following appropriate reconstructive procedures (Anaes.)

Fee: \$551.90 Benefit: 75% = \$413.95 85% = \$469.15

Private Health Insurance Classification:

- Clinical category: Plastic and reconstructive surgery (medically necessary)
- Procedure type: Type A Surgical

45847 (Amended)

Osseo-integration procedure, fixation of transmucosal abutment to fixtures that are placed following:

- (a) resection of part of the maxilla or mandible for a benign or a malignant tumour; or
- (b) segmental loss from trauma or congenital absence of a segment of the maxilla or mandible (multiple adjacent teeth)

Fixture must be placed at site of the missing segment following appropriate reconstructive procedures (Anaes.)

Fee: \$204.30 Benefit: 75% = \$153.25 85% = \$173.70

Private Health Insurance Classification:

- Clinical category: Plastic and reconstructive surgery (medically necessary)
- Procedure type: **Unlisted**

45849 (Amended)

Maxillary sinus, **allograft**, bone graft **or both** to floor of maxillary sinus following elevation of mucosal lining (sinus lift procedure), unilateral (Anaes.) (Assist.)

Fee: \$636.20 Benefit: 75% = \$477.15 85% = \$543.00

Private Health Insurance Classification:

- Clinical category: Plastic and reconstructive surgery (medically necessary)
- Procedure type: Type A Surgical

45851 (Amended)

Temporomandibular joint, manipulation of, **as an independent procedure** performed in the operating theatre of a hospital, **other than a service associated with a service to which any other item in this Group applies other than a service associated with a service to which another item in this Subgroup applies** (H) (Anaes.)

Fee: \$156.65 Benefit: 75% = \$117.50

Private Health Insurance Classification:

- Clinical category: Bone, joint and muscle
- Procedure type: **Type B Non-band specific**

45853 (Delete)

Absent condyle and ascending ramus in hemifacial microsomia, construction of, not including harvesting of graft material (Anaes.) (Assist.)

45855 (Amended fee)

Temporomandibular joint, arthroscopy of, with or without biopsy, other than a service associated with another arthroscopic procedure of that joint (Anaes.) (Assist.)

Fee: **\$318.20** Benefit: 75% = **\$238.65** 85% = **\$270.50**

Private Health Insurance Classification:

- Clinical category: Bone, joint and muscle
- Procedure type: **Type B Non-band specific**

45857 (Amended)

Temporomandibular joint, arthroscopy of, removal of loose bodies, debridement, or **lysis and lavage or biopsy (including repositioning of meniscus where indicated) treatment of adhesions**—one or more such procedures **of that joint**, other than a service associated with **any other another** arthroscopic **or open** procedure of the temporomandibular joint (Anaes.) (Assist.)

Fee: \$716.05 Benefit: 75% = \$537.05 85% = \$622.85

Private Health Insurance Classification:

- Clinical category: Bone, joint and muscle
- Procedure type: **Type B Non-band specific**

45859 (Delete)

~~**TEMPOROMANDIBULAR JOINT, arthrotomy of, not being a service to which another item in this Subgroup applies (Anaes.) (Assist.)**~~

45861 (Delete)

~~**TEMPOROMANDIBULAR JOINT, open surgical exploration of, with or without microsurgical techniques (Anaes.) (Assist.)**~~

45863 (Delete)

~~**TEMPOROMANDIBULAR JOINT, open surgical exploration of, with condylectomy or condylotomy, with or without microsurgical techniques (Anaes.) (Assist.)**~~

45867 (Delete)

~~**TEMPOROMANDIBULAR JOINT, synovectomy of, not being a service to which another item in this Subgroup applies (Anaes.) (Assist.)**~~

45869 (Delete)

~~**TEMPOROMANDIBULAR JOINT, open surgical exploration of, with or without meniscus or capsular surgery, including partial or total meniscectomy when performed, with or without microsurgical techniques (Anaes.) (Assist.)**~~

45873 (Amended)

Temporomandibular joint, surgery of, involving procedures to which item ~~45863, 45867, 45869~~ or 45871 applies and also involving the use of tissue flaps, or cartilage graft, or allograft implants, with or without microsurgical techniques (Anaes.) (Assist.)

Fee: \$1,647.25 Benefit: 75% = \$1235.45 85% = \$1554.05

Private Health Insurance Classification:

- Clinical category: Bone, joint and muscle
- Procedure type: Type A Advanced Surgical

45874 (New)

Temporomandibular joint, including condylar head and glenoid fossa, total alloplastic replacement (H) (Anaes.) (Assist.)

Fee: \$1,443.35 Benefit: 75% = \$1082.55

Private Health Insurance Classification:

- Clinical category: **Plastic and reconstructive surgery (medically necessary)**
- Procedure type: **Type A Advanced Surgical**

45875 (Delete)

~~**TEMPOROMANDIBULAR JOINT, stabilisation of, involving 1 or more of: repair of capsule, repair of ligament or internal fixation, not being a service to which another item in this Subgroup applies (Anaes.) (Assist.)**~~

45877 (Delete)

~~**TEMPOROMANDIBULAR JOINT, arthrodesis of, with synovectomy if performed, not being a service to which another item in this Subgroup applies (Anaes.) (Assist.)**~~

45879 (Delete)

~~**TEMPOROMANDIBULAR JOINT OR JOINTS, application of external fixator to, other than for treatment of fractures (Anaes.) (Assist.)**~~

45885 (Delete)

~~**Facial, mandibular or lingual artery or vein or artery and vein, ligation of, not being a service to which item 41707 applies**~~

45894 (Amended)

~~**Free**~~ Grafting, ~~**of a granulating area**~~ (mucosa or split skin) **in the oral cavity of a mucosal defect (Anaes.)**

Fee: \$224.20 Benefit: 75% = \$168.15 85% = \$190.60

Private Health Insurance Classification:

- Clinical category: Plastic and reconstructive surgery (medically necessary)
- Procedure type: Unlisted

45897 (Delete)

~~**Grafting of, including plastic closure of associated oro-nasal fistulae and ridge augmentation, a unilateral alveolar cleft (congenital)**~~

45900 (Delete)

~~**MANDIBLE, fixation by intermaxillary wiring, excluding wiring for obesity**~~

45945 (Delete)

~~**MANDIBLE, treatment of a dislocation of, requiring open reduction (Anaes.)**~~

45975 (Delete) MAXILLA, unilateral or bilateral, treatment of fracture of, not requiring splinting
45978 (Delete) MANDIBLE, treatment of fracture of, not requiring splinting
45981 (Delete) ZYGOMATIC BONE, treatment of fracture of, not requiring surgical reduction
45984 (Delete) MAXILLA, treatment of a complicated fracture of, involving viscera, blood vessels or nerves requiring open reduction not involving plate(s) (Anaes.) (Assist.)
45987 (Delete) MANDIBLE, treatment of a complicated fracture of, involving viscera, blood vessels or nerves, requiring open reduction not involving plate(s) (Anaes.) (Assist.)
45990 (Delete) MAXILLA, treatment of a complicated fracture of, involving viscera, blood vessels or nerves requiring open reduction involving the use of plate(s) (Anaes.) (Assist.)
45993 (Delete) MANDIBLE, treatment of a complicated fracture of, involving viscera, blood vessels or nerves, requiring open reduction involving the use of plate(s) (Anaes.) (Assist.)
45996 (Delete) MANDIBLE, treatment of a closed fracture of, involving a joint surface (Anaes.)
46150 (New) Mandible or maxilla, procedure for advancement, retrusion or alteration of tilt, by osteotomy in standard planes, including fixation by any means (including application of distractors if used)—one service per patient on the same occasion (H) (Anaes.) (Assist) Fee: \$1,456.40 Benefit: 75% = \$1092.30 Private Health Insurance Classification: <ul style="list-style-type: none"> • Clinical category: Plastic and reconstructive surgery (medically necessary) • Procedure type: Type A Advanced Surgical
46151 (New) Mandible and maxilla (bimaxillary), procedure for advancement, retrusion or alteration of tilt, or combination of these, by osteotomies in standard planes, including fixation by any means (including application of distractors if used)—conjoint surgery, principal specialist surgeon, one service per patient on the same occasion (H) (Anaes.) (Assist)

Fee: \$1,588.00 Benefit: 75% = \$1191.00

Private Health Insurance Classification:

- Clinical category: **Plastic and reconstructive surgery (medically necessary)**
- Procedure type: **Type A Advanced Surgical**

46152 (New)

Mandible and maxilla (bimaxillary), procedure for advancement, retrusion or alteration of tilt, or combination of these, by osteotomies in standard planes, including fixation by any means (including application of distractors if used)—conjoint surgery, conjoint specialist surgeon, one service per patient on the same occasion (H) (Anaes.) (Assist)

Fee: \$1,191.00 Benefit: 75% = \$893.25

Private Health Insurance Classification:

- Clinical category: **Plastic and reconstructive surgery (medically necessary)**
- Procedure type: **Type A Advanced Surgical**

46153 (New)

Mandible and maxilla (bimaxillary), procedure for advancement, retrusion or alteration of tilt, or combination of these, by osteotomies in standard planes, including fixation by any means (including application of distractors if used)—single surgeon, one service per patient on the same occasion (H) (Anaes.) (Assist)

Fee: \$1,984.90 Benefit: 75% = \$1488.70

Private Health Insurance Classification:

- Clinical category: **Plastic and reconstructive surgery (medically necessary)**
- Procedure type: **Type A Advanced Surgical**

46154 (New)

Maxilla, procedure for reshaping arch of, by complex segmental osteotomies, including fixation by any means (including application of distractors if used), one service per patient on the same occasion (H) (Anaes.) (Assist)

Fee: \$1,662.20 Benefit: 75% = \$1246.65

Private Health Insurance Classification:

- Clinical category: **Plastic and reconstructive surgery (medically necessary)**
- Procedure type: **Type A Advanced Surgical**

46155 (New)

Mandible, procedure for reshaping arch of, by complex segmental osteotomies, including genioplasty (if performed) and fixation by any means (including application of distractors if used), one service per patient on the same occasion (H) (Anaes.) (Assist)

Fee: \$1,662.20 Benefit: 75% = \$1246.65

Private Health Insurance Classification:

- Clinical category: **Plastic and reconstructive surgery (medically necessary)**
- Procedure type: **Type A Advanced Surgical**

46156 (New)

Mandible and maxilla (bimaxillary), procedure for any combination of arch reshaping, advancement, retrusion or tilting of, involving complex segmental osteotomies, with or without standard osteotomies, including genioplasty (if performed) and fixation by any means (including application of distractors if used)—conjoint surgery, principal specialist surgeon, one service per patient on the same occasion (H) (Anaes.) (Assist)

Fee: \$1,897.60 Benefit: 75% = \$1423.20

Private Health Insurance Classification:

- Clinical category: **Plastic and reconstructive surgery (medically necessary)**
- Procedure type: **Type A Advanced Surgical**

46157 (New)

Mandible and maxilla (bimaxillary), procedure for any combination of arch reshaping, advancement, retrusion or tilting of, involving complex segmental osteotomies, with or without standard osteotomies, including genioplasty (if performed) and fixation by any means (including application of distractors if used)—conjoint surgery, conjoint specialist surgeon, one service per patient on the same occasion (H) (Anaes.) (Assist)

Fee: \$1,423.20 Benefit: 75% = \$1067.40

Private Health Insurance Classification:

- Clinical category: **Plastic and reconstructive surgery (medically necessary)**
- Procedure type: **Type A Advanced Surgical**

46158 (New)

Mandible and maxilla (bimaxillary), procedure for any combination of arch reshaping, advancement, retrusion or tilting of, involving complex segmental osteotomies, with or without standard osteotomies, including genioplasty (if performed) and fixation by any means (including application of distractors if used)—single surgeon, one service per patient on the same occasion (H) (Anaes.) (Assist)

Fee: \$2,371.95 Benefit: 75% = \$1779.00

Private Health Insurance Classification:

- Clinical category: **Plastic and reconstructive surgery (medically necessary)**
- Procedure type: **Type A Advanced Surgical**

46159 (New)

Midfacial osteotomies, Le Fort II or Le Fort III—conjoint surgery, principal specialist surgeon (H) (Anaes.) (Assist.)

Fee: \$2,098.55 Benefit: 75% = \$1573.95

Private Health Insurance Classification:

- Clinical category: **Plastic and reconstructive surgery (medically necessary)**
- Procedure type: **Type A Advanced Surgical**

46160 (New)

Midfacial osteotomies, Le Fort II or Le Fort III—conjoint surgery, conjoint specialist surgeon (H) (Anaes.) (Assist.)

Fee: \$1,573.90 Benefit: 75% = \$1180.45

Private Health Insurance Classification:

- Clinical category: **Plastic and reconstructive surgery (medically necessary)**
- Procedure type: **Type A Advanced Surgical**

46161 (New)

Midfacial osteotomies, Le Fort II or Le Fort III—single surgeon (H) (Anaes.) (Assist.)

Fee: \$2,623.15 Benefit: 75% = \$1967.40

Private Health Insurance Classification:

- Clinical category: **Plastic and reconstructive surgery (medically necessary)**
- Procedure type: **Type A Advanced Surgical**

Category: 3 - Therapeutic procedures

Group: T8 - Surgical Operations

Subgroup: 15 – Orthopaedic

Subheading: 1 – Treatment of Dislocations

47000 (Amended)

Mandible, treatment of dislocation of, ~~mandible~~, by closed reduction **requiring general anaesthesia or intravenous sedation, if performed in the operating theatre of a hospital** (H) (Anaes.)

Fee: \$77.45 Benefit: 75% = \$58.10

Private Health Insurance Classification:

- Clinical category: Bone, joint and muscle
- Procedure type: Unlisted

Category: 3 - Therapeutic procedures

Group: T8 - Surgical Operations

Subgroup: 15 – Orthopaedic

Subheading: 2 – Treatment of Fractures

47753 (Amended)

Maxilla **or mandible**, treatment of fracture of, requiring splinting, wiring of teeth, circumosseous fixation or external fixation (H) (Anaes.) (Assist.)

Fee: \$445.30 Benefit: 75% = \$334.00

Private Health Insurance Classification:

- Clinical category: Bone, joint and muscle
- Procedure type: Type A Surgical

47756 (Delete)

~~**Mandible, treatment of fracture of, requiring splinting, wiring of teeth, circumosseous fixation or external fixation (H) (Anaes.) (Assist.)**~~

47762 (Amended)

Zygomatic ~~bone arch~~, treatment of fracture of, requiring surgical reduction by a temporal, intra oral or other approach, other than a service associated with a service to which another item in this Group applies (Anaes.)

Fee: \$261.55 Benefit: 75% = \$196.20 85% = \$222.35

Private Health Insurance Classification:

- Clinical category: Bone, joint and muscle
- Procedure type: Unlisted

47765 (Amended)

Zygomaticomaxillary complex / malar, Zygomatic bone, treatment of fracture of, requiring surgical reduction and involving internal or external fixation at one or more sites (H) (Anaes.) (Assist.)

Fee: **\$492.10** Benefit: 75% = **\$369.10**

Private Health Insurance Classification:

- Clinical category: Bone, joint and muscle
- Procedure type: Type A Surgical

47766 (New)

Naso-orbital-ethmoidal complex, treatment of fracture of, requiring surgical reduction and involving internal or external fixation at one or more sites (H) (Anaes.) (Assist.)

Fee: \$658.20 Benefit: 75% = \$493.65

Private Health Insurance Classification:

- Clinical category: **Plastic and reconstructive (medically necessary)**
- Procedure type: **Type A Surgical**

47768 (Delete)

~~**Zygomatic bone, treatment of fracture of, requiring surgical reduction and involving internal or external fixation or both at 2 sites (H) (Anaes.) (Assist.)**~~

47771 (Delete)

~~**Zygomatic bone, treatment of fracture of, requiring surgical reduction and involving internal or external fixation or both at 3 sites (H) (Anaes.) (Assist.)**~~

47774 (Delete)

~~**Maxilla, treatment of fracture of, requiring open operation (H) (Anaes.) (Assist.)**~~

47777 (Delete)

~~**Mandible, treatment of fracture of, requiring open reduction (H) (Anaes.) (Assist.)**~~

47780 (Delete)

~~**Maxilla, treatment of fracture of, requiring open reduction and internal fixation not involving a plate (H) (Anaes.) (Assist.)**~~

47783 (Delete)

~~**Mandible, treatment of fracture of, requiring open reduction and internal fixation not involving a plate (Anaes.) (Assist.)**~~

47786 (Amended)

Maxilla, treatment of fracture of, requiring open reduction and internal fixation involving **one or more a plates** (H) (Anaes.) (Assist.)

Fee: \$787.15 Benefit: 75% = \$ 590.40

Private Health Insurance Classification:

- Clinical category: Bone, joint and muscle
- Procedure type: Type A Surgical

47789 (Amended)

Mandible, treatment of fracture of, requiring open reduction and internal fixation involving **one or more a plate(s)** (H) (Anaes.) (Assist.)

Fee: \$787.15 Benefit: 75% = \$590.40

Private Health Insurance Classification:

- Clinical category: Bone, joint and muscle
- Procedure type: Type A Surgical

Category: 7 - Cleft Lip and Cleft Palate Services

Group: C2 - Oral and Maxillofacial Service

75621 (Amended)

The provision and fitting of surgical template in conjunction with orthognathic surgical procedures in association with:

- (a) an item in the series:
 - (i) ~~45720 46150~~ to ~~45754 46161~~; or
 - (ii) 52342 to 52375; or
- (b) item 52380 or 52382;

if the patient is referred by an eligible orthodontist (AOS)

Fee: \$253.65 Benefit: 75% = \$190.25 \$ 85% = \$215.65

Private Health Insurance Classification:

- Clinical category: Dental surgery
- Procedure type: Unlisted

Explanatory Notes

TN.8.264 - Terminology for “maxilla” – (Items 45596 and 45597)

Historically, the term “maxilla” referred to one of the two identical bones that form the upper jaw with the “maxillae” meeting in the midline of the face. Currently the “maxilla” is considered a double structure or one bone (i.e. the entire upper jaw).

A “hemimaxillectomy” refers to the surgical removal of one side of the upper jaw while a “total maxillectomy” refers to the removal of all of the “maxilla” (i.e. both sides). For item 45597, the term “bilateral” will be included in recognition that some practitioners still conduct their practice using the historical terminology, however, it is expected that most providers will use the current terminology.

Related Items: 45596 and 45597

TN.8.267 - Bony Reshaping (Item 45609)

Item 45609 applies when in conjunction with a bone-containing free flap (i.e. in association with items 46060 to 46068)

Related Items: 45609
TN.8.269 - Advancement, Retrusion or Alteration of Tilt by Osteotomy in Standard Planes - (Items 46150, 46151, 46152 and 46153)
Examples of mandible and maxilla (bimaxillary) procedures for advancement, retrusion or alteration of tilt by osteotomies in standard planes include sagittal split of mandible and horizontal osteotomy of maxilla.
Related Items: 46150 to 46153

Quick Reference Table

	Amended
45590	Clarify use.
45596	Update terminology.
45597	Update terminology.
45599	Simplify the descriptor and clarify use.
45608	Better describe the service.
45611	Clarify use.
45644	Update co-claiming restrictions.
45677	Align with contemporary practice and increase schedule fee to better reflect complexity.
45680	Align with contemporary practice and increase schedule fee to better reflect complexity.
45683	Align with contemporary practice and increase schedule fee to better reflect complexity.
45686	Align with contemporary practice and increase schedule fee to better reflect complexity.
45714	Update terminology.
45761	To include a requirement of pathology and photographic evidence.

45767	Clarify use.
45773	Better describe the service.
45782	To reflect contemporary clinical practice.
45785	Update terminology.
45788	Update terminology.
45791	Update terminology.
45794	To reflect contemporary clinical practice and include pathology requirements.
45797	To reflect contemporary clinical practice and include pathology requirements.
45801	To consolidate services under items 45803 and 45805 and clarify use.
45815	To include a requirement for radiological and laboratory evidence, expand scope and prevent inappropriate use.
45823	Align with contemporary practice.
45831	Consolidate services under items 45833 and 45835 .
45845	Expand scope.
45847	Expand scope.
45849	Expand scope.
45851	Clarify use.
45855	Reduce the schedule fee.
45857	Update terminology.
45873	Update co-claiming restrictions.
45894	Clarify use.
47000	To specify use in the operating theatre of a hospital and requiring general anaesthesia or intravenous sedation.

47753	To specify treatment of fracture of maxilla or mandible and consolidate services under item 47756.
47762	Update terminology and restrict co-claiming.
47765	To clarify use and consolidate services under items 47768 and 47771.
47789	To clarify use and align with contemporary practice.
75621	Update co-claiming restrictions.

	New
45592	For reconstruction of both wall and floor of orbital cavity, consolidating services under item 45593.
45594	For exploration and reduction of orbital cavity.
45609	For reconstruction of a maxilla, mandible or skull base using a free flap (bony reshaping).
45717	For alveolar bone grafting, replacing existing item 45897, with a higher schedule fee to reflect complexity.
45718	New number for item 45647 for contour restoration of the face.
45874	For total temporomandibular joint replacement.
46150	For advancement, retrusion or alteration of tilt of the mandible or maxilla, by osteotomy in standard planes.
46151	For advancement, retrusion or alteration of tilt of the mandible and maxilla (bimaxillary), by osteotomy in standard planes - principal surgeon.
46152	For advancement, retrusion or alteration of tilt of the mandible and maxilla (bimaxillary), by osteotomy in standard planes - conjoint surgeon.
46153	For advancement, retrusion or alteration of tilt of the mandible and maxilla (bimaxillary), by osteotomy in standard planes - single surgeon.
46154	For arch reshaping of the maxilla, by complex segmental osteotomies.

46155	For arch reshaping of the mandible, by complex segmental osteotomies, including genioplasty.
46156	For any combination of arch reshaping, advancement, retrusion or tilting of the mandible and maxilla (bimaxillary), involving complex segmental osteotomies - principal surgeon.
46157	For any combination of arch reshaping, advancement, retrusion or tilting of the mandible and maxilla (bimaxillary), involving complex segmental osteotomies - conjoint surgeon.
46158	For any combination of arch reshaping, advancement, retrusion or tilting of the mandible and maxilla (bimaxillary), involving complex segmental osteotomies - single surgeon.
46159	For Le Fort II or Le Fort III midfacial osteotomies - principal surgeon.
46160	For Le Fort II or Le Fort III midfacial osteotomies – conjoint surgeon.
46161	For Le Fort II or Le Fort III midfacial osteotomies - single surgeon.
47766	To describe the management of naso-orbital-ethmoidal (NOE) fractures.

Deleted

45593, 45647, 45720, 45723, 45726, 45729, 45731, 45732, 45735, 45738, 45741, 45744, 45747, 45752, 45753, 45754, 45770, 45799, 45803, 45805, 45817, 45819, 45821, 45833, 45835, 45839, 45843, 45853, 45755, 45758, 45859, 45861, 45863, 45867, 45869, 45875, 45877, 45879, 45885, 45897, 45900, 45945, 45975, 45978, 45981, 45984, 45987, 45990, 45993, 45996, 47756, 47768, 47771, 47774, 47777, 47780 and 47783

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.