



Plastic and reconstructive surgery changes – General/skin items

Last updated: 10 May 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 general and skin services.

What are the changes?

Effective 1 July 2023, there will be amendments to a range of items for general and skin services. These changes are detailed below.

Lipectomy and abdominoplasty items

- Items **30165**, **30168**, **30171** and **30172** will be consolidated into two new items that remove the requirement for intertrigo and to have failed three months of conventional (or nonsurgical) treatment, so that the new items can be used where the redundant skin (as a result of significant weight loss ≥ 5 body mass index points) is causing functional problems. New item **30166** will be for the excision of abdominal skin and lipectomy, and new items **30169** will be for the excision of non-abdominal skin and lipectomy. These items can be co-claimed in the same episode of care. Items **30165**, **30168**, **30171** and **30172** will be deleted.
- Item **30176** will be amended to update co-claiming restrictions, to update terminology by deleting “lipectomy” and replacing with “radical abdominoplasty” and remove the reference to pitanguy type or similar.
- Items **30177** and **30179** will be amended to update co-claiming restrictions and to remove the reference to pitanguy type or similar.

Local flap repair items

- Item **45006** will be amended to prevent claiming in the context of breast reconstruction, as post-mastectomy breast reconstruction should be claimed under separate items for this specified purpose (items 45524 to 45542).

- Item **45012** will be amended to prevent claiming in the context of breast reconstruction and to increase the schedule fee to better reflect the complexity of the service.

Abrasive therapy items

- Item **45021** will be amended to specify use for abrasive therapy on the face, limit the claiming frequency to one claim per patient per episode and to provide a requirement to include photographic evidence in the patient notes.
- Item **45024** will be deleted, due to its risk of inappropriate use, and consolidated into item **45021**.

Direct and indirect flap items

- Item **45209** will be amended to clarify use for pedicled flaps, to include forehead and cross leg flap to consolidate this service with services currently provided under item **45215**, and to indicate that this service is the first stage in a multistage process (item **45215** will be deleted).
- Item **45212** will be amended to clarify use for pedicled flaps, to include forehead and cross leg flap to consolidate this service with services currently provided under item **45218**, and to indicate that this service is the second or third stage of flap repair (item **45218** will be deleted).
- Explanatory note **TN.8.271** will be created advising that the first stage of a multistage flap repair procedure should always be performed in hospital, and the second or third stage of a multistage flap repair procedure would generally be performed under sedation or general anaesthetic in hospital.
- Item **45236** will be deleted as this item is not consistent with modern surgical practice.
- Item **45239** will be amended to consolidate direct, indirect or local flap revisions by incision and suture and /or liposuction into a single item (incorporating services provided under items **45240**), to prevent co-claiming of two separate items for a single revision procedure and amended to limit to one claim per flap at one time in order to minimise inappropriate use (item **45240** will be deleted).

Free grafting split skin and full thickness items

- Two new items will be created, **45440** for free grafting of small defects and **45443** for free grafting of large defects, consolidating split skin free grafting services currently provided under items **45400**, **45403**, **45439**, **45442**, **45445** and **45448**. These items will be deleted.
- Item **45451** will be amended to restrict use of this item to defects greater than 5 mm in diameter and remove the reference to male pattern baldness, as this technique has been replaced with hair micrografts/follicular transplantation.
- Explanatory note **TN.8.266** will be created to provide additional guidance on the use of free grafting split skin and full thickness items.

Microvascular procedures

- Item **45500** will be amended to restrict claiming of this service to either an artery or a vein but allow for repair of either an artery or a vein if the repair of the artery and the repair of the vein are performed by different providers.
- New item **45507** will be created to provide services for microvascular repair of both an artery and a vein, including anastomoses of all required vessels.
- Item **45501** will be amended to provide services for anastomosis of a single artery or vein to allow for circumstances of conjoint surgery where each surgeon performs anastomosis of either an artery or a vein.
- Item **45502** will be amended to provide services for anastomoses of both a vein and artery, with an increased schedule fee to account for the combined service.
- Item **45503** will be amended to specify the inclusion of harvest of grafts and suturing of anastomoses, to restrict use in the context of cardiac surgery and clarify that the service must be critical for restoration of blood supply.
- Item **45504** will be amended to specify that the service is for anastomosis of an artery, vein or veins and prevent claiming for the purpose of breast reconstruction.
- Item **45505** will be amended to provide services for microvascular anastomoses of an artery and vein or veins as well as to prevent claiming for the purpose of breast reconstruction, with an increased schedule fee to account for the combined service.
- Item **45561** will be amended to better describe the service, reflecting contemporary clinical practice.
- Item **45562** will be amended to better describe the service, reflecting contemporary clinical practice, and to exclude claiming in the context of breast reconstruction and remove the reference to male pattern baldness.
- New items **46050** will be created for dissection of a pedicled perforator flap.
- New item **46052** will be created for dissection of a free perforator flap.
- Explanatory note **TN.8.268** will be created to provide additional guidance on the use of items for dissection of perforator flaps.
- Item **45563** will be amended to adequately describe the service and to clarify that the item should not be used for simple V-Y flaps or other standard flaps, such as rotation or keystone flaps, and to remove the reference to male pattern baldness.
- Item **45564** and item **45565** will be amended to appropriately align with contemporary clinical best practice and exclude claiming in the context of breast reconstruction.
- New item **45567** will be created for free tissue transfer for the repair of major tissue defect of the head and neck or other non-breast defect where a single surgeon is required to perform the procedure.
- New item **46060** will be created for a single surgeon performing a free flap with a bony component.
- New item **46062** will be created for conjoint surgery (for a principal specialist surgeon) performing a free flap with a bony component.

- New item **46064** will be created for conjoint surgery (for a conjoint specialist surgeon) performing a free flap with a bony component.
- New item **46066** will be created for double free flaps where at least one has a bony component (principal surgeon of two surgeon team).
- New item **46068** will be created for double free flaps where at least one has a bony component (conjoint surgeon of two surgeon team).
- New item **46070** will be created for double free flaps (no bony component) (principal surgeon of two surgeon team).
- New item **46072** will be created for double free flaps (no bony component) (conjoint surgeon of two surgeon team).

Scar revision items

- Item **45506** will be moved to **45510** to sit alongside scar revision item 45512.
- Item **45515** and item **45518** will be amended to clarify use to prevent potential inappropriate use for cosmetic purposes and to include a requirement for recording photographic evidence to demonstrate clinical need.

Tissue expansion items

- Item **45566** will be amended to clarify use for a temporary prosthetic tissue expander which requires subsequent removal, and exclude use in the breast as there are other items specifically for tissue expanders to be inserted in the breast (e.g. item 45539).
- Item **45568** will be amended to allow for provision of the service when excision of fibrous capsule is not required.
- Item **45572** will be amended to prevent claiming for breast tissue expansion and remove the reference to male pattern baldness, as this is no longer performed in modern practice.

Closure of abdomen items

- New item **45571** will be created, consolidating services currently provided under items **45569** and **45570**, as these two items are two components of a single procedure and are nearly always performed together in contemporary clinical practice (items **45569** and **45570** will be deleted).

Facial paralysis items

- Item **45581** will be amended to update the terminology used, replacing “palsy” with “paralysis”

Eyelid surgery items

- Item **45614** will be amended to clarify appropriate claiming of this item, include all required flaps or grafts and to increase the schedule fee to reflect the complexity of the procedure.

Miscellaneous reconstructive or restorative procedures of the head and neck

- Item **45665** will be amended to exclude eyelid wedge when performed in conjunction with a cosmetic eyelid procedure, to prevent inappropriate claiming.
- Item **45671** will be amended to clarify appropriate use, updating terminology, and allow claiming for single stage lip or eyelid reconstruction.
- Item **45674** will be amended to clarify appropriate use, updating terminology.

Lipoma or other subcutaneous tumours or cysts

- New item **31227** will be created for removal of a single lipoma or other subcutaneous tumour or cyst.¹
- Items **31220** and **31225** will be amended to include removal of lipomas.
- New item **31344** will be created for surgical excision of large and difficult lipomas, which may require an assistant.
- Item **31345** will be amended to specify maximum diameter of lipoma (less than 150mm in diameter) to distinguish between services provided under item **31344**.

Very extensive skin cancer items

Three new items will be introduced for the excision of very extensive skin cancers, to improve patient access to care for these difficult procedures.

- New item **31386** will be created for the excision of malignant skin lesions from the head and neck, with an excision diameter of more than 50mm, where the excision involves at least two critical areas (eyelid, nose, ear, mouth).
- New item **31387** will be created for the excision of malignant skin lesions from the head or neck, with an excision diameter of more than 70 mm.
- New items **31388** will be created for the excision of malignant skin lesions from the trunk or limbs, with an excision diameter of more than 120 mm.

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

- Items **30175**, **30651**, **30655**, will be amended to update co-claiming restrictions.
- Explanatory note **TN.8.276** will be created outlining acceptable examples of conservative non-surgical treatment for item **30175**.

Item descriptors (to take effect 1 July 2023)

Note:

1. All fees listed include indexation which will be applied 1 July 2023.

¹ This item is subject to final delegate approval

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: 1 - General
<p>30165 (Delete)</p> <p>Lipectomy, wedge excision of abdominal apron that is a direct consequence of significant weight loss, not being a service associated with a service to which item 30168, 30171, 30172, 30176, 30177, 30179, 45530, 45564 or 45565 applies, if: (a) there is intertrigo or another skin condition that risks loss of skin integrity and has failed 3 months of conventional (or non-surgical) treatment; and (b) the abdominal apron interferes with the activities of daily living; and (c) the weight has been stable for at least 6 months following significant weight loss prior to the lipectomy (H) (Anaes.) (Assist.)</p>
<p>30166 (New)</p> <p>Removal of redundant abdominal skin and lipectomy, as a wedge excision, for functional problems following significant weight loss equivalent to at least 5 body mass index points and if there has been a stable weight for a period of at least 6 months prior to surgery, other than a service associated with a service to which item 30175, 30176, 30177, 45530, 45531, 45564, 45565, 45567, 46060, 46062, 46064, 46066, 46068, 46070, 46072, 46080, 46082, 46084, 46086, 46088 or 46090 applies (H) (Anaes.) (Assist.)</p> <p>Fee: \$821.45 Benefit: 75% = \$616.10</p> <p>Private Health Insurance Classification:</p> <ul style="list-style-type: none"> • Clinical category: Weight loss surgery • Procedure type: Type A Surgical
<p>30168 (Delete)</p> <p>Lipectomy, wedge excision of redundant non-abdominal skin and fat that is a direct consequence of significant weight loss, not being a service associated with a service to which item 30165, 30171, 30172, 30176, 30177, 30179, 45530, 45564 or 45565 applies, if: (a) there is intertrigo or another skin condition that risks loss of skin integrity and has failed 3 months of conventional (or non-surgical) treatment; and (b) the redundant skin and fat interferes with the activities of daily living; and (c) the weight has been stable for at least 6 months following significant weight loss prior to the lipectomy; and (d) the procedure involves one excision only (H) (Anaes.) (Assist.)</p>

30169 (New)

Removal of redundant non-abdominal skin and lipectomy for functional problems following significant weight loss equivalent to at least 5 body mass index points and if there has been a stable weight for a period of at least 6 months prior to surgery, one or 2 non-abdominal areas, other than a service associated with a service to which item 30175, 30176, 45530, 45531, 45564, 45565, 45567, 46060, 46062, 46064, 46066, 46068, 46070, 46072, 46080, 46082, 46084, 46086, 46088 or 46090 applies (H) (Anaes.) (Assist.)

Fee: \$657.15 Benefit: 75% = \$492.90

Private Health Insurance Classification:

- Clinical category: **Weight loss surgery**
- Procedure type: **Type A Surgical**

30171 (Delete)

~~**Lipectomy, wedge excision of redundant non-abdominal skin and fat that is a direct consequence of significant weight loss, not being a service associated with a service to which item 30165, 30168, 30172, 30176, 30177, 30179, 45530, 45564 or 45565 applies, if:**~~

- ~~**(a) there is intertrigo or another skin condition that risks loss of skin integrity and has failed 3 months of conventional (or non-surgical) treatment; and**~~
- ~~**(b) the redundant skin and fat interferes with the activities of daily living; and**~~
- ~~**(c) the weight has been stable for at least 6 months following significant weight loss prior to the lipectomy; and**~~
- ~~**(d) the procedure involves 2 excisions only**~~

~~**(H) (Anaes.) (Assist.)**~~

30172 (Delete)

~~**Lipectomy, wedge excision of redundant non-abdominal skin and fat that is a direct consequence of significant weight loss, not being a service associated with a service to which item 30165, 30168, 30171, 30176, 30177, 30179, 45530, 45564 or 45565 applies, if:**~~

- ~~**(a) there is intertrigo or another skin condition that risks loss of skin integrity and has failed 3 months of conventional (or non-surgical) treatment; and**~~
- ~~**(b) the redundant skin and fat interferes with the activities of daily living; and**~~
- ~~**(c) the weight has been stable for at least 6 months following significant weight loss prior to the lipectomy; and**~~
- ~~**(d) the procedure involves 3 or more excisions**~~

~~**(H) (Anaes.) (Assist.)**~~

30175 (Amended)

Radical abdominoplasty, with repair of rectus diastasis, excision of skin and subcutaneous tissue, and transposition of umbilicus, not being a laparoscopic procedure, ~~where the patient has an abdominal wall defect as a consequence of pregnancy,~~ if:

- (a) the patient **has an abdominal wall defect as a consequence of pregnancy; and**
- (b) **the patient:**
 - (i) has a diastasis of at least 3cm measured by diagnostic imaging prior to this service; and
 - (ii) has **either or both of the following:**
 - (A) symptoms of at least moderately severity of severe pain or discomfort at the site of the diastasis in the abdominal wall during functional use and the pain or discomfort has been documented in the patient's records by the practitioner providing the service;**
 - (B) low back pain or urinary symptoms likely due to rectus diastasis that and the pain or symptoms have been documented in the patient's records by the practitioner providing the service; and**
 - (iii) has failed to respond to non-surgical conservative treatment **including that must have included** physiotherapy; and
 - (iv) has not been pregnant in the last 12 months; and
- (c) the service is not a service associated with a service to which item **30165, 30166, 30168, 30169, 30171, 30172, 30176, 30177, 30179, 30651, 30655, 45530, 45531, 45564, 45565, 45567, 46060, 46062, 46064, 46066, 46068, 46070, 46072, 46080, 46082, 46084, 46086, 46088 or 46090** applies.

Applicable once per lifetime. (H) (Anaes.) (Assist.)

Fee: \$1062.50 Benefit: 75% = \$796.90

Private Health Insurance Classification:

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

30176 (Amended)

~~Lipectomy, r~~Radical abdominoplasty (~~Pitanguy type or similar~~), with excision of skin and subcutaneous tissue, repair of musculoaponeurotic layer and transposition of umbilicus, not being a service associated with a service to which item **30165, 30166, 30168, 30169, 30171, 30172, 30175, 30177, 30179, 45530, 45531, 45564, 45565, 45567, 46060, 46062, 46064, 46066, 46068, 46070 or 46072** applies, if the patient has previously had a massive intra-abdominal or pelvic tumour surgically removed (H) (Anaes.) (Assist.)

Fee: \$1079.50 Benefit: 75% = \$809.65

Private Health Insurance Classification:

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

30177 (Amended)

Lipectomy, excision of skin and subcutaneous tissue associated with redundant abdominal skin and fat that is a direct consequence of significant weight loss, in conjunction with a radical abdominoplasty (~~Pitanguy type or similar~~), with or without repair of musculoaponeurotic layer and transposition of umbilicus, not being a service associated with a service to which item ~~30165, 30166, 30168, 30171, 30172, 30175~~, 30176, 30179, 45530, **45531**, 45564, 45565, **45567, 46060, 46062, 46064, 46066, 46068, 46070, 46072, 46080, 46082, 46084, 46086, 46088 or 46090** applies, if:

- (a) there is intertrigo or another skin condition that risks loss of skin integrity and has failed 3 months of conventional (or non surgical) treatment; and
- (b) the redundant skin and fat interferes with the activities of daily living; and
- (c) the weight has been stable for at least 6 months following significant weight loss prior to the lipectomy

(H) (Anaes.) (Assist.)

Fee: \$1079.50 Benefit: 75% = \$809.65

Private Health Insurance Classification:

- Clinical category: Weight loss surgery
- Procedure type: Type A Advanced Surgical

30179 (Amended)

Circumferential lipectomy, as an independent procedure, to correct circumferential excess of redundant skin and fat that is a direct consequence of significant weight loss, with or without a radical abdominoplasty (~~Pitanguy type or similar~~), not being a service associated with a service to which item ~~30165, 30168, 30171, 30172, 30175~~, 30176, 30177, 45530, **45531**, 45564, 45565, **45567, 46060, 46062, 46064, 46066, 46068, 46070, 46072, 46080, 46082, 46084, 46086, 46088 or 46090** applies, if:

- (a) the circumferential excess of redundant skin and fat is complicated by intertrigo or another skin condition that risks loss of skin integrity and has failed 3 months of conventional (or non surgical) treatment; and
- (b) the circumferential excess of redundant skin and fat interferes with the activities of daily living; and
- (c) the weight has been stable for at least 6 months following significant weight loss prior to the lipectomy

(H) (Anaes.) (Assist.)

Fee: \$1328.65 Benefit: 75% = \$996.50

Private Health Insurance Classification:

- Clinical category: Weight loss surgery
- Procedure type: Type A Advanced Surgical

30651 (Amended)

Ventral hernia repair involving primary fascial closure by suture, with or without onlay mesh or insertion of intraperitoneal onlay mesh repair, without closure of the defect or advancement of the rectus muscle toward the midline, by open or minimally invasive approach, in a patient 10 years of age or over, other than a **service associated with a service** to which item **30175**, 30621, 30655 or 30657 applies (H) (Anaes.) (Assist.)

Fee: \$570.95 Benefit: 75% = \$428.25

Private Health Insurance Classification:

- Clinical category: Common list
- Procedure type: Type A Surgical

30655 (Amended)

Ventral hernia, repair of, with advancement of the rectus muscles to the midline using a retro rectus, pre peritoneal or sublay technique, by open or minimally invasive approach, in a patient 10 years of age or over, other than a **service associated with a service** to which item **30175**, 30621 or 30651 applies (H) (Anaes.) (Assist.)

Fee: \$1,002.10 Benefit: 75% = \$751.60

Private Health Insurance Classification:

- Clinical category: Digestive system
- Procedure type: Type A Advanced Surgical

31220 (Amended)

Tumours (other than viral verrucae (common warts) and seborrheic keratoses), **lipomas**, cysts, ulcers or scars (other than scars removed during the surgical approach at an operation), removal of 4 to 10 lesions and suture, if: (a) the size of each lesion is not more than 10 mm in diameter; and (b) each removal is from cutaneous or subcutaneous tissue by surgical excision (other than by shave excision); and (c) all of the specimens excised are sent for histological examination (Anaes.)

Fee: \$234.95 Benefit: 75% = \$176.25 85% = \$199.75

Private Health Insurance Classification:

- Clinical category: Skin
- Procedure type: Type C

31225 (Amended)

Tumours (other than viral verrucae (common warts) and seborrheic keratoses), **lipomas**, cysts, ulcers or scars (other than scars removed during the surgical approach at an operation), removal of more than 10 lesions, if: (a) the size of each lesion is not more than 10 mm in diameter; and (b) each removal is from cutaneous or subcutaneous tissue or mucous membrane by surgical excision (other than by shave excision); and (c) each site of excision is closed by suture; and (d) all of the specimens excised are sent for histological examination (Anaes.)

Fee: \$417.60 Benefit: 75% = \$313.20 85% = \$355.00

Private Health Insurance Classification:

- Clinical category: Skin
- Procedure type: **Type B Non-Band specific**

31227 (New)

Tumour, lipoma or cyst, removal of single lesion by excision and suture, where removal is from subcutaneous tissue and the specimen excised is sent for histological examination (Anaes.)

Fee: \$146.70 Benefit: 75% = \$110.05 85% = \$124.70

Private Health Insurance Classification:

- Clinical category: **Skin**
- Procedure type: **Type B Non-Band specific**

31344 (New)

Lipoma, removal of, by surgical excision or liposuction, if:

(a) the lesion

- i) is subcutaneous and more than 150mm in average diameter, or**
- ii) is submuscular, intramuscular or involves dissection of a named nerve or vessel and is 50mm or more in diameter, and**

(b) a specimen of the excised lipoma is sent for histological confirmation of diagnosis

(Anaes.) (Assist.)

Fee: \$691.90 Benefit: 75% = \$518.95 85% = \$598.70

Private Health Insurance Classification:

- Clinical category: **Skin**
- Procedure type: **Type B Non-band specific**

31345 (Amended)

Lipoma, removal of, by surgical excision or liposuction, if:

(a) the lesion is

- i) subcutaneous and 50 mm or more in diameter but less than 150mm in diameter; or**
- ii) sub fascial; and**

(b) the specimen excised is sent for histological confirmation of diagnosis

(Anaes.)

Fee: \$231.05 Benefit: 75% = \$173.30 \$ 85% = \$196.40

Private Health Insurance Classification:

- Clinical category: Skin
- Procedure type: Type B Non-band specific

31386 (New)

Malignant skin lesion (other than a malignant skin lesion covered by item 31371, 31372, 31373, 31374, 31375, 31376, 31377, 31378, 31379, 31380, 31381, 31382 or 31383), surgical excision (other than by shave excision) and repair of, if:

- (a) the lesion is excised from the head or neck; and**
- (b) the necessary excision diameter is more than 50 mm; and**
- (c) the excision involves at least 2 critical areas (eyelid, nose, ear, mouth); and**
- (d) the excised specimen is sent for histological examination; and**
- (e) malignancy is confirmed from the excised specimen or previous biopsy; and**
- (f) the service is not covered by item 31387**

(Anaes.) (Assist.)

Fee: \$782.55 Benefit: 75% = \$586.95 85% = \$689.35

Private Health Insurance Classification:

- Clinical category: **Skin**
- Procedure type: **Type B Non-band specific**

31387 (New)

Malignant skin lesion (other than a malignant skin lesion covered by 31371, 31372, 31373, 31374, 31375, 31376, 31377, 31378, 31379, 31380, 31381, 31382 or 31383), surgical excision (other than by shave excision) and repair of, if:

- (a) the lesion is excised from the head or neck; and**
- (b) the necessary excision diameter is more than 70 mm**
- (c) the excised specimen is sent for histological examination; and**
- (d) malignancy is confirmed from the excised specimen or previous biopsy; and**
- (e) the service is not covered by item 31386**

(Anaes.) (Assist.)

Fee: \$704.20 Benefit: 75% = \$528.15 85% = \$611.00

Private Health Insurance Classification:

- Clinical category: **Skin**
- Procedure type: **Type B Non-band specific**

31388 (New)

Malignant skin lesion (other than a malignant skin lesion covered by 31371, 31372, 31373, 31374, 31375, 31376, 31377, 31378, 31379, 31380, 31381, 31382 or 31383), surgical excision (other than by shave excision) and repair of, if:

- (a) the lesion is excised from the trunk or limbs; and**
- (b) the necessary excision diameter is more than 120 mm; and**
- (c) the excised specimen is sent for histological examination; and**
- (d) malignancy is confirmed from the excised specimen or previous biopsy**

(Anaes.) (Assist.)

Fee: \$633.75 Benefit: 75% = \$475.35 85% = \$540.55

Private Health Insurance Classification:

- Clinical category: **Skin**
- Procedure type: **Type B Non-band specific**

Category: 3 - Therapeutic procedures

Group: T8 - Surgical Operations

Subgroup: 13 – Plastic and Reconstructive Surgery

Subheading: 1 - General

45006 (Amended)

Single stage large myocutaneous flap repair to one defect (pectoralis major, latissimus dorsi, or similar large muscle), **other than a service associated with a service to which any of items 45524 to 45542 apply** (H) (Anaes.) (Assist.)

Fee: \$1136.50 Benefit: 75% = \$852.40

Private Health Insurance Classification:

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

45012 (Amended)

Single stage large muscle flap repair to one defect (pectoralis major, gastrocnemius, gracilis or similar large muscle), **other than a service associated with a service to which any of items 45524 to 45542 apply** (H) (Anaes.) (Assist.)

Fee: **\$852.30** Benefit: 75% = **\$639.25**

Private Health Insurance Classification:

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

45021 (Amended)

Abrasive therapy for severely disfiguring scarring **of face** resulting from trauma, burns or acne ~~—limited to one aesthetic area,~~ **if sufficient photographic evidence demonstrating the clinical need for the service is included in patient notes – limited to one claim per patient per episode** (Anaes.)

Fee: \$194.25 Benefit: 75% = \$145.70 85% = \$165.15

Private Health Insurance Classification:

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

45024 (Delete)

~~Abrasive therapy for severely disfiguring scarring resulting from trauma, burns or acne—
more than one aesthetic area (Anaes.)~~

Category: 3 - Therapeutic procedures

Group: T8 - Surgical Operations

Subgroup: 13 – Plastic and Reconstructive Surgery

Subheading: 2 – Skin Flap Surgery

45209 (Amended)

Pedicle ~~Direct~~ flap repair (forehead, cross arm, **cross leg**, abdominal or similar), first stage **of a multistage procedure** (Anaes.) (Assist.)

Fee: \$518.90 Benefit: 75% = \$389.20 85% = \$441.10

Private Health Insurance Classification:

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

45212 (Amended)

Pedicle ~~Direct~~ flap repair (forehead, cross arm, **cross leg**, abdominal or similar), **subsequent stage of a multistage procedure second stage** (Anaes.) (**Assist.**)

Fee: \$257.45 Benefit: 75% = \$193.10 85% = \$218.85

Private Health Insurance Classification:

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

45215 (Delete)

~~Direct flap repair, cross leg, first stage (H) (Anaes.) (Assist.)~~

45218 (Delete)

~~Direct flap repair, cross leg, second stage (H) (Anaes.) (Assist.)~~

45236 (Delete)

~~Indirect flap or tubed pedicle, spreading of pedicle, as a separate procedure (H) (Anaes.)~~

45239 (Amended)

Direct, indirect, **free** or local flap, revision of, by incision and suture ~~other than a service to which item 45240 applies~~ and / or liposuction, applicable once per flap, not being a service to which item 45497 applies (Anaes.)

Fee: \$286.50 Benefit: 75% = \$214.90 85% = 243.55

Private Health Insurance Classification:

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

45240 (Delete)

~~Direct, indirect or local flap, revision of, by liposuction, other than a service to which item 45239, 45497, 45498 or 45499 applies (Anaes.)~~

Category: 3 - Therapeutic procedures

Group: T8 - Surgical Operations

Subgroup: 13 – Plastic and Reconstructive Surgery

Subheading: 3 – Free Grafts

45400 (Delete)

~~Free grafting (split skin) of a granulating area, small (Anaes.)~~

45403 (Delete)

~~Free grafting (split skin) of a granulating area, extensive (Anaes.) (Assist.)~~

45439 (Delete)

~~Free grafting (split skin) to 1 defect, including elective dissection, small (Anaes.)~~

45440 (New)

Split thickness skin graft to a small defect that is:

(a) less than 40 mm in diameter:

(i) on areas below the knee; or

(ii) distal to the ulnar styloid; or

(iii) on the genital area; or

(iv) on areas above the clavicle; or

(b) less than 80 mm in diameter on any other part of the body

(Anaes.) (Assist)

Fee: \$311.45 Benefit: 75% = \$233.60 85% = \$264.75

Private Health Insurance Classification:

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

45442 (Delete)

~~Free grafting (split skin) to 1 defect, including elective dissection, extensive (Anaes.) (Assist.)~~

45443 (New)

Split thickness skin graft to a large defect that is:

(a) 40 mm or more in diameter:

(i) on areas below the knee; or

(ii) distal to the ulnar styloid; or

(iii) on the genital area; or

(iv) on areas above the clavicle; or

(b) 80 mm or more in diameter on any other part of the body

(Anaes.) (Assist.)

Fee: \$642.35 Benefit: 75% = \$481.80 85% = \$549.15

Private Health Insurance Classification:

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

45445 (Delete)

~~Free grafting (split skin) as inlay graft to one defect including elective dissection using a mould (including insertion of and removal of mould) (Anaes.) (Assist.)~~

45448 (Delete)

~~Free grafting (split skin) to one defect, including elective dissection on eyelid, nose, lip, ear, neck, hand, thumb, finger or genitals, other than a service to which item 45442 or 45445 applies (Anaes.)~~

45451 (Amend)

~~Free grafting~~ Full thickness **skin graft** to one defect **with an average diameter of 5 mm or more, excluding grafts for male pattern baldness** (Anaes.) (Assist.)

Fee: \$518.90 Benefit: 75% = \$389.20 85% = \$441.20

Private Health Insurance Classification:

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

Category: 3 - Therapeutic procedures

Group: T8 - Surgical Operations

Subgroup: 13 – Plastic and Reconstructive Surgery

Subheading: 4 – Other Grafts and Miscellaneous Procedures

45500 (Amended)

Microvascular repair using microsurgical techniques, with restoration of continuity of artery or vein of distal extremity or digit, **cannot be claimed by the same provider for both artery and vein** (H) (Anaes.) (Assist.)

Fee: \$1194.15 Benefit: 75% = \$895.65

Private Health Insurance Classification:

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

45501 (Amended)

Microvascular anastomosis of artery **or vein** using microsurgical techniques, for ~~re-implantation~~ **replantation or revascularisation** of limb or digit, **if the limb or digit is devitalised and the repair is critical for restoration of blood supply, other than a service associated with a service to which item 45564, 45565, 45567, 46060, 46062, 46064, 46066, 46068, 46070 or 46072 applies** (H) (Anaes) (Assist)

Fee: \$1943.70 Benefit: 75% = \$1457.80

Private Health Insurance Classification:

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

45502 (Amended)

Microvascular anastomoses of **artery and vein** using microsurgical techniques, for ~~re-implantation~~ **replantation or revascularisation** of limb or digit, **if the limb or digit is devitalised and the repair is critical for restoration of blood supply including anastomoses of all required vessels for that extremity or digit, unless a micro-arterial or micro-venous graft is being used, other than a service associated with a service to which item 45564, 45565, 45567, 46060, 46062, 46064, 46066, 46068, 46070 or 46072 applies** (H) (Anaes.) (Assist.)

Fee: **\$2915.50** Benefit: 75% = **\$2186.65**

Private Health Insurance Classification:

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

45503 (Amended)

Micro-arterial or micro-venous graft using microsurgical techniques, **if the graft is critical for restoration of blood supply, including harvest of graft and suturing of all related anastomoses (not to be claimed in the context of cardiac surgery)** (H) (Anaes.) (Assist.)

Fee: \$2223.70 Benefit: 75% = \$1667.80

Private Health Insurance Classification:

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

45504 (Amended)

Microvascular anastomosis of artery, **vein or veins**, using microsurgical techniques, for free transfer of tissue, including setting in of free flap, **other than:**

- a) a service for the purpose of breast reconstruction; or**
- b) a service associated with a service to which item 45564, 45565, 45567, 46060, 46062, 46064, 46066, 46068, 46070 or 46072 applies**

(H) (Anaes.) (Assist.)

Fee: \$1943.70 Benefit: 75% = \$1457.80

Private Health Insurance Classification:

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

45505 (Amended)

Microvascular anastomoses of **artery and vein or veins** using microsurgical techniques, for free transfer of tissue including setting in of free flap, **other than:**

- a) a service for the purpose of breast reconstruction; or**
- b) a service associated with a service to which item 45564, 45565, 45567, 46060, 46062, 46064, 46066, 46068, 46070 or 46072 applies**

(H) (Anaes.) (Assist.)

Fee: **\$2943.50** Benefit: 75% = **\$2207.65**

Private Health Insurance Classification:

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

45507 (New)

Microvascular repair using microsurgical techniques, with restoration of continuity of artery and vein of distal extremity or digit, including anastomoses of all required vessels for that extremity or digit, other than a service associated with a service to which item 45564, 45565 or 45567 applies (H) (Anaes.) (Assist.)

Fee: \$1791.25 Benefit: 75% = \$1343.45

Private Health Insurance Classification:

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

45506 (deleted)

~~**SCAR, of face or neck, not more than 3 cm in length, revision of, where undertaken in the operating theatre of a hospital, or where performed by a specialist in the practice of his or her specialty (Anaes.)**~~

45510 (New)

**Scar, of face or neck, not more than 3 cm in length, revision of, if:
(a) undertaken in the operating theatre of a hospital; or
(b) performed by a specialist in the practice of the specialist's specialty
(Anaes.)**

Fee: \$240.85 Benefit: 75% = \$180.65 85% = \$204.75

Private Health Insurance Classification:

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

45515 (Amended)

Scar, other than on face or neck, not more than 7 cm in length, revision of, ~~as an independent procedure,~~ if:

(a) the service is

(i) undertaken in the operating theatre of a hospital; or

(ii) performed by a specialist in the practice of the specialist's specialty; and

(b) the service is not performed in conjunction with the insertion of breast implants for cosmetic purposes; and

(c) the incision made for revision of the scar must not be used as an approach for another procedure (including a non-rebatable procedure); and

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

(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: Type B Non-band specific

45518 (Amended)

Scar, other than on face or neck, more than 7 cm in length, revision of, ~~as an independent procedure~~, if:

- (a) **the service is**
 - (i) undertaken in the operating theatre of a hospital; or
 - (ii) performed by a specialist in the practice of the specialist's specialty; and
- (b) **the service is not performed in conjunction with the insertion of breast implants for cosmetic purposes; and**
- (c) **the incision made for revision of the scar is not used as an approach for another procedure (including a non-rebatable procedure); and**
- (d) **sufficient photographic evidence demonstrating the clinical need for the service is included in patient notes**

(Anaes.)

Fee: \$247.20 Benefit: 75% = \$185.40 85% = \$210.15

Private Health Insurance Classification:

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

45561 (Amended)

Microvascular anastomosis of artery ~~and/or vein using microsurgical techniques, for supercharging of pedicled flaps~~ if considered necessary to salvage a vascularly compromised pedicled or free flap, either during the primary procedure or at a subsequent return to theatre (H) (Anaes.) (Assist.)

Fee: \$1943.70 Benefit: 75% = \$1457.80

Private Health Insurance Classification:

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

45562 (Amended)

Free transfer of tissue (**microvascular free flap**) for **non-breast defect** involving raising of tissue on vascular ~~or neurovascular~~ pedicle, including direct repair of secondary cutaneous defect if performed, ~~excluding flap for male pattern baldness other than a service associated with a service to which item 45564, 45565, 45567, 46060, 46062, 46064, 46066, 46068, 46070 or 46072 applies~~ (Anaes.) (Assist.)

Fee: \$1204.10 Benefit: 75% = \$903.10 85% = \$1110.90

Private Health Insurance Classification:

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

45563 (Amended)

Neurovascular island flap **for restoration of essential sensation in the digits or sole of the foot, or for genital reconstruction**, including:

- (a) direct repair of secondary cutaneous defect if performed; and, ~~excluding flap for male pattern baldness.~~
- (b) **formal dissection of the neurovascular pedicle.**

Other than a service performed on simple V-Y flaps or other standard flaps, such as rotation or keystone

(Anaes.) (Assist.)

Fee: \$1204.10 Benefit: 75% = \$903.10 85% = \$1110.90

Private Health Insurance Classification:

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

45564 (Amended)

Free transfer of tissue (reconstructive surgery) for the repair of major tissue defect ~~due to congenital deformity, surgery or trauma of the head and neck or other non-breast defect, using microvascular techniques, all necessary elements of the operation including (but not limited to:~~

- (a) anastomoses of ~~up to 2 all required~~ vessels ~~using microvascular techniques;~~ and
- (b) ~~including~~ raising of tissue on a vascular ~~or neurovascular~~ pedicle; and
- (c) preparation of recipient vessels; and
- (d) transfer of tissue; and
- (e) inseting of tissue at recipient site; and
- (f) direct repair of secondary cutaneous defect if performed,

other than a service associated with a service to which item ~~30165, 30166, 30168, 30169, 30171, 30172, 30175,~~ 30176, 30177, 30179, 45501, 45502, 45504, 45505, ~~45507,~~ or 45562 **or 45567** applies—conjoint surgery, principal specialist surgeon

(H) (Anaes.) (Assist.)

Fee: \$2788.80 Benefit: 75% = \$2091.60

Private Health Insurance Classification:

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

45565 (Amended)

Free transfer of tissue (reconstructive surgery) for the repair of major tissue defect ~~due to congenital deformity, surgery or trauma of the head and neck or other non-breast defect, using microvascular techniques, all necessary elements of the operation including (but not limited to:~~

- (a) anastomoses of ~~up to 2 all required~~ vessels ~~using microvascular techniques;~~ and
- (b) ~~including~~ raising of tissue on a vascular ~~or neurovascular~~ pedicle; and
- (c) preparation of recipient vessels; and
- (d) transfer of tissue; and
- (e) inseting of tissue at recipient site; and
- (f) direct repair of secondary cutaneous defect if performed,

other than a service associated with a service to which item ~~30165, 30166, 30168, 30169, 30171, 30172, 30175,~~ 30176, 30177, 30179, 45501, 45502, 45504, 45505, ~~45507,~~ or 45562 or ~~45567~~ applies—conjoint surgery, principal specialist surgeon

(H) (Anaes.) (Assist.)

Fee: \$2091.70 Benefit: 75% = \$1568.80

Private Health Insurance Classification:

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

45566 (Amended)

~~Tissue expansion other than a service to which item 45539 or 45542 applies—insertion of tissue expansion unit and all attendances for subsequent expansion injections.~~ Insertion of a temporary prosthetic tissue expander which requires subsequent removal, including all attendances for subsequent expansion injections, other than a service for breast or post-mastectomy tissue expansion (H) (Anaes.) (Assist.)

Fee: \$1173.25 Benefit: 75% = \$879.95

Private Health Insurance Classification:

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

45567 (New)

Free transfer of tissue (reconstructive surgery) for the repair of major tissue defect of the head and neck or other non breast defect, using microvascular techniques, all necessary elements of the operation, including (but not limited to):

- (a) anastomoses of all required vessels; and
- (b) raising of tissue on a vascular pedicle; and
- (c) preparation of recipient vessels; and

- (d) transfer of tissue; and
- (e) inseting of tissue at recipient site; and
- (f) direct repair of secondary cutaneous defect, if performed;

other than a service associated with a service to which item 30166, 30169, 30175, 30176, 30177, 30179, 45501, 45502, 45504, 45505, 45507, 45562, 45564 or 45565 applies—single surgeon

(H) (Anaes.) (Assist.)

Fee: \$3216.55 Benefit: 75% = \$2412.45

Private Health Insurance Classification:

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

45568 (Amended)

Tissue expander, removal of, **with including** complete excision of fibrous capsule **if performed** (H) (Anaes.)(Assist.)

Fee: \$485.95 Benefit: 75% = \$364.50

Private Health Insurance Classification:

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

45569 (Delete)

~~Closure of abdomen with reconstruction of umbilicus, with or without lipectomy, being a service associated with items 45562, 45530, 45564 or 45565 (H) (Anaes.) (Assist.)~~

45570 (Delete)

~~Closure of abdomen, repair of musculoaponeurotic layer, being a service associated with item 45569 (Anaes.) (Assist.)~~

45571 (New)

Closure of abdomen with reconstruction of umbilicus, with or without lipectomy, to be used following the harvest of an autologous flap, being a service associated with a service to which item 45530, 45531, 45562, 45564, 45565 or 45567 applies, including repair of the musculoaponeurotic layer of the abdomen (including insertion of prosthetic mesh if used) (H) (Anaes.) (Assist.)

Fee: \$1133.55 Benefit: 75% = \$850.20

Private Health Insurance Classification:

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

45572 (Amended)

Intra-operative tissue expansion **using a prosthetic tissue expander**, performed **under general anaesthetic or intravenous sedation** during an operation if combined with a service to which another item in Group T8 applies (including expansion injections), **not to be used for breast tissue expansion and excluding treatment of male pattern baldness** (Anaes.)

Fee: \$319.45 Benefit: 75% = \$239.60 85% = \$271.55

Private Health Insurance Classification:

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

45581 (Amended)

Facial nerve **palsy paralysis**, excision of tissue for (Anaes.)

Fee: \$303.15 Benefit: 75% = \$227.40 85% = \$257.70

Private Health Insurance Classification:

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

45614 (Amended)

Eyelid, **whole thickness** reconstruction ~~of, other than by direct suture only~~ **of a defect (greater than one quarter of the length of the lid) involving all 3 layers of the eyelid, if unable to be closed by direct suture or wedge excision, including all flaps and grafts that may be required** (Anaes.) (Assist.)

Fee: **\$913.50** Benefit: 75% = **\$685.15** 85% = **\$820.30**

Private Health Insurance Classification:

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

45665 (Amended)

Lip, eyelid or ear, full thickness wedge excision of, with repair by direct sutures, **excluding eyelid wedge when performed in conjunction with a cosmetic eyelid procedure** (Anaes.)

Fee: \$357.10 Benefit: 75% = \$267.85 85% = \$303.55

Private Health Insurance Classification:

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

45671 (Amended)

Lip or eyelid reconstruction: ~~using full thickness flap (Abbe or similar)~~, **single stage or first stage of a two-stage flap reconstruction of a defect involving all three layers of tissue if the flap is switched from the opposing lip or eyelid respectively** (Anaes.) (Assist.)

Fee: \$913.50 Benefit: 75% = \$685.15 85% = \$820.30

Private Health Insurance Classification:

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

45674 (Amended)

Lip or eyelid reconstruction: ~~using full thickness flap (Abbe or similar)~~, second stage of a two-stage flap reconstruction, division of the pedicle and inset of flap and closure of the donor (Anaes.)

Fee: \$265.70 Benefit: 75% = \$199.30 85% = \$225.85

Private Health Insurance Classification:

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

46050 (New)

Perforator flap, raising on a named source vessel, for pedicled transfer for head or neck or other non-breast reconstruction. (H) (Anaes) (Assist)

Fee: \$861.50 Benefit: 75% = \$646.15

Private Health Insurance Classification:

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

46052 (New)

Perforator flap, such as anterolateral thigh flap or similar, raising in preparation for microsurgical transfer of a free flap for head or neck or other non-breast reconstruction (H) (Anaes) (Assist)

Fee: \$271.90 Benefit: 75% = \$203.95

Private Health Insurance Classification:

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

46060 (New)

Free transfer of tissue with a vascularised bone component (including chimeric/composite flap), for the repair of major defect of the head or neck or other non-breast defect, all necessary elements of the operation, including (but not limited to):

- (a) anastomoses of all required vessels using microvascular techniques; and**
- (b) harvesting of flap (including osteotomies); and**
- (c) raising of tissue on a vascular pedicle; and**
- (d) preparation of recipient vessels; and**
- (e) transfer of tissue, including fixation of bony element and inset of tissue at recipient site; and**

(f) direct repair of secondary cutaneous defect, if performed;

other than the following:

(g) bony reshaping for purposes of reconstruction of maxilla, mandible or skull base; or

(h) a service associated with a service to which item 30166, 30169, 30175, 30176, 30177, 30179, 45501, 45502, 45504, 45505 or 45562 applies—single surgeon (H) (Anaes.) (Assist.)

Fee: \$2915.50 Benefit: 75% = \$2186.65

Private Health Insurance Classification:

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

46062 (New)

Free transfer of tissue with a vascularised bone component (including chimeric/composite flap), for the repair of major defect of the head or neck or other non-breast defect, all necessary elements of the operation, including (but not limited to):

(a) anastomoses of all required vessels using microvascular techniques; and

(b) harvesting of flap (including osteotomies); and

(c) raising of tissue on a vascular pedicle; and

(d) preparation of recipient vessels; and

(e) transfer of tissue, including fixation of bony element and inset of tissue at recipient site; and

(f) direct repair of secondary cutaneous defect, if performed;

other than the following:

(g) bony reshaping for purposes of reconstruction of maxilla, mandible or skull base; or

(h) a service associated with a service to which item 30166, 30169, 30175, 30176, 30177, 30179, 45501, 45502, 45504, 45505 or 45562 applies—conjoint surgery, principal specialist surgeon (H) (Anaes.) (Assist.)

Fee: \$2788.80 Benefit: 75% = \$2091.60

Private Health Insurance Classification:

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

46064 (New)

Free transfer of tissue with a vascularised bone component (including chimeric/composite flap), for the repair of major defect of the head or neck or other non-breast defect, all necessary elements of the operation, including (but not limited to):

(a) anastomoses of all required vessels using microvascular techniques; and

(b) harvesting of flap (including osteotomies); and

- (c) raising of tissue on a vascular pedicle; and
- (d) preparation of recipient vessels; and
- (e) transfer of tissue, including fixation of bony element and inset of tissue at recipient site; and
- (f) direct repair of secondary cutaneous defect, if performed;

other than the following:

- (g) or
- (h) a service associated with a service to which item 30166, 30169, 30175, 30176, 30177, 30179, 45501, 45502, 45504, 45505 or 45562 applies—conjoint surgery, conjoint specialist surgeon (H) (Anaes.) (Assist.)

Fee: \$2091.70 Benefit: 75% = \$1568.80

Private Health Insurance Classification:

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

46066 (New)

Double free flap, including one free transfer of tissue with a vascularized bone component, for the repair of major defect of the head or neck or other non-breast defect, all necessary elements of the operation, including (but not limited to):

- (a) anastomoses of all required vessels using microvascular techniques; and
- (b) harvesting of flap (including osteotomies); and
- (c) raising of tissue on a vascular pedicle; and
- (d) preparation of recipient vessels; and
- (e) transfer of tissue, including fixation of bony element and inset of tissue at recipient site; and
- (f) direct repair of secondary cutaneous defect, if performed;

other than the following:

- (g) bony reshaping for purposes of reconstruction of maxilla, mandible or skull base; or
- (h) a service associated with a service to which item 30166, 30169, 30175, 30176, 30177, 30179, 45501, 45502, 45504, 45505 or 45562 applies—conjoint surgery, principal specialist surgeon (H) (Anaes.) (Assist.)

Fee: \$4183.15 Benefit: 75% = \$3137.40

Private Health Insurance Classification:

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

46068 (New)

Double free flap, including one free transfer of tissue with a vascularized bone component, for the repair of major defect of the head or neck or other non-breast defect, all necessary elements of the operation, including (but not limited to):

- (a) anastomoses of all required vessels using microvascular techniques; and**
- (b) harvesting of flap (including osteotomies); and**
- (c) raising of tissue on a vascular pedicle; and**
- (d) preparation of recipient vessels; and**
- (e) transfer of tissue, including fixation of bony element and inset of tissue at recipient site; and**
- (f) direct repair of secondary cutaneous defect, if performed;**

other than the following:

- (g) bony reshaping for purposes of reconstruction of maxilla, mandible or skull base;**
- (i) a service associated with a service to which item 30166, 30169, 30175, 30176, 30177, 30179, 45501, 45502, 45504, 45505 or 45562 applies—conjoint surgery, conjoint specialist surgeon (H) (Anaes.) (Assist.)**

Fee: \$3137.55 Benefit: 75% = \$2353.20

Private Health Insurance Classification:

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

46070 (New)

Double free flap, including 2 free transfers of tissue (reconstructive surgery) for the repair of major tissue defect, involving anastomoses of all required vessels using microvascular techniques, all necessary elements of the operation, including (but not limited to):

- (a) raising each flap of tissue on a separate vascular pedicle; and**
- (b) preparation of recipient vessels; and**
- (c) transfer of tissue; and**
- (d) inset of tissue at recipient site; and**
- (e) direct repair of secondary cutaneous defect, if performed;**

other than a service:

- (f) performed in the context of breast reconstruction; or**
- (g) associated with a service to which item 30166, 30169, 30175, 30176, 30177, 30179, 45501, 45502, 45504, 45505 or 45562 applies—conjoint surgery, principal specialist surgeon (H) (Anaes.) (Assist.)**

Fee: \$4138.15 Benefit: 75% = \$3137.40

Private Health Insurance Classification:

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

- Procedure type: **Type A Advanced Surgical**

46072 (New)

Double free flap, including 2 free transfers of tissue (reconstructive surgery) for the repair of major tissue defect, involving anastomoses of all required vessels using microvascular techniques, all necessary elements of the operation, including (but not limited to):

- (a) raising each flap of tissue on a separate vascular pedicle; and
- (b) preparation of recipient vessels; and
- (c) transfer of tissue; and
- (d) inset of tissue at recipient site; and
- (e) direct repair of secondary cutaneous defect, if performed;

other than a service:

- (f) performed in the context of breast reconstruction; or
- (g) associated with a service to which item 30166, 30169, 30175, 30176, 30177, 30179, 45501, 45502, 45504, 45505 or 45562 applies—conjoint surgery, conjoint specialist surgeon (H) (Anaes.) (Assist.)

Fee: \$3137.55 Benefit: 75% = \$2353.20

Private Health Insurance Classification:

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

Explanatory Notes

TN.8.266 - Free Grafting - Split Skin and Full Thickness (Items 45440, 45443, and 45451)

In relation to items 45440, 45443 and 45451, each site, where there is an excision of a lesion and a skin graft (or a skin graft without an excision at the same sitting), is considered a separate procedure. The site of each procedure should be clear in the patient records.

Item 45451 is not to be used for small punch grafts. Defects with an average diameter of less than 5 mm can generally be closed by direct suturing.

Related Items: 45440, 45443 and 45451

TN.8.268 - Dissection of Perforator Flaps (Items 46050 and 46052)

Item 46050 represents a complete stand-alone procedure.

Item 46052 is to be performed alongside a microsurgical procedure.

Related Items: 46050 and 46052

TN.8.271 - Direct and Indirect Flap (Items 45209 and 45212)

Item 45209, for the first stage of multistage flap repair procedure, should always be performed in hospital.

Item 45212, for the second or third stage of multistage flap repair procedure, would generally be performed under sedation or general anaesthetic in hospital, with the exceptional of flap division, which can be performed under local anaesthetic out of hospital.

Related Items: 45209 and 45212

TN.8.276 - Abdominoplasty for abdominal wall defects (30175)

In the context of eligibility for item 30175, acceptable examples of conservative non-surgical treatment must include physiotherapy, however could also include symptomatic management with pain medication, lower back braces, lifestyle changes and/or exercise.

MBS benefits are not available for surgery performed for cosmetic purposes.

Diagnostic imaging refers to imaging provided by a radiology provider. Diagnostic imaging reports, symptoms of pain and discomfort, and failure to respond to non-surgical conservative treatment must be documented in patient notes.

Related items: 30175

Quick Reference Table

	Amended
30175	Update co-claiming restrictions.
30176	Update co-claiming restrictions and update terminology
30177	Update co-claiming restrictions and update terminology.
30179	Update co-claiming restrictions and update terminology.
30651	Update co-claiming restrictions.
30655	Update co-claiming restrictions.
31220	Expand scope.
31225	Expand scope.
31345	To specify maximum diameter of lipoma.

45006	Prevent claiming in the context of breast reconstruction (due to new items for this purpose).
45012	Prevent claiming in the context of breast reconstruction (due to new items for this purpose) and increase the schedule fee to better reflect complexity.
45021	Clarify use, limit claiming frequency, include requirement for photographic evidence and consolidate with item 45024.
45209	Clarify use, consolidate with item 45215 and indicate that this service is the first stage in a multistage process.
45212	Clarify use, consolidate with item 45218 and to indicate that this service is the second or third stage of flap repair.
45239	Consolidate with item 45240, introduce co-claiming restrictions and limit to one claim per flap.
45451	Restrict use.
45500	Restrict claiming of this service to either an artery or a vein.
45501	Provide for anastomosis of a single artery or vein to allow for circumstances of conjoint surgery where each surgeon performs anastomosis of either an artery or a vein.
45502	Provide for anastomoses of both a vein and artery, with an increased schedule fee for the combined service.
45503	Clarify use and restrict use in the context of cardiac surgery.
45504	Specify that the service is for anastomosis of either an artery or vein/s and prevent claiming for the purpose of breast reconstruction (due to new items for this purpose).
45505	Provide for microvascular anastomoses of an artery and vein/s and increase schedule fee for the combined service, and prevent claiming for the purpose of breast reconstruction (due to new items for this purpose).
45515	Clarify use and include a requirement for recording photographic evidence.
45518	Clarify use and include a requirement for recording photographic evidence.
45561	Better describe the service.

45562	Better describe the service and to exclude claiming in the context of breast reconstruction (due to new items for this purpose).
45563	To better describe the service.
45564	To align with contemporary clinical best practice and exclude claiming in the context of breast reconstruction (due to new items for this purpose).
45565	To align with contemporary clinical best practice and exclude claiming in the context of breast reconstruction (due to new items for this purpose).
45566	Clarify use.
45568	Expand scope.
45572	To prevent claiming for breast tissue expansion.
45581	Update terminology.
45614	Clarify appropriate use and increase the schedule fee to reflect the complexity.
45665	Clarify appropriate use.
45671	Clarify appropriate use and allow claiming for single stage procedure.
45674	Clarify appropriate use and update terminology.

	New
30166	For the excision of abdominal skin and lipectomy.
30169	For the excision of non-abdominal skin and lipectomy.
31227	For removal of a single lipoma or other subcutaneous tumour or cyst.
31344	For surgical excision of large and difficult lipomas, which may require an assistant.
31386	For the excision of malignant skin lesions from the head and neck, with an excision diameter of more than 50mm, where the excision involves at least two critical areas (eyelid, nose, ear, mouth).
31387	For the excision of malignant skin lesions from the head or neck, with an excision diameter of more than 70 mm.

31388	For the excision of malignant skin lesions from the trunk or limbs, with an excision diameter of more than 120 mm.
45440	For free grafting of small defects (consolidating items 45400, 45403, 45439, 45442, 45445 and 45448).
45443	For free grafting of large defects (consolidating items 45400, 45403, 45439, 45442, 45445 and 45448).
45507	To provide services for microvascular repair of both an artery and a vein, including anastomoses of all required vessels.
45510	New number for item 45506 for scar revision.
45567	For free tissue transfer for the repair of major tissue defect of the head and neck or other non-breast defect where a single surgeon is required to perform the procedure.
45571	Consolidating services under items 45569 and 45570 for closure of abdomen.
46050	For dissection of a pedicled perforator flap.
46052	For dissection of a free perforator flap.
46060	For a free flap with a bony component – single surgeon.
46062	For a free flap with a bony component – principal surgeon.
46064	For a free flap with a bony component – conjoint surgeon.
46066	For double free flaps where at least one has a bony component – principal surgeon.
46068	For double free flaps where at least one has a bony component - conjoint surgeon.
46070	For double free flaps (no bony component) - principal surgeon.
46072	For double free flaps (no bony component) - conjoint surgeon.

Deleted

30165, 30168, 30171, 30172, 45024, 45215, 45218, 45236, 45240, 45400, 45403, 45439, 45442, 45445, 45448, 45506, 45569, 45570

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.