



Lower Limb Surgery Guidelines

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Background

WorkCover Queensland monitors trends in the treatment and use of item codes through analysis of state-wide data. This helps us to ensure injured workers receive optimal quality of care and their return to work outcomes are maximised, whilst maintaining a financially viable scheme that also balances costs for employers.

These guidelines have been prepared to provide treatment and billing guidance. Please use the relevant item numbers/codes in these guidelines when completing the [Request for surgery approval form](#). WorkCover will refer to these guidelines when approving requests and invoices for upper limb surgery.

Conditions detailed in the explanatory notes of the Medicare Benefits Schedule (MBS) also apply to the medical items schedule of fees with some exceptions, including multiple operational rule and assistant's fees. The schedule is available at workcoverqld.com.au.

Medical interventions relating to lower limb surgery have also been included in the guidelines.

Where a procedure is identified for a second opinion, WorkCover staff will seek the assistance of the Medical Advisory Panel or an Independent Medical Examiner prior to approval of surgery.

Should a medical specialist seek an exception to the guidelines, it is recommended that they contact the Customer Advisor and provide a written explanation to support the request. Further expert medical opinion may be sought by WorkCover to assist with approving surgery requests or invoices.

These guidelines will also be used for post payment data analysis to identify ongoing payment trends and issues.

WorkCover acknowledges the expertise and contribution of all stakeholders that provided comment for the review of the Lower limb surgery guidelines.

Multiple operation rule

The fees for two or more operations, other than amputations (MBS Group T8 subgroup 12), performed on a patient on the one occasion should be calculated using the following rule:

Surgical procedures:

Includes surgical procedures set out in MBS Group T8, subgroups 1 to 11, 13, 16 and 17

- 100% for the item with the greatest WorkCover fee;
- plus 50% for the item with the next greatest WorkCover fee;
- plus 25% for each other item.

Orthopaedic / Hand surgery procedures:

Includes orthopaedic procedures set out in MBS Group T8, subgroups 14 and 15

- 100% for the item with the greatest WorkCover fee;
- plus 75% for the item with the next greatest WorkCover fee;
- plus 75% for each other item.

Where a medical practitioner performs both surgical and orthopaedic procedures on the one occasion, each rule applies in its entirety to the relevant items. This will result in two items with fees at 100%.

The following table illustrates how the multiple operation rule will be applied to multiple item numbers:

MBS SUB-GROUP	100% OF FEE	ORTHOPAEDIC / HAND SURGERY 100 / 75 / 75%	SURGICAL 100 / 50 / 25%
1 to 11 (Items 30001 – 44136)			✓
12 – Amputations (Items 44325 – 44376)	✓		
13 – Plastic and Recon Surgery (Items 45000 – 45996)			✓
14 – Hand Surgery (Items 46300 – 46534)		✓	
15 – Orthopaedic (Items 47000 – 50658)		✓	
16 – Radiofrequency and Microwave Tissue Ablation			✓
17 – Spinal Surgery (Items 51011 – 51171)			✓

MBS item codes

Hip procedures

MBS ITEM CODE	DESCRIPTOR	CLINICAL INDICATION
44370	Amputation at hip. (Anaes.) (Assist.)	Uncommon in WorkCover setting. Usually performed as an emergency procedure.
47047	Treatment of prosthetic dislocation of the hip by closed reduction. (Anaes.) (Assist.)	
47049	Treatment of prosthetic dislocation of hip by open reduction. (Anaes.) (Assist.)	
47052	Hip, treatment of native dislocation by closed reduction. (Anaes.) (Assist.)	
47053	Hip, treatment of native dislocation by open reduction with internal fixation (if performed). (Anaes.) (Assist.)	
47474	Pelvic Ring, treatment of fracture of, not involving disruption of pelvic ring or acetabulum.	
47477	Pelvic Ring, treatment of fracture of, with disruption of pelvic ring or acetabulum.	
47480	Pelvic Ring, treatment of fracture of, requiring traction. (Anaes.) (Assist.)	
47483	Pelvic Ring, treatment of fracture of, requiring control by external fixation. (Anaes.) (Assist.)	
47486	Treatment of fracture of anterior pelvic ring, sacroiliac joint disruption, either or both, by open reduction requiring internal fixation. (Anaes.) (Assist.)	

MBS ITEM CODE	DESCRIPTOR	CLINICAL INDICATION
47489	Treatment of fracture of posterior pelvic ring, sacroiliac joint disruption, either or both, by open reduction and requiring internal fixation. (Anaes.) (Assist.)	
47491	Combined anterior and posterior pelvic ring disruption, including sacroiliac joint disruption, treatment of fracture by open reduction and internal fixation of both anterior and posterior ring segments. (Anaes.) (Assist.)	
47495	Acetabulum, treatment of fracture of, and associated dislocation of hip, application and management of traction if applied. Excludes aftercare. (Anaes.) (Assist.)	Only approve for acute trauma cases.
47498	Treatment of isolated posterior wall fracture of Acetabulum, and associated dislocation of the hip by open reduction, requiring internal fixation. Inclusive of the use of traction, if performed. (Anaes.) (Assist.)	Only approve for acute trauma cases.
47501	Treatment of anterior or posterior column fracture of Acetabulum by open reduction and requiring internal fixation. Inclusive of, if performed: i) osteotomy ii) capsulotomy iii) capsular stabilisation required for exposure and subsequent repair. (Anaes.) (Assist.)	
47540	Hip spica or shoulder spica, application of, as an independent procedure. (Anaes.)	WorkCover will seek justification for use of item code from the requesting practitioner and will seek a second opinion if this procedure is requested.

MBS ITEM CODE	DESCRIPTOR	CLINICAL INDICATION
47511	Treatment of combined column T-Type. Transverse, anterior column and posterior hemitransverse fracture of Acetabulum by open reduction with internal fixation. Must be performed through single or dual approach including fixation of the posterior wall fracture. Inclusive of, if performed: i) osteotomy ii) capsulotomy iii) capsular stabilisation. (Anaes.) (Assist.)	
47514	Treatment of both posterior wall fracture of acetabulum and associated femoral head fracture by open reduction with internal fixation. (Anaes.) (Assist.)	
48423	Pelvic osteotomy in a patient aged 18 years or over, Inclusive of, if performed: i) internal fixation ii) bone grafting iii) any associated intraarticular procedures. (Anaes.) (Assist.)	WorkCover will seek justification for use of item code from the requesting practitioner and will seek a second opinion if this procedure is requested.
48424	Pelvic osteotomy inclusive of internal fixation, if performed, and including the application of a hip spica. Claimable for patients less than 18 years of age. (Anaes.) (Assist.)	No benefit payable for items 48245, 48248, 48251, 48254 and 48257 if performed on the same occasion. WorkCover will seek justification for use of item code from the requesting practitioner and will seek a second opinion if this procedure is requested.
49300	Sacroiliac Joint, arthrodesis of. (Anaes.) (Assist.)	WorkCover will seek justification for use of item code from the requesting practitioner and will seek a second opinion if this procedure is requested.
49303	Open arthrotomy of hip. Inclusive of, if performed: i) lavage ii) drainage iii) biopsy. (Anaes.) (Assist.)	Only approved for acute trauma cases. If requested for an infected hip, WorkCover will seek justification for use of item code from the requesting practitioner and may seek a second opinion if this procedure is requested.

MBS ITEM CODE	DESCRIPTOR	CLINICAL INDICATION
49306	Hip, arthrodesis of, with synovectomy if performed. (Anaes.) (Assist.)	WorkCover will seek justification for use of item code from the requesting practitioner and will seek a second opinion if this procedure is requested.
49309	Arthrectomy or excision arthroplasty (Girdlestone) of hip. (Anaes.) (Assist.)	Not to be claimed for the purpose of implant removal or as stage 1 of a 2-stage procedure. WorkCover will seek justification for use of item code from the requesting practitioner and will seek a second opinion if this procedure is requested.
49315	Hip, arthroplasty of, unipolar or bipolar. (Anaes.) (Assist.)	WorkCover will seek justification for use of item code from the requesting practitioner and will seek a second opinion if this procedure is requested.
49318	Total arthroplasty of hip. Inclusive of minor bone grafting, if performed. (Anaes.) (Assist.)	No benefit payable for items 48245, 48248, 48251, 48254 and 48257 apply if performed on the same occasion. WorkCover will seek justification for use of item code from the requesting practitioner and will seek a second opinion if this procedure is requested.
49319	Bilateral total arthroplasty of hip. Inclusive of minor bone grafting, if performed. — bilateral. (Anaes.) (Assist.)	No benefit payable for items 48245, 48248, 48251, 48254 and 48257 if performed on the same occasion. WorkCover will seek justification for use of item code from the requesting practitioner and will seek a second opinion if this procedure is requested.
49321	Hip, total arthroplasty of, with internal fixation, including either or both (if performed): structural bone graft and insertion of synthetic substitutes or metal augments. (Anaes.) (Assist.)	Item may be used in acute trauma setting (e.g. Fractured neck of femur) and prior approval may not be possible. No benefit payable for items 48245, 48248, 48251, 48254 or 48257 if performed on the same occasion. WorkCover will seek justification for use of item code from the requesting practitioner and will seek a second opinion if this procedure is requested.

MBS ITEM CODE	DESCRIPTOR	CLINICAL INDICATION
49360	Diagnostic arthroscopy of hip. (Anaes.) (Assist.)	No benefit payable for any other arthroscopic procedure of the hip joint if performed on the same occasion. WorkCover will seek justification for use of item code from the requesting practitioner and will seek a second opinion if this procedure is requested.
49372	Revision arthroplasty of hip involving exchange of either or both head/liner. (Anaes.) (Assist.)	WorkCover will seek justification from the requesting practitioner and will require a second opinion before this item is approved.
49374	Revision arthroplasty of hip involving exchange of head and acetabular shell or cup. Inclusive of minor bone grafting, if performed. (Anaes.) (Assist.)	WorkCover will seek justification from the requesting practitioner and will require a second opinion before this item is approved.
49376	Revision arthroplasty of hip involving exchange of head and acetabular shell or cup. Inclusive of major bone grafting, if performed. (Anaes.) (Assist.)	WorkCover will seek justification from the requesting practitioner and will require a second opinion before this item is approved.
49378	Revision arthroplasty of hip involving revision of femoral component without requirement for femoral osteotomy. Inclusive of minor bone grafting, if performed. (Anaes.) (Assist.)	WorkCover will seek justification from the requesting practitioner and will require a second opinion before this item is approved.
49380	Revision arthroplasty of hip involving revision of femoral and acetabular components without requirement for femoral osteotomy. Inclusive of minor bone grafting, if performed. (Anaes.) (Assist.)	WorkCover will seek justification from the requesting practitioner and will require a second opinion before this item is approved.
49382	Revision arthroplasty of hip involving the revision of femoral and acetabular components without requirement for femoral osteotomy. (Anaes.) (Assist.)	Claimable only if major bone grafting is performed. WorkCover will seek justification from the requesting practitioner and will require a second opinion before this item is approved.

MBS ITEM CODE	DESCRIPTOR	CLINICAL INDICATION
49384	Revision arthroplasty of hip for pelvic discontinuity, with revision of acetabular component. (Anaes.) (Assist.)	WorkCover will seek justification from the requesting practitioner and will require a second opinion before this item is approved.
49386	Revision arthroplasty of hip involving revision of femoral component with femoral osteotomy. Inclusive of minor bone grafting, if performed. (Anaes.) (Assist.)	WorkCover will seek justification from the requesting practitioner and will require a second opinion before this item is approved.
49388	Revision arthroplasty of hip involving revision of femoral component with femoral osteotomy and revision of acetabular component. Inclusive of minor bone grafting, if performed. (Anaes.) (Assist.)	WorkCover will seek justification from the requesting practitioner and will require a second opinion before this item is approved.
49390	Revision arthroplasty of hip involving the revision of femoral component with femoral osteotomy and revision of acetabular component. Requiring major bone grafting. (Anaes.) (Assist.)	WorkCover will seek justification from the requesting practitioner and will require a second opinion before this item is approved.
49392	Revision arthroplasty of hip involving revision of femoral component with femoral osteotomy or proximal femoral replacement. Requiring revision of acetabular component for pelvic discontinuity. (Anaes.) (Assist.)	WorkCover will seek justification from the requesting practitioner and will require a second opinion before this item is approved.
49394	Revision arthroplasty of hip involving replacement of the proximal femur and revision of the acetabular component. Inclusive of bone grafting, if performed. (Anaes.) (Assist.)	WorkCover will seek justification from the requesting practitioner and will require a second opinion before this item is approved.
49396	Revision arthroplasty of hip involving removal of prosthesis as stage 1 of a 2-stage revision arthroplasty or as a definitive stage procedure. Inclusive of insertion of temporary prosthesis, if performed. (Anaes.) (Assist.)	WorkCover will seek justification from the requesting practitioner and will require a second opinion before this item is approved.

MBS ITEM CODE	DESCRIPTOR	CLINICAL INDICATION
49398	Revision arthroplasty of hip involving revision of femoral component for periprosthetic fracture. Requiring internal fixation. Inclusive of bone grafting, if performed. (Anaes.) (Assist.)	WorkCover will seek justification from the requesting practitioner and will require a second opinion before this item is approved.
50107	Open stabilisation of hip joint. Involving one or more of: i) repair of capsule ii) labrum iii) capsulorrhaphy iv) repair of ligament v) internal fixation. (Anaes.) (Assist.)	No benefit payable for any other item in this Group if performed on the same occasion.

Femur procedures

MBS ITEM CODE	DESCRIPTOR	CLINICAL INDICATION
47516	Femur, treatment of fracture of, by closed reduction or traction. (Anaes.) (Assist.)	
47519	Femur, treatment of trochanteric or subcapital fracture of, by internal fixation. (Anaes.) (Assist.)	
47528	Femur, treatment of fracture of, by internal fixation or external fixation. (Anaes.) (Assist.)	
47531	Femur, treatment of fracture of shaft, by intramedullary fixation and cross fixation. (Anaes.) (Assist.)	
47534	Femur, condylar region of, treatment of intra-articular (T-shaped condylar) fracture of, requiring internal fixation, with or without internal fixation of 1 or more osteochondral fragments. (Anaes.) (Assist.)	
47537	Femur, condylar region of, treatment of fracture of, requiring internal fixation of 1 or more osteochondral fragments. (Anaes.) (Assist.)	No benefit payable for item 47534 if performed on the same occasion.
47983	Internal fixation to stabilise slipped capital femoral epiphysis. (Anaes.) (Assist.)	WorkCover will seek justification for use of item code from the requesting practitioner and will seek a second opinion if this procedure is requested.
47984	Open subcapital realignment for slipped capital femoral epiphysis. (Anaes.) (Assist.)	No benefit payable for item 48427 if performed on the same occasion. WorkCover will seek justification for use of item code from the requesting practitioner and will seek a second opinion if this procedure is requested.

MBS ITEM CODE	DESCRIPTOR	CLINICAL INDICATION
48422	Distal femoral osteotomy to alter lower limb alignment/rotation, either or both, including either or both internal/external fixation. (Anaes.) (Assist.)	WorkCover will seek justification for use of item code from the requesting practitioner and will seek a second opinion if this procedure is requested.
48426	Femoral osteotomy performed in a patient aged 18 years or over. Inclusive of, if performed: i) internal fixation ii) bone grafting. (Anaes.) (Assist.)	WorkCover will seek justification for use of item code from the requesting practitioner and will seek a second opinion if this procedure is requested.
48427	Femoral osteotomy inclusive of internal fixation if performed. Claimable for patients less than 18 years of age. (Anaes.) (Assist.)	No benefit payable for bone graft items 48245, 48248, 48251, 48254 and 48257 if performed on the same occasion. WorkCover will seek justification for use of item code from the requesting practitioner and will seek a second opinion if this procedure is requested.
48507	Epiphysiodesis in a long bone in a patient less than 18 years of age. (Anaes.) (Assist.)	WorkCover will seek justification for use of item code from the requesting practitioner and will seek a second opinion if this procedure is requested.

Knee procedures

MBS ITEM CODE	DESCRIPTOR	CLINICAL INDICATION
44367	Amputation through thigh, at knee or below knee. (Anaes.) (Assist.)	
47057	Patella, treatment of dislocation of, by closed reduction. (Anaes.)	
47579	Patella, treatment of fracture of. (Anaes.)	No benefit payable for items 47582 or 47585 if performed on the same occasion.
47054	Treatment of dislocation of knee, by closed reduction. Inclusive of application of external fixator, if performed. (Anaes.) (Assist.)	
47060	Patella, treatment of dislocation of, by open reduction. (Anaes.) (Assist.)	
47582	Treatment of fracture of Patella by internal fixation. Inclusive of bone grafting, if performed. (Anaes.) (Assist.)	No benefit payable for items 47579 and 47585 if performed on the same occasion.
47585	Treatment of proximal or distal patellar fracture by open reduction requiring internal fixation. Inclusive of, if performed: i) arthrotomy ii) removal of loose fragments iii) repair of quadriceps tendon iv) repair of the patellar tendon v) excision of patellar pole with reattachment of the tendon vi) stabilisation of the patello-femoral joint. (Anaes.) (Assist.)	
47588	Knee joint, treatment of fracture of, by internal fixation of intra-articular fractures of femoral condylar or tibial articular surfaces and requiring repair or reconstruction of 1 or more ligaments. (Anaes.) (Assist.)	

MBS ITEM CODE	DESCRIPTOR	CLINICAL INDICATION
47591	Knee joint, treatment of fracture of, by internal fixation of intra-articular fractures of femoral condylar and tibial articular surfaces and requiring repair or reconstruction of 1 or more ligaments. (Anaes.) (Assist.)	
47592	Repair, reconstruction, either or both, of acute traumatic chondral injury to distal femoral or proximal tibial articular surfaces of knee. Must utilise chondral or osteochondral implants or transfers. (Anaes.) (Assist.)	
47593	Repair, reconstruction, either or both, of acute traumatic chondral injury to distal femoral and proximal tibial articular surfaces of knee. Must utilise chondral or osteochondral implants or transfers. (Anaes.) (Assist.)	
49500	Knee, arthrotomy of, involving 1 or more of; capsular release, biopsy or lavage, or removal of loose body or foreign body. (Anaes.) (Assist.)	Indicated in trauma to the knee where a foreign body needs to be removed
49503	Arthrotomy of knee. Inclusive of one of: i) meniscal surgery ii) repair of collateral or cruciate ligament iii) patellectomy iv) single transfer of ligament or tendon v) repair or replacement of chondral or osteochondral surface (excluding prosthetic replacement). (Anaes.) (Assist.)	No benefit payable for any other item in this Group if performed on the same occasion. Only approved for acute trauma cases.
49506	Arthrotomy of knee. Including 2 or more of: i) meniscal surgery ii) repair of collateral or cruciate ligament iii) patellectomy iv) single transfer of ligament or tendon v) repair or replacement of chondral or osteochondral surface (excluding prosthetic replacement). (Anaes.) (Assist.)	No benefit payable for any other item in this Group if performed on the same occasion. Likely to be seen in acute trauma cases.

MBS ITEM CODE	DESCRIPTOR	CLINICAL INDICATION
49509	Total open synovectomy of knee. Not to be used in conjunction with arthroplasty. (Anaes.) (Assist.)	WorkCover will seek justification for use of item code from the requesting practitioner and will seek a second opinion if this procedure is requested.
49512	Primary or revision arthrodesis of knee, inclusive of method of arthrodesis. (Anaes.) (Assist.)	WorkCover will seek justification for use of item code from the requesting practitioner and will seek a second opinion if this procedure is requested.
49515	Removal of cemented or uncemented knee prosthesis, including associated cement. First stage of a two-stage procedure. Including insertion of spacer, if required. (Anaes.) (Assist.)	WorkCover will seek justification for use of item code from the requesting practitioner and will seek a second opinion if this procedure is requested.
49516	Bilateral unicompartmental arthroplasty of femur and proximal tibia of knee. (Anaes.) (Assist.)	WorkCover will seek justification for use of item code from the requesting practitioner and will seek a second opinion if this procedure is requested.
49517	Unicompartmental arthroplasty of femur and proximal tibia at knee. (Anaes.) (Assist.)	WorkCover will seek justification for use of item code from the requesting practitioner and will seek a second opinion if this procedure is requested.
49518	Total replacement arthroplasty of knee. Inclusive of, if performed: i) revision of patello-femoral joint replacement to total knee replacement ii) patellar resurfacing. (Anaes.) (Assist.)	No benefits payable for items 48245, 48248, 48251, 48254 or 48257 if performed on the same occasion. WorkCover will seek justification for use of item code from the requesting practitioner and will seek a second opinion if this procedure is requested.
49519	Bilateral total replacement arthroplasty of knee, inclusive of patellar resurfacing. (Anaes.) (Assist.)	No benefit payable for items 48245, 48248, 48251, 48254 or 48257 if performed on the same occasion. WorkCover will seek justification for use of item code from the requesting practitioner and will seek a second opinion if this procedure is requested.

MBS ITEM CODE	DESCRIPTOR	CLINICAL INDICATION
49521	Complex primary arthroplasty of knee, requiring revision components to femur or tibia, inclusive of, if performed: i) ligament reconstruction ii) patellar resurfacing. (Anaes.) (Assist.)	No benefit payable for items 48245, 48248, 48251, 48254 or 48257 if performed on the same occasion. WorkCover will seek justification for use of item code from the requesting practitioner and will seek a second opinion if this procedure is requested.
49524	Complex primary arthroplasty of knee, requiring revision components to femur and tibia. Inclusive of, if performed: i) ligament reconstruction ii) patellar resurfacing. (Anaes.) (Assist.)	No benefit payable for items 48245, 48248, 48251, 48254 or 48257 if performed on the same occasion. WorkCover will seek justification for use of item code from the requesting practitioner and will seek a second opinion if this procedure is requested.
49525	Revision of unicompartmental arthroplasty of the knee with either or both femoral/tibial components with unicompartmental implants. (Anaes.) (Assist.)	No benefit payable for items 48245, 48248, 48251, 48254, 48257 or any other knee items within this group if performed on the same occasion. WorkCover will seek justification for use of item code from the requesting practitioner and will seek a second opinion if this procedure is requested.
49527	Minor revision of total or partial replacement of the knee, exchange of polyethylene component (including uni), insertion of patellar component, either or both. (Anaes.) (Assist.)	No benefit payable for items 48245, 48248, 48251, 48254 or 48257 if performed on the same occasion. WorkCover will seek justification for use of item code from the requesting practitioner and will seek a second opinion if this procedure is requested.
49530	Revision of total or partial replacement of knee, specifically exchange of either femoral or tibial component. Excluding revision of unicompartmental with unicompartmental implants. Inclusive of patellar resurfacing if performed. (Anaes.) (Assist.)	No benefit payable for items 48245, 48248, 48251, 48254 or 48257 if performed on the same occasion. WorkCover will seek justification for use of item code from the requesting practitioner and will seek a second opinion if this procedure is requested.

MBS ITEM CODE	DESCRIPTOR	CLINICAL INDICATION
49533	Revision of total or partial replacement of knee, specifically exchange of femoral or tibial components. Excluding revision of unicompartmental with unicompartmental implants. Inclusive of patellar resurfacing if performed. (Anaes.) (Assist.)	No benefit payable for items 48245, 48248, 48251, 48254 or 48257 if performed on the same occasion. WorkCover will seek justification for use of item code from the requesting practitioner and will seek a second opinion if this procedure is requested.
49534	Patello-femoral joint of the knee, replacement of patella and trochlea, as a primary procedure. (Anaes.) (Assist.)	WorkCover will seek justification for use of item code from the requesting practitioner and will seek a second opinion if this procedure is requested.
49536	Either or both open or arthroscopic repair of either cruciate or collateral ligaments, or reconstruction of collateral ligament or ligaments. Inclusive of, if performed: i) graft harvest ii) any associated intraarticular knee surgery. (Anaes.) (Assist.)	No benefit payable for any other arthroscopic procedure of the knee if performed on the same occasion, except for the circumstances noted below: May be used with 49542 only in the following circumstances: For ACL or PCL reconstruction with a collateral reconstruction such as medial, lateral or posterolateral ligament complexes. This requires prior approval from WorkCover. May be used with 49542 (x2) only in the following circumstance: For ACL and PCL reconstruction with a collateral reconstruction such as medial, lateral or posterolateral ligament complexes. This requires prior approval from WorkCover and will be considered on a case by case basis. WorkCover will seek justification for use of item code from the requesting practitioner and will seek a second opinion if this procedure is requested.

MBS ITEM CODE	DESCRIPTOR	CLINICAL INDICATION
49542	Either or both open or arthroscopic reconstruction of either anterior cruciate ligament or posterior cruciate ligament. Inclusive of, if performed: i) graft harvest ii) donor site repair iii) meniscal repair iv) collateral ligament repair v) extraarticular tenodesis vi) any other associated intraarticular surgery. Other than a service associated with another arthroscopic procedure of the knee. (Anaes.) (Assist.)	This is for a standard ACL reconstruction or isolated PCL ligament repair. Not being a service associated with any other arthroscopic procedure of the knee, with the exception of the circumstances noted below: May be used with 49536 only in the following circumstances: For ACL or PCL reconstruction with a collateral reconstruction such as medial, lateral or posterolateral ligament complexes. This requires prior approval from WorkCover May use 49542 (x2) with 49536 only in the following circumstance: For ACL and PCL reconstruction with a collateral reconstruction such as medial, lateral or posterolateral ligament complexes. This requires prior approval from WorkCover and will be considered on a case by case basis. WorkCover will seek justification for use of item code from the requesting practitioner and will seek a second opinion if this procedure is requested.
49544	Either or both open or arthroscopic reconstruction of two or more cruciate or collateral ligaments of the knee. Inclusive of, if performed: i) ligament repair ii) graft harvest donor site repair iii) meniscal repair iv) any other associated intraarticular surgery. (Anaes.) (Assist.)	No benefit payable for any other arthroscopic procedure of the knee if performed on the same occasion
49548	Knee, revision of patello-femoral stabilisation. (Anaes.) (Assist.)	WorkCover will seek justification for use of item code from the requesting practitioner and will seek a second opinion if this procedure is requested.
49551	Knee, revision of procedures to which item 49536 or 49542 applies.	May be seen with 47927 (x2 – if removing screws from tibia and femur) or 48239 (x2 if revision involves patellar tendon graft). WorkCover will seek justification for use of item code from the requesting practitioner and will seek a second opinion if this procedure is requested.

MBS ITEM CODE	DESCRIPTOR	CLINICAL INDICATION
49554	Revision of total replacement of knee by anatomic specific allograft of tibia or femur. (Anaes.) (Assist.)	No benefit payable for items 48245, 48248, 48251, 48254 or 48257 if performed on the same occasion. WorkCover will seek justification for use of item code from the requesting practitioner and will seek a second opinion if this procedure is requested.
49564	Combined arthroscopic and open patella-femoral reconstruction of knee requiring both medial soft tissue reconstruction and tibial tuberosity transfer. Inclusive of, if performed: i) bone graft ii) internal fixation iii) trochleoplasty. (Anaes.) (Assist.)	No benefit payable for any other arthroscopic procedure of the knee if performed on the same occasion. May be used with 47966 (Tendon or ligament transfer) where patella realignment is performed with a medial patellofemoral ligament reconstruction. May only be approved when the work-related injury is the primary traumatic event leading to the development of chronic patellofemoral instability.
49565	Combined arthroscopic and open patella-femoral reconstruction of knee requiring both medial soft tissue reconstruction and tibial tuberosity transfer. Inclusive of, if performed: i) bone graft ii) internal fixation iii) trochleoplasty. (Anaes.) (Assist.)	No benefit payable for any other arthroscopic procedure of the knee if performed on the same occasion. WorkCover will seek justification for use of item code from the requesting practitioner and may seek a second opinion if this procedure is requested.
49570	Diagnostic knee arthroscopy where the pre-procedure diagnosis is undetermined. Inclusive of, if performed: i) biopsy ii) lavage. (Anaes.) (Assist.)	Can be approved without further justification in acute trauma cases. In all non-acute cases: WorkCover will seek justification for use of item code from the requesting practitioner and will seek a second opinion if this procedure is requested.
49572	Arthroscopic partial meniscectomy for atraumatic meniscus tear of knee. (Anaes.) (Assist.)	Not to be used in cases of osteoarthritis. WorkCover will seek justification for use of item code from the requesting practitioner and may seek a second opinion if this procedure is requested.

MBS ITEM CODE	DESCRIPTOR	CLINICAL INDICATION
49574	Arthroscopic removal of loose body or bodies of knee-one or more bodies. (Anaes.) (Assist.)	WorkCover will seek justification for use of item code from the requesting practitioner and may seek a second opinion if this procedure is requested.
49576	Arthroscopic reparative surgery for chondral lesion of knee. Inclusive of, if performed: i) microfracture ii) microdrilling. (Anaes.) (Assist.)	Not to be combined with chondral graft or osteochondral grafts. WorkCover will seek justification for use of item code from the requesting practitioner if this procedure is requested.
49578	Arthroscopic release soft tissue, lateral release or osteoplasty of knee. (Anaes.) (Assist.)	Not to be combined with patello-femoral joint stabilisation. WorkCover will seek justification for use of item code from the requesting practitioner and will seek a second opinion if this procedure is requested.
49580	Arthroscopic partial meniscectomy of traumatic meniscus tear of knee. (Anaes.) (Assist.)	WorkCover will seek justification for use of item code from the requesting practitioner and will seek a second opinion if this procedure is requested.
49582	Arthroscopic meniscal repair of knee. (Anaes.) (Assist.)	
49584	Arthroscopic chondral graft, osteochondral graft or meniscal graft of knee. (Anaes.) (Assist.)	WorkCover will seek justification for use of item code from the requesting practitioner and will seek a second opinion if this procedure is requested.
49586	Arthroscopic synovectomy for inflammatory arthropathy, neoplasia, infective post-traumatic arthropathy or post-surgical arthropathy of knee. (Anaes.) (Assist.)	Not to be used in cases of uncomplicated osteoarthritis. WorkCover will seek justification for use of item code from the requesting practitioner and will seek a second opinion if this procedure is requested.

MBS ITEM CODE	DESCRIPTOR	CLINICAL INDICATION
49590	Open or arthroscopic excision of a ganglion, cyst, or bursa around the knee. Performed as an independent procedure. (Anaes.) (Assist.)	No benefit payable for any other service in this Group if performed on the same occasion. WorkCover will seek justification for use of item code from the requesting practitioner if this procedure is requested.
49569	Knee mobilisation for post-traumatic stiffness, by multiple muscle or tendon release (quadricepsplasty). (Anaes.) (Assist.)	WorkCover will seek justification for use of item code from the requesting practitioner and will seek a second opinion if this procedure is requested more than 2 procedures are performed.
50115	Manipulation of joint or joints, excluding spine. (Anaes.)	No benefit payable for any other service in this Group if performed on the same occasion.

Tibia and fibula procedures

MBS ITEM CODE	DESCRIPTOR	CLINICAL INDICATION
47543	Tibia, plateau of, treatment of medial or lateral fracture of. (Anaes.)	No benefit payable for items 47546 or 47549 if performed on the same occasion.
47546	Tibia, plateau of, treatment of medial or lateral fracture of, by closed reduction. (Anaes.)	
47549	Treatment of medial or lateral fracture of plateau of Tibia, by open reduction requiring internal fixation. Inclusive of, if performed: i) arthrotomy or arthroplasty ii) meniscal repair. (Anaes.) (Assist.)	
47552	Tibia, plateau of, treatment of both medial and lateral fractures of. (Anaes.) (Assist.)	No benefit payable for items 47555 or 47558 if performed on the same occasion.
47555	Tibia, plateau of, treatment of both medial and lateral fracture of, by closed reduction. (Anaes.)	
47558	Treatment of both medial and lateral fractures of Tibia, by open reduction requiring internal fixation. Inclusive of, if performed: i) arthrotomy or arthroscopy ii) meniscal repair. (Anaes.) (Assist.)	
47559	Treatment of either or both medial or lateral tibial plateau fractures with the application of a bridging external fixator to the tibial plateau. (Anaes.) (Assist.)	
47561	Tibia, shaft of, treatment of fracture of, by cast immobilisation. (Anaes.)	No benefit payable for items 47570 or 47573 if performed on the same occasion.
47568	Closed reduction of proximal or distal tibia, or tibial shaft, with or without treatment of fibular fracture. (Anaes.) (Assist.)	

MBS ITEM CODE	DESCRIPTOR	CLINICAL INDICATION
47570	Tibia, shaft of, treatment of fracture of, by open reduction, with or without treatment of fibular fracture. (Anaes.) (Assist.)	
48406	Osteotomy of the Fibula, radius, ulna, clavicle, scapula (other than acromion), rib, tarsus or carpus, for correction of deformity, including any of the following if performed: removal of bone, excision of surrounding osteophytes, synovectomy and joint release—one bone. (Anaes.) (Assist.)	WorkCover will seek justification for use of item code from the requesting practitioner and will seek a second opinion if this procedure is requested.
48409	Osteotomy of the fibula, radius, ulna, clavicle, scapula (other than acromion), rib, tarsus or carpus, for correction of deformity, with internal fixation, including any of the following if performed; removal of bone, excision of surrounding osteophytes, synovectomy and joint release—one bone. (Anaes.) (Assist.)	WorkCover will seek justification for use of item code from the requesting practitioner and will seek a second opinion if this procedure is requested.
48419	Osteotomy of distal tibia for corrections of deformity without internal or external fixation. Inclusive of, if performed: i) removal of bone ii) excision of surrounding osteophytes iii) synovectomy iv) release of joint. (Anaes.) (Assist.)	Claimable once per bone. WorkCover will seek justification for use of item code from the requesting practitioner and will seek a second opinion if this procedure is requested.
48420	Osteotomy of distal tibia for corrections of deformity with internal or external fixation by any method. Inclusive of, if performed: i) removal of bone ii) excision of surrounding osteophytes iii) synovectomy iv) release of joint. (Anaes.) (Assist.)	Claimable once per bone. WorkCover will seek justification for use of item code from the requesting practitioner and will seek a second opinion if this procedure is requested.
48421	Proximal tibial osteotomy to alter lower limb alignment/rotation, either or both, with either or both internal/external fixation. (Anaes.) (Assist.)	WorkCover will seek justification for use of item code from the requesting practitioner and will seek a second opinion if this procedure is requested.

Ankle procedures

MBS ITEM CODE	DESCRIPTOR	CLINICAL INDICATION
47063	Treatment of dislocation of ankle or tarsus, by closed reduction. (Anaes.) (Assist.)	
47066	Treatment of dislocation of ankle or tarsus, by open reduction, inclusive of, if performed: i) arthrotomy at dislocation site ii) washout of joint iii) removal of loose fragments or intervening soft tissue iv) capsule repair. (Anaes.) (Assist.)	
47595	Treatment of fracture by non-surgical management of ankle joint, hindfoot, midfoot, metatarsals or toes. (Anaes.)	Claimable once per leg.
47597	Treatment of fracture of ankle joint, by closed reduction. (Anaes.) (Assist.)	Only approved for acute trauma cases.
47600	Treatment of fracture of ankle joint, by internal fixation of malleolus, fibula or diastasis. Inclusive of, if performed: i) arthrotomy at fracture site ii) washout of joint iii) removal of loose fragments or intervening soft tissue iv) capsule repair. (Anaes.) (Assist.)	Only approved for acute trauma cases.
47603	Treatment of fracture of ankle joint, by internal fixation of 2 or more of the malleolus, fibula or diastasis or medial tissue interposition. Inclusive of, if performed: i) arthrotomy at fracture site ii) washout of joint iii) removal of loose fragments or intervening soft tissue iv) capsule repair. (Anaes.) (Assist.)	Only approved for acute trauma cases.

MBS ITEM CODE	DESCRIPTOR	CLINICAL INDICATION
47612	Treatment of intra-articular fracture of hindfoot, by closed reduction, with or without dislocation. (Anaes.) (Assist.)	Only approved for acute trauma cases. Claimable once per foot .
47615	Treatment of fracture of hindfoot, by open reduction, with or without dislocation. Inclusive of, if performed: i) arthrotomy at fracture site ii) washout of joint iii) removal loose fragments iv) removal of intervening soft tissue v) capsule repair. (Anaes.) (Assist.)	Only approved for acute trauma cases. Claimable once per foot .
47618	Treatment of intra-articular fracture of hindfoot, by open reduction, with or without dislocation. Inclusive of, if performed: i) arthrotomy at fracture site ii) washout of joint iii) removal loose fragments iv) removal of intervening soft tissue v) capsule repair. (Anaes.) (Assist.)	Only approved for acute trauma cases.
49703	Arthroscopic surgery of ankle joint. Inclusive of, if performed: i) cartilage treatment ii) removal loose bodies iii) synovectomy iv) excision of joint osteophytes by arthroscopic means. (Anaes.) (Assist.)	Other than a service associated with any other arthroscopic procedure of the ankle . It is reasonable to use codes 49703 in combination with 49709 in some circumstances e.g. ankle ligament instability plus intra articular pathology (osteochondral lesion of talus/loose body) WorkCover will seek justification for use of item code 49709 from the requesting practitioner and will seek a second opinion if this procedure is requested.
49706	Ankle joint arthrotomy for infection, removal of loose body, joint debridement, release joint contracture, either or both. (Anaes.) (Assist.)	

MBS ITEM CODE	DESCRIPTOR	CLINICAL INDICATION
49709	Ligamentous stabilisation of ankle/subtalar joint, either or both. Inclusive of, if performed: i) capsulotomy ii) joint release iii) synovectomy iv) joint debridement. (Anaes.) (Assist.)	Claimable once per ligament complex. incision. May consider in cases of chronic instability that do not respond to non-operative treatment. Otherwise, WorkCover will seek justification for use of item code from the requesting practitioner and will seek a second opinion if this procedure is requested.
49712	Open or arthroscopic ankle arthrodesis with internal or external fixation by any method. Inclusive of, if performed: i) capsulotomy ii) joint release iii) synovectomy iv) removal of osteophytes at joint. (Anaes.) (Assist.)	Only approve for acute trauma cases.
49715	Total joint replacement of ankle involving prosthetic replacement of ankle joint. Inclusive of, if performed: i) capsulotomy ii) joint release iii) synovectomy iv) removal of osteophytes at joints. (Anaes.) (Assist.)	WorkCover will seek justification for use of item code from the requesting practitioner and will seek a second opinion if this procedure is requested.
49716	Revision total ankle replacement involving exchange of plastic insert, exchange of tibial/talar (either or both) component, removal of components. Inclusive of, if performed: i) insertion of a cement spacer for infection ii) capsulotomy iii) joint release iv) neurolysis v) debridement of cysts vi) synovectomy vii) joint debridement. (Anaes.) (Assist.)	No benefit payable for item 30023 if performed on the same occasion. WorkCover will seek justification for use of item code from the requesting practitioner and will seek a second opinion if this procedure is requested.

MBS ITEM CODE	DESCRIPTOR	CLINICAL INDICATION
49717	Revision total ankle replacement – involving exchange of tibial and talar components, removal of components and conversion to ankle arthrodesis, either or both, with internal or external fixation by any means, requiring major bone grafting. Inclusive of, if performed: i) capsulotomy ii) joint release iii) neurolysis iv) debridement and extensive grafting of cysts v) synovectomy vi) joint debridement. (Anaes.) (Assist.)	No benefit payable for items 30023 , 48245 , 48248 , 48251 , 48254 , or 48257 if performed on the same occasion. WorkCover will seek justification for use of item code from the requesting practitioner and will seek a second opinion if this procedure is requested.
49718	Primary repair of major ankle tendon by any method. Inclusive of synovial biopsy/synovectomy, if performed. (Anaes.) (Assist.)	Claimable once per tendon.
49724	Reconstruction of major ankle tendon by any method. Inclusive of, if performed: i) synovial biopsy/synovectomy ii) adjacent tendon transfer iii) turn down flaps. (Anaes.) (Assist.)	No benefit payable for item 49718 if performed on the same occasion. WorkCover will seek justification for use of item code from the requesting practitioner and will seek a second opinion if this procedure is requested.
49727	Lengthening of major ankle tendon. Inclusive of synovial biopsy/synovectomy, if performed. (Anaes.) (Assist.)	WorkCover will seek justification for use of item code from the requesting practitioner and will seek a second opinion if this procedure is requested.
49728	Achilles' tendon lengthening by any method, incorporating gastro-soleus lengthening for the correction of equinus deformity. Inclusive of synovial biopsy/synovectomy, if performed. (Anaes.) (Assist.)	No benefit payable for item 49727 if performed on the same occasion. Not approved in WorkCover.
50312	Ankle, synovectomy of, by arthroscopic or other means including, if performed: capsulotomy and debridement or release of ligament or tendon. (Anaes.) (Assist.)	No benefit payable for any other arthroscopic procedure of the ankle or item 49703 , if performed on the same occasion. WorkCover will seek justification for use of item code from the requesting practitioner and will seek a second opinion if this procedure is requested.

Foot procedures

MBS ITEM CODE	DESCRIPTOR	CLINICAL INDICATION
43527	Open or arthroscopic operation for septic arthritis or osteomyelitis of sternum, clavicle, rib, mandible or maxilla (other than alveolar margins), phalanx, metatarsus or tarsus. (Anaes.) (Assist.)	Claimable once per approach inclusive of the adjoining joint. This item covers all operation for septic arthritis or osteomyelitis for various regions of the body. WorkCover will seek justification for use of item code from the requesting practitioner and will seek a second opinion if this procedure is requested.
44338	Amputation of 1 digit of One foot, distal to metatarsal head. Inclusive of, if performed: i) resection of bone or joint ii) excision of neuroma iii) skin cover with homodigital flaps. (Anaes.) (Assist.)	
44342	Amputation of 2 digits of one foot, distal to metatarsal head. Inclusive of, if performed: i) resection of bone or joint ii) excision of neuroma iii) skin cover with homodigital flaps. (Anaes.) (Assist.)	
44346	Amputation of 3 digits of one foot, distal to metatarsal head. Inclusive of, if performed: i) resection of bone or joint ii) excision of neuroma iii) skin cover with homodigital flaps. (Anaes.) (Assist.)	
44350	Amputation of 4 digits of one foot, distal to metatarsal head. Inclusive of, if performed: i) resection of bone or joint ii) excision of neuroma iii) skin cover with homodigital flaps. (Anaes.) (Assist.)	

MBS ITEM CODE	DESCRIPTOR	CLINICAL INDICATION
44354	Amputation of 5 digits of one foot, distal to metatarsal head. Inclusive of, if performed: i) resection of bone or joint ii) excision of neuroma iii) skin cover with homodigital flaps. (Anaes.) (Assist.)	
44358	Amputation, ray of foot proximal to the metatarsal head. Inclusive of, if performed: i) resection of bone or joint ii) excision of neuroma iii) skin cover with homodigital flaps. (Anaes.) (Assist.)	
44359	Amputation performed for diabetic or other microvascular disease. One or more toes, or at midfoot of hindfoot. Inclusive of, if performed: i) resection of bone ii) excision of neuromas iii) excision of 1 or more bones of the foot iv) treatment of underlying infection v) skin cover or recontouring with homodigital flaps. (Anaes.) (Assist.)	Excluding aftercare. Applicable only once per foot per occasion on which the service is provided. Will need to review if the person had diabetes and acute trauma at work caused complications. WorkCover will seek justification for use of item code from the requesting practitioner and will seek a second opinion if this procedure is requested.
44361	Amputation of foot, at ankle or hindfoot. Inclusive of, if performed: i) resection of bone ii) excision of neuromas and skin cover. (Anaes.) (Assist.)	
44364	Amputation of foot, transtarsal. Inclusive of, if performed: i) resection of bone ii) excision of neuromas iii) skin cover. (Anaes.) (Assist.)	
47621	Treatment of intra-articular fracture of midfoot by closed reduction, with or without dislocation. (Anaes.) (Assist.)	Claimable once per foot .

MBS ITEM CODE	DESCRIPTOR	CLINICAL INDICATION
47624	Treatment of fracture of tarso-metatarsal by open reduction, with or without dislocation. Inclusive of, if performed: i) arthrotomy at fracture site ii) washout of joint iii) removal loose fragments iv) removal of intervening tissue v) capsule or ligament repair. (Anaes.) (Assist.)	Claimable once per joint .
47630	Treatment of fracture of cuneiform, by open reduction, with or without dislocation. Inclusive of, if performed: i) arthrotomy at fracture site ii) washout of joint iii) removal loose fragments or intervening tissue iv) capsule or ligament repair. (Anaes.) (Assist.)	Claimable once per bone .
47637	Treatment of fractures of metatarsal by closed reduction. (Anaes.) (Assist.)	Claimable once per foot .
47639	Treatment of fracture of one metatarsal, by open reduction. Including, if performed: i) removal loose fragments ii) removal intervening soft tissue. (Anaes.) (Assist.)	
47648	Treatment of fracture of two metatarsals by open reduction. Including if performed: Including, if performed: i) removal loose fragments ii) removal intervening soft tissue. (Anaes.) (Assist.)	Claimable once per foot .
47657	Treatment of fracture of three or more metatarsals by open reduction. Including if performed: i) removal loose fragments ii) removal intervening soft tissue. (Anaes.) (Assist.)	Claimable once per foot .

MBS ITEM CODE	DESCRIPTOR	CLINICAL INDICATION
47663	Treatment of fracture of phalanx of toe by closed reduction. (Anaes.)	Claimable once per toe .
47666	Treatment of fracture or dislocation of phalanx of great to by open reduction. Including if performed: i) arthrotomy at fracture site ii) washout of joint iii) removal loose fragments iv) removal of intervening soft tissue v) capsule repair. (Anaes.)	Claimable once per foot .
47672	Treatment of fracture or dislocation of phalanx of toe (other than great toe) by open reduction. Including if performed: i) arthrotomy at fracture site ii) washout of joint iii) removal loose fragments iv) removal of intervening soft tissue v) capsule repair. (Anaes.)	Claimable once per foot .
47678	Treatment of fracture or dislocation of phalanx of more than one toe (other than great toe) by open reduction. Including if performed: i) arthrotomy at fracture site ii) washout of joint iii) removal loose fragments iv) removal of intervening soft tissue v) capsule repair. (Anaes.)	Claimable once per foot .
47069	Treatment of dislocation of toe, by open reduction. (Anaes.)	Claimable once per toe .
47904	Digital nail of toe, removal of.	No benefit payable for item 47906 if performed on the same occasion.
47906	Digital nail of toe, removal of, in the operating theatre of a hospital. (Anaes.)	

MBS ITEM CODE	DESCRIPTOR	CLINICAL INDICATION
48400	Osteotomy of the Phalanx, metatarsal, accessory bone or sesamoid bone. (Anaes.) (Assist.)	Not to be used when performing joint arthroscopy (49703, 49730 or 49732), bunion correction (49827, 49830, 49833, 49836, 49837 or 49838), neurolysis (39330), wound debridement (30023) or an arthrodesis procedure unless performed at a site separate to the excluded items.
48403	Osteotomy of the phalanx or metatarsal with internal fixation. (Anaes.) (Assist.)	Not to be claimed unless performed at a separate site to the arthrodesis. 39330, 30023 and 30107 items are not to be claimed unless performed at a site separate to the arthrodesis site. WorkCover will seek justification for use of item code from the requesting practitioner and will seek a second opinion if this procedure is requested.
48430	Excision of one or more osteophytes of foot or ankle, or simple removal of bunion. Inclusive of, if performed: i) removal associated bursae or ganglion ii) excision of surrounding osteophytes iii) capsulotomy iv) synovectomy v) release ligaments/removal of bone, either or both. (Anaes.) (Assist.)	Claimable once per incision . WorkCover will seek justification for use of item code from the requesting practitioner and will seek a second opinion if this procedure is requested
48433	Operative treatment of non-union or malunion with preservation of the joint for Ankle or hindfoot fracture with internal or external fixation by any method. Inclusive of, if performed: i) arthrotomy ii) debridement of non-union iii) osteotomy iv) removal of bone v) excision of surrounding osteophytes vi) synovectomy vii) removal of hardware viii) release of joint. (Anaes.) (Assist.)	Claimable once per bone .

MBS ITEM CODE	DESCRIPTOR	CLINICAL INDICATION
49730	Arthroscopic surgery of hindfoot joint other than ankle or first metatarsophalangeal joint. Inclusive of, if performed: i) cartilage treatment ii) removal loose bodies iii) synovectomy iv) excision joint osteophytes by arthroscopic means. (Anaes.) (Assist.)	Claimable once per joint. No benefit payable for any other arthroscopic procedure of the ankle if performed on the same occasion.
49732	Endoscopy of large tendons of the foot. Including, if performed: i) debridement tendon and sheath ii) removal of loose bodies iii) synovectomy iv) excision tendon impingement by endoscopic means. (Anaes.) (Assist.)	No benefit payable for items 49718 or 49724 if performed on the same occasion.
49734	Hindfoot, midfoot or metatarsophalangeal joint arthrotomy for infection, removal loose bodies, joint debridement/release joint contracture, either or both. (Anaes.) (Assist.)	Claimable once per incision.
49736	Major tendon transfer of foot and ankle involving split or whole transfer to contralateral side of foot, passage of tendon posterior/anterior to or through interosseous membrane. Inclusive of, if performed: i) synovial biopsy/synovectomy ii) tendon lengthening iii) inserting of tendon. (Anaes.) (Assist.)	
49738	Ligamentous stabilisation of talonavicular joint or tarsometatarsophalangeal joint. Inclusive of, if performed: i) capsulotomy ii) joint release iii) synovectomy iv) local tendon transfer v) joint debridement. (Anaes.) (Assist.)	

MBS ITEM CODE	DESCRIPTOR	CLINICAL INDICATION
49740	Revision of open or arthroscopic ankle arthrodesis with internal or external fixation by any method. Inclusive of, if performed: i) capsulotomy ii) joint release iii) synovectomy iv) removal of osteophytes at joint v) removal of hardware vi) neurolysis vii) osteotomy of non-union and malunion. (Anaes.) (Assist.)	No benefit payable for item 30023 if performed on the same occasion.
49742	Open or arthroscopic extended ankle and hindfoot arthrodesis with internal or external fixation by any method. Inclusive of, if performed: i) capsulotomy ii) joint release iii) synovectomy iv) removal of osteophytes at joint. (Anaes.) (Assist.)	
49744	Revision of open or arthroscopic extended ankle and hindfoot arthrodesis with internal or external fixation by any method. Inclusive of, if performed: i) capsulotomy ii) joint release iii) synovectomy iv) removal of osteophytes at joint v) removal of hardware, vi) neurolysis vii) osteotomy of non-union or malunion. (Anaes.) (Assist.)	No benefit payable for item 30023 if performed on the same occasion.
49760	Subtalar joint arthroereisis. Inclusive of, if performed: i) capsulotomy ii) synovectomy iii) joint debridement. (Anaes.) (Assist.)	

MBS ITEM CODE	DESCRIPTOR	CLINICAL INDICATION
49761	Stabilisation of metatarsophalangeal joint at one metatarsal. Inclusive of, if performed: i) capsulotomy ii) joint release iii) synovectomy iv) osteotomy with or without fixation v) local tendon transfer vi) local tendon lengthening or release vii) ligament repair viii) joint debridement. (Anaes.) (Assist.)	
49762	Stabilisation of metatarsophalangeal joint at two metatarsals. Inclusive of, if performed: i) capsulotomy ii) joint release iii) synovectomy iv) osteotomy with or without fixation v) local tendon transfer vi) local tendon lengthening or release vii) ligament repair viii) joint debridement. (Anaes.) (Assist.)	
49763	Stabilisation of metatarsophalangeal joint at three metatarsals. Inclusive of, if performed: i) capsulotomy ii) joint release iii) synovectomy iv) osteotomy with or without fixation v) local tendon transfer vi) local tendon lengthening or release vii) ligament repair viii) joint debridement. (Anaes.) (Assist.)	
49764	Stabilisation of metatarsophalangeal joint at four metatarsals. Inclusive of, if performed: i) capsulotomy ii) joint release iii) synovectomy iv) osteotomy with or without fixation v) local tendon transfer vi) local tendon lengthening or release vii) ligament repair viii) joint debridement (Anaes.) (Assist.)	

MBS ITEM CODE	DESCRIPTOR	CLINICAL INDICATION
49765	Stabilisation of metatarsophalangeal joint at five metatarsals. Inclusive of, if performed: i) capsulotomy ii) joint release iii) synovectomy iv) osteotomy with or without fixation v) local tendon transfer vi) local tendon lengthening or release vii) ligament repair viii) joint debridement (Anaes.) (Assist.)	
49766	Stabilisation of metatarsophalangeal joint at six metatarsals. Inclusive of, if performed: i) capsulotomy ii) joint release iii) synovectomy iv) osteotomy with or without fixation v) local tendon transfer vi) local tendon lengthening or release vii) ligament repair viii) joint debridement (Anaes.) (Assist.)	
49767	Stabilisation of metatarsophalangeal joint at seven metatarsals. Inclusive of, if performed: i) capsulotomy ii) joint release iii) synovectomy iv) osteotomy with or without fixation v) local tendon transfer vi) local tendon lengthening or release vii) ligament repair viii) joint debridement (Anaes.) (Assist.)	

MBS ITEM CODE	DESCRIPTOR	CLINICAL INDICATION
49768	Stabilisation of metatarsophalangeal joint at eight metatarsals. Inclusive of, if performed: i) capsulotomy ii) joint release iii) synovectomy iv) osteotomy with or without fixation v) local tendon transfer vi) local tendon lengthening or release vii) ligament repair viii) joint debridement (Anaes.) (Assist.)	
49769	Unilateral correction of hallux valgus or varus deformity by osteotomy of first metatarsal and proximal phalanx of the 1st toe, with internal fixation of both bones. Inclusive of, if performed: i) exostectomy ii) removal bursae iii) synovectomy iv) capsule repair v) capsule or tendon release or transfer. (Anaes.) (Assist.)	WorkCover will seek justification for use of item code from the requesting practitioner and will seek a second opinion if this procedure is requested
49770	Bilateral correction of hallux valgus or varus deformity by osteotomy of first metatarsal and proximal phalanx of the 1st toe, with internal fixation of both bones. Inclusive of, if performed: i) exostectomy ii) removal bursae iii) synovectomy iv) capsule repair v) capsule or tendon release or transfer. (Anaes.) (Assist.)	WorkCover will seek justification for use of item code from the requesting practitioner and will seek a second opinion if this procedure is requested
49771	Synovectomy of major ankle tendon for extensive synovitis by any method. Inclusive of, if performed: i) associated tenolysis ii) debridement or release of ligament/tendon, either or both, iii) excision of tubercle or osteophyte iv) reconstruction of tendon retinaculum v) neurolysis around the ankle. (Anaes.) (Assist.)	Claimable once per incision. No benefit payable for item 30023 if performed on the same occasion.

MBS ITEM CODE	DESCRIPTOR	CLINICAL INDICATION
49772	Excision of rheumatoid nodules or gouty tophi, per incision (excluding aftercare). Inclusive of, if performed: i) capsulotomy ii) debridement or release of ligament/tendon, either or both, iii) excision of tubercle or osteophyte. (Anaes.) (Assist.)	WorkCover will seek justification for use of item code from the requesting practitioner and will seek a second opinion if this procedure is requested
49773	Revision of excision of intermetatarsal or digital neuroma. Inclusive of, if performed: i) release of tissues ii) excision bursae iii) neurolysis. (Anaes.) (Assist.)	Claimable once per web space . No benefit payable for item 30023 if performed on the same occasion.
49774	Release tarsal tunnel. Inclusive of, if performed: i) release of ligaments ii) synovectomy iii) neurolysis. (Anaes.) (Assist.)	Claimable once per foot . No benefit payable for item 30023 if performed on the same occasion.
49775	Revision release tarsal tunnel. Inclusive of, if performed: i) release of ligaments ii) synovectomy iii) neurolysis. (Anaes.) (Assist.)	Claimable once per foot . No benefit payable for item 30023 if performed on the same occasion.
49776	Revision of arthrodesis of joint of hindfoot, by open or arthroscopic means, with internal or external fixation by any method, including any of the following, if performed: i) capsulotomy ii) joint release iii) synovectomy iv) removal of osteophytes at joint v) removal of hardware vi) neurolysis vii) osteotomy of non-union or malunion. (Anaes.) (Assist.)	Claimable once per joint . No benefit payable for item 30023 if performed on the same occasion.

MBS ITEM CODE	DESCRIPTOR	CLINICAL INDICATION
49777	Open or arthroscopic midfoot joint arthrodesis with internal or external fixation by any method. Inclusive of, if performed: i) capsulotomy ii) joint release, synovectomy, or removal osteophytes at joints. (Anaes.) (Assist.)	One joint.
49778	Open or arthroscopic midfoot joint arthrodesis with internal or external fixation by any method at two joints. Inclusive of, if performed: i) capsulotomy ii) joint release iii) synovectomy iv) removal osteophytes at joints. (Anaes.) (Assist.)	
49779	Open or arthroscopic midfoot joint arthrodesis with internal or external fixation by any method at three joints. Inclusive of, if performed: i) capsulotomy ii) joint release iii) synovectomy iv) removal osteophytes at joints. (Anaes.) (Assist.)	
49780	Open or arthroscopic midfoot joint arthrodesis with internal or external fixation by any method at four joints. Inclusive of, if performed: i) capsulotomy ii) joint release iii) synovectomy iv) removal osteophytes at joints. (Anaes.) (Assist.)	
49781	Revision of midfoot joint arthrodesis with internal or external fixation by any method. Inclusive of, if performed: i) capsulotomy ii) joint release iii) synovectomy iv) removal osteophytes at joints v) removal of hardware vi) osteotomy of non-union or malunion. (Anaes.) (Assist.)	Claimable once per joint .

MBS ITEM CODE	DESCRIPTOR	CLINICAL INDICATION
49782	Revision total ankle replacement involving bone grafting of perioperative cysts to the tibia and or talus with retention of the implants. Inclusive of, if performed: i) capsulotomy ii) joint release iii) neurolysis iv) debridement and grafting of cysts v) synovectomy vi) joint debridement. (Anaes.) (Assist.)	No benefit payable for item 30023 if performed on the same occasion. WorkCover will seek justification for use of item code from the requesting practitioner and will seek a second opinion if this procedure is requested.
49783	Excisional or interpositional arthroplasty of metatarsophalangeal or tarsometatarsal joint. Inclusive of, if performed: i) capsulotomy ii) joint release iii) synovectomy iv) local tendon transfer v) joint debridement. (Anaes.) (Assist.)	Claimable once for up to three joints.
49784	Excisional or interpositional arthroplasty of metatarsophalangeal or tarsometatarsal joint. Inclusive of, if performed: i) capsulotomy ii) joint release iii) synovectomy iv) local tendon transfer v) joint debridement. (Anaes.) (Assist.)	Claimable once for four joints.
49785	Excisional or interpositional arthroplasty of metatarsophalangeal or tarsometatarsal joint. Inclusive of, if performed: i) capsulotomy ii) joint release iii) synovectomy iv) local tendon transfer v) joint debridement. (Anaes.) (Assist.)	Claimable once for five joints.

MBS ITEM CODE	DESCRIPTOR	CLINICAL INDICATION
49786	Excisional or interpositional arthroplasty of metatarsophalangeal or tarsometatarsal joint. Inclusive of, if performed: i) capsulotomy ii) joint release iii) synovectomy iv) local tendon transfer v) joint debridement. (Anaes.) (Assist.)	Claimable once for six joints .
49787	Excisional or interpositional arthroplasty of metatarsophalangeal or tarsometatarsal joint. Inclusive of, if performed: i) capsulotomy ii) joint release iii) synovectomy iv) local tendon transfer v) joint debridement. (Anaes.) (Assist.)	Claimable once for seven joints .
49788	Excisional or interpositional arthroplasty of metatarsophalangeal or tarsometatarsal joint. Inclusive of, if performed: i) capsulotomy ii) joint release iii) synovectomy iv) local tendon transfer v) joint debridement. (Anaes.) (Assist.)	Claimable once for eight joints .
49789	Bilateral open or arthroscopic first metatarsophalangeal joint arthrodesis with internal or external fixation by any method. Inclusive of, if performed: i) capsulotomy ii) joint release iii) synovectomy iv) removal of osteophytes at joints. (Anaes.) (Assist.)	

MBS ITEM CODE	DESCRIPTOR	CLINICAL INDICATION
49790	Revision of first metatarsophalangeal joint arthrodesis. Inclusive of, if performed: i) capsulotomy ii) joint release iii) synovectomy iv) removal of exostosis at joint v) removal of hardware vi) osteotomy of non-union or malunion. (Anaes.) (Assist.)	
49791	Hallux interphalangeal or lesser metatarsophalangeal joint arthrodesis with internal or external fixation by any method. Inclusive of, if performed: i) capsulotomy ii) joint release iii) synovectomy iv) removal osteophytes at joint. (Anaes.) (Assist.)	
49792	Either or both proximal/distal joint arthrodesis osteotomy or interpositional arthroplasty of lesser toe. Inclusive of, if performed: i) internal fixation by any method ii) capsulotomy iii) joint release iv) synovectomy v) removal of osteophytes at joints. (Anaes.) (Assist.)	Claimable once for up to two toes .
49793	Either or both proximal/distal joint arthrodesis osteotomy or interpositional arthroplasty of lesser toe. Inclusive of, if performed: internal fixation by any method i) capsulotomy ii) joint release iii) synovectomy iv) removal of osteophytes at joints. (Anaes.) (Assist.)	Claimable once for three toes .

MBS ITEM CODE	DESCRIPTOR	CLINICAL INDICATION
49794	Either or both proximal/distal joint arthrodesis osteotomy or interpositional arthroplasty of lesser toe. Inclusive of, if performed: i) internal fixation by any method ii) capsulotomy iii) joint release iv) synovectomy v) removal of osteophytes at joints. (Anaes.) (Assist.)	Claimable once for four toes .
49795	Either or both proximal/distal joint arthrodesis osteotomy or interpositional arthroplasty of lesser toe. Inclusive of, if performed: i) internal fixation by any method ii) capsulotomy iii) joint release iv) synovectomy v) removal of osteophytes at joints. (Anaes.) (Assist.)	Claimable once for five toes .
49796	Either or both proximal/distal joint arthrodesis osteotomy or interpositional arthroplasty of lesser toe. Inclusive of, if performed: i) internal fixation by any method ii) capsulotomy iii) joint release iv) synovectomy v) removal of osteophytes at joints. (Anaes.) (Assist.)	Claimable once for six toes .
49797	Either or both proximal/distal joint arthrodesis osteotomy or interpositional arthroplasty of lesser toe. Inclusive of, if performed: i) internal fixation by any method ii) capsulotomy iii) joint release iv) synovectomy v) removal of osteophytes at joints. (Anaes.) (Assist.)	Claimable once for seven toes .

MBS ITEM CODE	DESCRIPTOR	CLINICAL INDICATION
49798	Either or both proximal/distal joint arthrodesis osteotomy or interpositional arthroplasty of lesser toe. Inclusive of, if performed: i) internal fixation by any method ii) capsulotomy iii) joint release iv) synovectomy v) removal of osteophytes at joints. (Anaes.) (Assist.)	Claimable once for eight toes .
49800	Primary repair of flexor or extensor tendon of foot. Inclusive of synovial biopsy/synovectomy, if performed. (Anaes.) (Assist.)	Claimable once per toe .
49803	Secondary repair of flexor or extensor tendon of foot. Inclusive of synovial biopsy/synovectomy, if performed. (Anaes.) (Assist.)	Claimable once per toe .
49806	Subcutaneous tenotomy of foot, by small percutaneous incisions. One or more tendons. (Anaes.)	WorkCover will seek justification for use of item code from the requesting practitioner and will seek a second opinion if this procedure is requested.
49809	Open tenotomy or lengthening of foot by open incision of skin, with or without tenoplasty. Inclusive of synovial biopsy/synovectomy, if performed. (Anaes.)	Claimable once per toe .
49812	Advancement of tendon or ligament transfer of foot involving side to side transfer, harvesting and transfer for ligament or minor foot tendon reconstruction. Inclusive of synovial biopsy/synovectomy, if performed. (Anaes.) (Assist.)	Claimable once per major tendon or toe .
49814	Reconstruction of major ankle tendon by any method with hindfoot osteotomy with internal fixation and major ankle tendon lengthening. Inclusive of, if performed: i) synovial biopsy/synovectomy ii) adjacent tendon transfer iii) turn down flaps. (Anaes.) (Assist.)	No benefit payable for item 49718 if performed on the same occasion.

MBS ITEM CODE	DESCRIPTOR	CLINICAL INDICATION
49815	Triple arthrodesis of hindfoot joints with internal or external fixation by any method. Inclusive of, if performed: i) capsulotomy ii) joint release iii) synovectomy iv) removal osteophytes at joints. (Anaes.) (Assist.)	WorkCover will seek justification for use of item code from the requesting practitioner and will seek a second opinion if this procedure is requested.
49818	Plantar fascia release. Inclusive of excision of calcaneal spur, if performed. (Anaes.) (Assist.)	Not approved in WorkCover.
49821	Excisional or interpositional arthroplasty of one metatarsophalangeal or tarsometatarsal joint. Inclusive of, if performed: i) capsulotomy ii) joint release iii) synovectomy iv) local tendon transfer v) joint debridement. (Anaes.) (Assist.)	Claimable once per joint. Only approved for acute trauma cases and for first metatarsal fractures. If requested in a non-acute trauma case, WorkCover will seek justification for use of item code from the requesting practitioner.
49824	Excisional or interpositional arthroplasty of two metatarsophalangeal or tarsometatarsal joints. Inclusive of, if performed: i) capsulotomy ii) joint release iii) synovectomy iv) local tendon transfer v) joint debridement. (Anaes.) (Assist.)	Claimable once for two joints. Only approved for acute trauma cases and for first metatarsal fractures. If requested in a non-acute trauma case, WorkCover will seek justification for use of item code from the requesting practitioner.
49827	Unilateral correction of hallux valgus or varus deformity by local tendon transfer. Inclusive of, if performed: i) exostectomy ii) removal bursae iii) synovectomy iv) capsule repair v) capsule or tendon release or transfer. (Anaes.) (Assist.)	Only approved for acute trauma cases. If requested in a non-acute trauma case, WorkCover will seek justification for use of item code from the requesting practitioner.

MBS ITEM CODE	DESCRIPTOR	CLINICAL INDICATION
49830	Bilateral correction of hallux valgus or varus deformity by local tendon transfer. Inclusive of, if performed: i) exostectomy ii) removal bursae iii) synovectomy iv) capsule repair v) capsule or tendon release or transfer. (Anaes.) (Assist.)	Only approved for acute trauma cases. If requested in a non-acute trauma case, WorkCover will seek justification for use of item code from the requesting practitioner.
49833	Unilateral correction of hallus valgus or varus deformity by osteotomy of first metatarsal, without internal fixation. Inclusive of, if performed: i) exostectomy ii) removal bursae iii) synovectomy iv) capsule repair v) capsule or tendon release or transfer. (Anaes.) (Assist.)	Only approved for acute trauma cases.
49836	Bilateral correction of hallux valgus or varus deformity of the foot by osteotomy of first metatarsal, without internal fixation, including any of the following (if performed): i) exostectomy ii) removal bursae iii) synovectomy iv) capsule repair v) capsule or tendon release or transfer. (Anaes.) (Assist.)	Only approved for acute trauma cases.
49837	Unilateral correction of hallus valgus or varus deformity by osteotomy of first metatarsal with internal fixation. Inclusive of, if performed: i) exostectomy ii) removal bursae iii) synovectomy iv) capsule repair v) capsule or tendon release or transfer. (Anaes.) (Assist.)	Only approved for acute trauma cases.

MBS ITEM CODE	DESCRIPTOR	CLINICAL INDICATION
49838	Bilateral correction of hallux valgus or varus deformity of the foot by osteotomy of first metatarsal, with internal fixation or arthrodesis of the first metatarsophalangeal joint, including any of the following (if performed): i) exostectomy ii) removal bursae iii) synovectomy iv) capsule repair v) capsule or tendon release or transfer. (Anaes.) (Assist.)	Only approved for acute trauma cases.
49839	Total first metatarsophalangeal joint replacement involving replacement of both joint surfaces. Inclusive of, if performed: i) capsulotomy ii) synovectomy iii) joint debridement. (Anaes.) (Assist.)	WorkCover will seek justification for use of item code from the requesting practitioner and will seek a second opinion if this procedure is requested.
49845	Unilateral first metatarsophalangeal joint arthrodesis by open or arthroscopic technique. Requiring internal or external fixation by any method. Inclusive of, if performed: i) capsulotomy ii) joint release iii) synovectomy iv) removal of osteophytes at joints. (Anaes.) (Assist.)	WorkCover will seek justification for use of item code from the requesting practitioner and will seek a second opinion if this procedure is requested.
49851	Lesser toe, either or both proximal/distal joint arthrodesis, osteotomy or interpositional arthroplasty performed on one toe. Inclusive of, if performed: i) internal fixation by any method ii) capsulotomy iii) tendon lengthening iv) joint release v) synovectomy vi) removal of osteophytes at joints. (Anaes.)	Only approve prior trauma of compartment syndrome crush injury. WorkCover will seek justification for use of item code from the requesting practitioner and will seek a second opinion if this procedure is requested.

MBS ITEM CODE	DESCRIPTOR	CLINICAL INDICATION
49854	Radical plantar fasciotomy or fasciectomy requiring extensive incision into foot and excision of fascia. Inclusive of excision of calcaneal spur, if performed. (Anaes.) (Assist.)	No benefit payable for item 49818 if performed on the same occasion. WorkCover will seek justification for use of item code from the requesting practitioner and will seek a second opinion if this procedure is requested.
49857	Hemi joint replacement of first or lesser metatarsophalangeal joint. Inclusive of, if performed: i) capsulotomy ii) synovectomy iii) joint debridement. (Anaes.) (Assist.)	WorkCover will seek justification for use of item code from the requesting practitioner and will seek a second opinion if this procedure is requested.
49860	Synovectomy of one or more metatarsophalangeal joints, Inclusive of, if performed: i) capsulotomy ii) debridement iii) release of ligament/tendon, either or both. (Anaes.) (Assist.)	Claimable once per foot . WorkCover will seek justification for use of item code from the requesting practitioner and will seek a second opinion if this procedure is requested.
49866	Excision of intermetatarsal or digital neuroma. Inclusive of, if performed: i) release of metatarsal or digital ligament ii) excision of bursae iii) neurolysis. (Anaes.) (Assist.)	Claimable once per webspace . No benefit payable for item 30023 if performed on the same occasion. WorkCover will seek justification for use of item code from the requesting practitioner and will seek a second opinion if this procedure is requested.
49878	Talipes Equinovarus, calcaneo valgus or metatarsus varus, treatment by cast, splint or manipulation - each attendance	Not approved in WorkCover.
49881	Complete excision of Ganglion or bursae including bony prominence or mucinous cyst of interphalangeal or metatarsophalangeal joint or surrounding tissues. Inclusive of, if performed: i) arthrotomy ii) synovectomy iii) osteophyte resections iv) neurolysis v) skin closure by any local methods. (Anaes.) (Assist.)	Claimable once per incision . No benefit payable for item 30023 if performed on the same occasion.

MBS ITEM CODE	DESCRIPTOR	CLINICAL INDICATION
49884	Complete excision of Ganglion or bursae including bony prominence or mucinous cyst of ankle, hindfoot or midfoot joint or surrounding tissues. Inclusive of, if performed: i) arthrotomy ii) synovectomy iii) osteophyte resections iv) neurolysis v) capsular/ligament repair vi) skin closure by any local methods. (Anaes.) (Assist.)	Claimable once per incision. No benefit payable for item 30023 if performed on the same occasion.
49887	Revision of complete excision of Ganglion or bursae including bony prominence or mucinous cyst of interphalangeal or metatarsophalangeal joint or surrounding tissues. Inclusive of, if performed: i) arthrotomy ii) synovectomy iii) osteophyte resections iv) neurolysis v) skin closure by any local methods. (Anaes.) (Assist.)	Claimable once per incision. No benefit payable for item 30023 or 49881 if performed on the same occasion.
49890	Revision of complete excision of Ganglion or bursae including bony prominence or mucinous cyst of ankle, hindfoot or midfoot joint or surrounding tissues. Inclusive of, if performed: i) arthrotomy ii) synovectomy iii) osteophyte resections iv) neurolysis v) capsular/ligament repair vi) skin closure by any local methods. (Anaes.) (Assist.)	Claimable once per incision. No benefit payable for items 30023 or 49884 if performed on the same occasion.
50118	Hindfoot joint arthrodesis by any method. Requiring internal or external fixation by any method. Inclusive of, if performed: i) capsulotomy ii) joint release iii) synovectomy iv) removal of osteophytes at joints. (Anaes.) (Assist.)	Claimable once per joint.

General procedures

MBS ITEM CODE	DESCRIPTOR	CLINICAL INDICATION
30023	Wound of soft tissue, traumatic, deep or extensively contaminated, debridement of, under general anaesthesia or regional or field nerve block, including suturing of that wound when performed. (Anaes.) (Assist.)	The repair of wound must be undertaken by suture, tissue adhesive resin (such as methyl methacrylate) or clip. These items are not to be used for the closure of surgical wound as such closure is part of a surgical procedure and not additional. Item 30023 covers debridement of traumatic “deep or extensively contaminated” wound. Benefits are not able under this item for debridement which would be expected to be encountered as part of an operative approach to the treatment fracture. Debridement’s are also not applicable when removing percutaneous wire fixation. This item can be used for deep chronic wounds or in combination with open fracture requirement debridement. This item is not to be used in combination with 30068. Limit of one debridement per episode of care or per limb. WorkCover will seek justification for use of item codes from the requested practitioner and will consider a second opinion if this procedure is requested more than once per episode of care or per limb.
48245	Harvesting and insertion of bone graft (autograft) via separate incision and at a separate surgical field. (Anaes.) (Assist.)	
48248	Harvesting and insertion of bone graft (autograft) via separate incisions. Requiring either or both internal fixation of the graft/fusion fixation. (Anaes.) (Assist.)	
48251	Harvesting and insertion of osteochondral graft (autograft) via separate incisions at same joint or joint complex. (Anaes.) (Assist.)	WorkCover will seek justification for use of item code from the requesting practitioner and may consider a second opinion if this procedure is requested.

MBS ITEM CODE	DESCRIPTOR	CLINICAL INDICATION
48254	Harvesting and insertion of a pedicled bone flap (autograft). Inclusive of internal fixation of the bone flap, if performed. (Aneas.) (Assist.)	No benefit payable for items 45562 , 45504 or 45505 if performed on the same occasion. WorkCover will seek justification for use of item code from the requesting practitioner and will seek a second opinion if this procedure is requested.
48257	Preparation and insertion of metallic, cortical, or other graft substitute (allograft), where substitute is either structural cortico-cancellous/structural bone. Inclusive of internal fixation, if performed. (Anaes.) (Assist.)	Other graft substitute' does not include demineralised bone matrix of bone graft substitutes such as synthetic materials, ceramics (bone void fillers), collagen composites, composite cement materials, bone morphogenetic protein or recombinant human bone morphogenetic protein. WorkCover will seek justification for use of item code from the requesting practitioner and will seek a second opinion if this procedure is requested.
39303	Delayed repair of Cutaneous and digital nerve (including digital nerve), secondary repair of, using microsurgical techniques. Per nerve, inclusive of, if performed: i) neurolysis ii) any transposition of nerve to facilitate repair. (Anaes.) (Assist.)	WorkCover will seek a second opinion prior to approving this procedure. No benefit payable for item 30023 if performed on the same occasion.
44376	Amputation Stump, re-amputation of, to provide adequate skin and muscle cover. (Anaes.) (Assist.)	
47921	Orthopaedic pin or wire, insertion of, as an independent procedure. (Anaes.)	
47924	Removal requiring incision of one or more buried wire, pin or screw, which were inserted for the internal fixation purposes. (Anaes.)	Claimable once per incision . No benefit payable for items 47927 or 47929 if performed on the same occasion.
47927	Removal of one or more buried wire, pin or screw which were inserted for internal fixation purposes. Performed in the operating theatre of a hospital. (Anaes.)	Claimable once per incision .

MBS ITEM CODE	DESCRIPTOR	CLINICAL INDICATION
47929	Removal of fixation elements including plate, rod or nail and associated wires, pins, screws or internal fixation. Service performed in the operating theatre of a hospital. (Anaes.) (Assist.)	Claimable once per bone . No benefit payable for items 47924 or 47927 if performed on the same occasion.
47954	Repair of traumatic tear or rupture of tendon. (Anaes.) (Assist.)	No benefit payable for item 39330 or other peripheral nerve items if performed on the same occasion.
47955	Open or arthroscopic repair of gluteal or rectus femoris tendon. Inclusive of, if performed: i) preparation of the greater trochanter ii) bursectomy. (Anaes.) (Assist.)	No benefit payable for any other procedure of the hip if performed on the same occasion. WorkCover will seek justification for use of item code from the requesting practitioner and will seek a second opinion if this procedure is requested.
47956	Repair of proximal hamstring tendon. (Anaes.) (Assist.)	No benefit payable for any other procedure of the hip if performed on the same occasion.
47960	Tenotomy, subcutaneous (Anaes.)	No benefit payable for another item in this Group if performed on the same occasion.
47964	Open or arthroscopic iliopsoas tenotomy. (Anaes.) (Assist.)	No benefit payable for any other procedure of the hip if performed on the same occasion. WorkCover will seek justification from the requesting practitioner and will seek a second opinion if this item is requested.
48430	Excision of one or more osteophytes of foot or ankle, or simple removal of bunion. Inclusive of, if performed: i) removal of associated bursae or ganglion ii) excision of surrounding osteophytes iii) capsulotomy iv) synovectomy v) release ligaments/removal of bone, either or both. (Anaes.) (Assist.)	Claimable once per incision . WorkCover will seek justification for use of item code from the requesting practitioner and will seek a second opinion if this procedure is requested.
50339	Tibialis anterior or tibialis posterior tendon transfer (split or whole). (Anaes.) (Assist.)	WorkCover will require a second opinion prior to approval if this item is requested.

MBS ITEM CODE	DESCRIPTOR	CLINICAL INDICATION
50357	Rectus femoris tendon transfer or medial or lateral hamstring tendon transfer. (Anaes.) (Assist.)	WorkCover will require a second opinion prior to approval if this item is requested.
50360	Combined medial and lateral hamstring tendon transfer. (Anaes.) (Assist.)	WorkCover will require a second opinion prior to approval if this item is requested.

Legend

- (Anaes.) An anaesthetist may also bill for the provision of this service item.
 (Assist.) An assistant may also bill for the provision of this service item.

Lower limb medical interventions

MEDICAL INTERVENTIONS	DESCRIPTOR	APPROVAL
Autologous blood injections for tendon injuries / Plasma Rich Platelet (PRP) Injection	Uses the patient's own blood to inject into the tendon or a joint, such as the knee joint.	For injections into tendons. Not approved in WorkCover. Evidence based research does not support that PRP injections make a significant difference in function in the short, medium or long term. For injections into joints, WorkCover will seek justification from the requesting practitioner and will seek a second opinion if this procedure is requested.
Autograft – Anterior Cruciate Ligament (ACL)	Harvests the patient's own tendon to use as the graft. Various types of tendon choices are bone patella tendon bone (BPTB), hamstring tendon or quadriceps tendon.	
Allograft (ACL)	Uses bone/tissue from a donor's (usually a cadaver) body.	WorkCover will seek justification from the requesting practitioner and will seek a second opinion if this procedure is requested.
Synthetic (ACL)	Uses synthetic fibres (dacron, polyester, carbon fibre) to graft the ACL.	Not approved in WorkCover.
Xenograft (ACL)	Uses tissues from other species to graft the ACL.	Not approved in WorkCover.
Biological synthetic collagen grafts (ACL)	Tissue engineered ligaments.	Not approved in WorkCover.
Aprotinin injections for tendon injuries	Medication injected to alter and inhibit the activity of certain chemicals which contribute to chronic tendinopathy.	Not approved in WorkCover.
Autologous chondrocyte implantation (ACI) for knee	ACI is an elective procedure that involves two surgical procedures: Arthroscopy – removes healthy cartilage cells from a joint and send to a lab for culturing Implantation – injects them back into an area of chondral (cartilage) defect	Not approved in WorkCover.
Autologous chondrocyte implantation (ACI) for ankle	New cartilage cells are grown and then implanted in the cartilage defect.	Not approved in WorkCover.

MEDICAL INTERVENTIONS	DESCRIPTOR	APPROVAL
Botulinum toxin injections for tendon injuries	Substance used for tendon injections, which uses a degree of tendon trauma as part of the injection technique.	Not approved in WorkCover.
Calcium gluconate injections for tendon injuries	Substance used for tendon injections, which uses a degree of tendon trauma as part of the injection technique.	Not approved in WorkCover.
Corticosteroid injections	Corticosteroid injections are when steroids are injected into or around a painful area, such as a joint or muscle. They can reduce the inflammation in that area, relieving pain and improving function and mobility. Pain relief can last for several weeks up to a few months	Approved by WorkCover. Limited to 3 injections per anatomical location in a 12-month period. Corticosteroid injections are used to reduce local inflammation. They can be used both intra-articularly and extra-articularly (bursa, peri-tendinous and other soft tissue structures). Anatomic location must be specified. WorkCover will seek justification from the requesting practitioner and will consider a second opinion if more than 3 injections per anatomical location are requested within a 12-month period.
Dextrose injections for tendon injuries	Inert substance used for tendon injections, which uses a degree of tendon trauma as part of the injection technique.	Not approved in WorkCover.
Dry needling for tendon injuries	Used for tendon injections, to cause a degree of irritation to the tendon, which promotes a healing response.	Not approved in WorkCover.
Durolane	An injection used to relieve knee pain.	WorkCover will seek justification from the requesting practitioner and will seek a second opinion if this procedure is requested. Maximum 1x injection to be approved to treat aggravation only.

MEDICAL INTERVENTIONS	DESCRIPTOR	APPROVAL
Extracorporeal shock wave therapy (ESWT) (also known as Lithotripsy)	ESWT is a non-invasive procedure used for treating various tendon conditions, including shoulder (tendonitis), elbow (lateral and medial epicondylitis), heel (plantar fasciitis), ankle (Achilles tendonitis), knee and hip tendon conditions. Treatment involves applying shock waves, which are generated and focused onto the targeted tissue to stimulate and repair the body's repair mechanism.	WorkCover will seek justification from the requesting practitioner and will seek a second opinion if this procedure is requested.
Glucosamine in treating soft tissue injuries	Glucosamine is a natural substance found in and around the cells of cartilage.	Not approved in WorkCover.
Heparin injections for tendon injuries	Inert substance used for tendon injections, which uses a degree of tendon trauma as part of the injection technique.	Not approved in WorkCover.
Magnetic therapy (Q Magnets, etc)	An electrical current created by magnets interrupts the transmission of pain signals in the central nervous system.	Not approved in WorkCover.
Prolotherapy (also known as Sclerotherapy)	Treatment of tissue with the injection of an irritant solution into a joint space, ligament or tendon to relieve pain.	Not approved in WorkCover.
Pulsed electromagnetic field treatment (PEMF) • Hexogen • EBI bone healing system • Exogen system	Treatment for non-union of bony fractures, specifically when the patient is not suitable for bone grafting.	WorkCover will approve with justification from the treating practitioner and may seek a second opinion in the instance of significant patient co-morbidities.
Saline injections with local anaesthetic for tendon injuries	Inert substance used for tendon injections, which uses a degree of tendon trauma as part of the injection technique.	Not approved in WorkCover.
Sclerosant injections for tendon injuries	Inert substance used for tendon injections, which uses a degree of tendon trauma as part of the injection technique.	Not approved in WorkCover.

MEDICAL INTERVENTIONS	DESCRIPTOR	APPROVAL
Synvisc	An injection used to relieve knee pain.	WorkCover will seek justification from the requesting practitioner and will seek a second opinion if this procedure is requested. Maximum 1x injection can be approved to treat aggravation only.
Ketamine	Medication used for pain management.	Not approved in WorkCover.
Transdermal glyceryl trinitrate (GTN) therapy	GTN patches are used for tendon injuries.	Not approved in WorkCover.

General information

1. WorkCover will only approve surgery that is undertaken to treat changes caused by the work-related injury or event. Where a claim has been accepted as an aggravation of a pre-existing medical condition, WorkCover must consider whether the proposed surgery is to treat structural changes caused by a work-related injury or event or pre-existing changes.
2. A provider cannot bill subsequent attendance if performed on the same day of surgery unless the surgery is urgent, provider could not predict prior to attendance and the services meet the item descriptions.
3. Neurological testing such as nerve conduction studies should only be in a setting where there are obvious neurological conditions evident and by registered specialists.
4. Definitions:
 - Aggravation: A factor which may or may not be work-related that has caused structural worsening of pre-existing changes of a permanent nature.
 - Exacerbation: A factor which may or may not be work-related that has caused a temporary worsening of a pre-existing medical condition with no structural changes.
 - Recurrence: A recurrence requires no identifiable incident as trigger to resumption of symptoms or signs related to the pre-existing medical condition.
 - New Injury: An identifiable new incident must be shown to have caused the injury.
 - Disability: A decrease in, or the loss or absence of, the capacity of an individual to meet personal, social or occupational demands.
5. Early diagnosis and timely requests for appropriate surgery are critical.
6. Decision-making process for surgery requests –
 - Consider available medical information and review surgery guidelines.
 - Consider worker's past medical history – are further information/GP records required?
 - If further information is required, request TMS clarify rationale for proposed surgery and relationship of surgery request to accepted WRI.
 - If a second opinion is warranted, seek independent medical opinion (IME/MAP).
 - If contrary independent opinion is obtained, discuss further with TMS.
 - Consider weight of all medical information and evidence provided to make decision.
 - Ensure decision is communicated to TMS.
7. Patient selection is key:
 - Timing of assessment, early diagnosis is critical.
 - Many patients will improve with appropriate conservative treatment.
 - Decision to proceed with surgery should be based on level of incapacity and lack of progressive improvement.
 - Exclusions (surgical contra indicators as per below).

8. Flags for surgical contra indicators:
 - smokers
 - chronic disease where the anaesthetist feels that the patient would be a significant risk
 - pre-existing dysfunctional history
 - drug dependency or active evidence of inappropriate use of opiate medications
 - pre-existing psychiatric conditions (untreated) or active psychosis/depression
 - previous poor outcome from surgery
 - legal representation
 - low weekly wages/period of time off work before surgery (consider motivation for RTW).
9. Second opinion may be required if surgery is requested on a degenerative condition.
10. Second opinion may be required if more than three item numbers are used (excluding assistant/anaesthetist's fee and plating)