



# Orthopaedic Surgery Changes – Hand and Wrist Procedures

Last updated: 8 February 2024

- Effective 1 March 2024 there will be 30 new and 86 amended items in response to feedback received during an early post-implementation review to address unintended consequences arising from the 1 July 2021 orthopaedic MBS changes.
- These changes are summarised in the fact sheet titled “Orthopaedic Surgery Changes – Summary” and are further detailed in individual fact sheets on specific topics.
- This fact sheet sets out the changes to orthopaedic services in the hand and wrist.

## What are the changes?

Effective 1 March 2024 there will be a revised structure for items for orthopaedic surgery. The new structure includes amendments to 35 items for hand and wrist procedures as detailed below:

- Items **46426** and **46432**, for primary repair of flexor tendons in the hand or wrist, will be amended to clarify and simplify the item descriptors. Minor amendments will be made to items **49219**, **49220** and **46363** to correct typographical errors.
- Items **46324**, **46325**, **49230**, **49233**, and **49239**, for arthroplasty procedures in the wrist, are being amended to simplify the item descriptors and improve patient access to these services.
- Item **46324**, for prosthetic interpositional replacement of the carpometacarpal joint of the thumb, will be expanded to allow it to be used for the other carpometacarpal joints. Trapezium replacement arthroplasty services will be removed from this item and are to be claimed under amended item **49230**.
- Item **46325**, for excisional arthroplasty of the carpometacarpal joint of the thumb, will be expanded to allow it to be used for the other carpometacarpal joints. It will also be clarified that the excision of an adjacent trapezoid bone is not a mandatory part of this procedure, consistent with contemporary clinical practice.
- Item **49230**, for total, hemi or interpositional prosthetic replacement of a carpal bone, will be amended to remove the phrase “for trauma or emergency” to allow it to also be used for elective procedures. The descriptor will also be amended to clarify which components of the procedure are optional.
- Item **49233**, for excisional arthroplasty of a carpal bone, will be amended to clarify which components of the procedure are optional. The co-claiming restriction will also be modified to allow the item to be appropriately claimed together with some other wrist procedures.

- Item **49239**, for excision of the pisiform or hook of hamate, will be expanded to also include excision of a sesamoid bone in the hand. This service may have been previously claimed under item **48400**.
- Item **47357**, for the treatment of fractures of the carpal scaphoid, will be amended to remove the requirement that reduction of the fracture be performed as an open surgical procedure and allow fixation of the scaphoid "by any means". This will better align with contemporary clinical practice.
- Items **46335**, **46339**, **46340**, and **46341**, for synovectomy procedures of tendons in the hand or wrist, will be amended to allow them to be claimed twice for bilateral procedures. The co-claiming restrictions in each of these items with wound debridement item **30023** will be adjusted to allow for the latter item to be additionally claimed where the wound debridement is performed at a separate site.
- Item **46335**, for synovectomy of digital extensor tendons of the hand, will additionally be amended to allow for appropriate co-claiming with carpal tunnel release item **39331**.
- Items **46340** and **46341**, for synovectomy of wrist flexor or extensor tendons of hand or wrist, will additionally be amended to allow appropriate co-claiming with carpal tunnel release item **39331** in some circumstances. The restriction will continue to apply where the synovectomy service is performed on the wrist flexor tendons.
- Items **46348**, **46351**, **46354**, **46357**, and **46360**, for flexor tenosynovectomy services in the hand, will be amended to allow for appropriate co-claiming with trigger finger release item **46363** where they are not performed on one of the same rays. These items will also be amended to allow them to be appropriately claimed together with wound debridement item **30023** where the wound debridement is performed at a separate site.
- Item **46498**, for excision of a ganglion of the flexor tendon sheath of the hand, will be amended to allow for appropriate co-claiming with trigger finger release item **46363** in circumstances where they are not performed on the same ray.
- Items **46364**, **46387**, **46390**, **46393**, **46394**, **46395**, **46408**, **46414**, **46423**, **46434**, **46450**, **46453**, **46522**, and **46525** These items are being amended to adjust the co-claiming restrictions with the wound debridement item **30023**. This will clarify that the items can be co-claimed where the primary procedure and the debridement are performed at different locations. These items were previously amended on 1 July 2021 to prevent inappropriate co-claiming of wound debridement where it formed an integral part of another surgery, which will continue to be restricted under these changes.

# Amended item descriptors (to take effect 1 March 2024) – amendments are indicated with strikethrough and bold text

## Category 3 – THERAPEUTIC PROCEDURES

### Group T8 – Surgical Operations

#### Subgroup 14 – Hand Surgery

46324

~~Trapezium replacement arthroplasty or p~~**Prosthetic** interpositional replacement of carpometacarpal joint ~~of thumb~~, including either or both of the following (if performed):

- (a) ligament and tendon transfers;
- (b) rebalancing procedures

(H) (Anaes.) (Assist.)

Fee: \$1,014.00 Benefit: 75% = \$760.50

Private Health Insurance Classification:

- Clinical category: Joint replacements
- Procedure type: Type A Advanced Surgical

46325

Excisional arthroplasty of carpometacarpal joint ~~of thumb, with excision of adjacent trapezoid~~, including ~~either or both~~**any** of the following (if performed):

- (a) ligament and tendon transfers;
- (b) realignment procedures;

**(c) excision of adjacent trapezoid**

(H) (Anaes.) (Assist.)

Fee: \$1,014.00 Benefit: 75% = \$760.50

Private Health Insurance Classification:

- Clinical category: Joint reconstructions
- Procedure type: Type A Advanced Surgical

46335

Synovectomy of digital extensor tendons of hand, distal to wrist, for diagnosed inflammatory arthritis, including any of the following (if performed):

- (a) reconstruction of extensor retinaculum;
- (b) removal of tendon nodules;
- (c) tenolysis;

### Category 3 – THERAPEUTIC PROCEDURES

(d) tenoplasty;

other than a service associated with:

**(e) a service to which item ~~30023, 39331~~ or 39330 applies; or**

**(f) a service to which item 30023 applies that is performed at the same site —**

Applicable only once **per hand** per occasion on which the service is performed

(Anaes.) (Assist.)

Fee: \$513.15 Benefit: 75% = \$384.90 85% = \$436.20

Private Health Insurance Classification:

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

46339

Synovectomy of digital flexor tendons at wrist level, for diagnosed inflammatory arthritis, including either or both of the following (if performed):

(a) tenolysis;

(b) release of median nerve and carpal tunnel;

other than a service associated with a service to which:

**(c) a service to which item ~~30023, 39331~~ or 39330 or 39331 applies; or**

**(d) a service to which item 30023 applies that is performed at the same site —**

Applicable only once **per wrist** per occasion on which the service is performed

(H) (Anaes.) (Assist.)

Fee: \$513.15 Benefit: 75% = \$384.90

Private Health Insurance Classification:

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

46340

Synovectomy of wrist flexor or extensor tendons of hand or wrist, for diagnosed inflammatory tenosynovitis, including any of the following (if performed):

(a) reconstruction of flexor or extensor retinaculum;

(b) removal of tendon nodules;

(c) tenolysis;

(d) tenoplasty;

other than a service associated with:

**(e) a service to which item ~~30023, 39331~~ or 39330 applies; or**

### Category 3 – THERAPEUTIC PROCEDURES

**(f) if this service is performed on the wrist flexor tendons - a service to which item 39331 applies; or**

**(g) a service to which item 30023 applies that is performed at the same site** —one or more compartments **per limb**

(H) (Anaes.) (Assist.)

Fee: \$436.20 Benefit: 75% = \$327.15

Private Health Insurance Classification:

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

46341

Synovectomy of wrist flexor or extensor tendons of hand or wrist, for non inflammatory tenosynovitis or post traumatic synovitis, including any of the following (if performed):

(a) reconstruction of flexor or extensor retinaculum;

(b) removal of tendon nodules;

(c) tenolysis;

(d) tenoplasty;

other than a service associated with:

**(e) a service to which item 30023, 39331 or 39330 applies; or**

**(f) if this service is performed on the wrist flexor tendons - a service to which item 39331 applies; or**

**(g) a service to which item 30023 applies that is performed at the same site** —one or more compartments **per limb**

(H) (Anaes.) (Assist.)

Fee: \$279.75 Benefit: 75% = \$209.85

Private Health Insurance Classification:

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

46348

Flexor tenosynovectomy of hand, distal to lumbrical origin, including any of the following (if performed):

(a) removal of intratendinous nodules;

(b) tenolysis;

(c) tenoplasty;

other than a service associated with:

### Category 3 – THERAPEUTIC PROCEDURES

**(d)** a service to which item 30023 applies that is performed at the same site; or  
**(e)** a service to which item 46363 applies that is performed on the same ray — one ray

(H) (Anaes.) (Assist.)

Fee: \$269.05 Benefit: 75% = \$201.80

Private Health Insurance Classification:

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

46351

Flexor tenosynovectomy of hand, distal to lumbrical origin, including any of the following (if performed):

- (a) removal of intratendinous nodules;
- (b) tenolysis;
- (c) tenoplasty;

other than a service associated with:

**(d)** a service to which item 30023 applies that is performed at the same site; or  
**(e)** a service to which item 46363 applies that is performed on one of the same rays — 2 rays of one hand

(H) (Anaes.) (Assist.)

Fee: \$401.55 Benefit: 75% = \$301.20

Private Health Insurance Classification:

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

46354

Flexor tenosynovectomy of hand, distal to lumbrical origin, including any of the following (if performed):

- (a) removal of intratendinous nodules;
- (b) tenolysis;
- (c) tenoplasty;

other than a service associated with:

**(d)** a service to which item 30023 applies that is performed at the same site; or  
**(e)** a service to which item 46363 applies that is performed on one of the same rays — 3 rays of one hand

(H) (Anaes.) (Assist.)

### Category 3 – THERAPEUTIC PROCEDURES

Fee: \$538.10 Benefit: 75% = \$403.60

Private Health Insurance Classification:

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

46357

Flexor tenosynovectomy of hand, distal to lumbrical origin, including any of the following (if performed):

- (a) removal of intratendinous nodules;
- (b) tenolysis;
- (c) tenoplasty;

other than a service associated with:

- (d) a service to which item 30023 applies that is performed at the same site; or**
- (e) a service to which item 46363 applies that is performed on one of the same rays**  
— 4 rays of one hand

(H) (Anaes.) (Assist.)

Fee: \$670.60 Benefit: 75% = \$502.95

Private Health Insurance Classification:

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

46360

Flexor tenosynovectomy of hand, distal to lumbrical origin, including any of the following (if performed):

- (a) removal of intratendinous nodules;
- (b) tenolysis;
- (c) tenoplasty;

other than a service associated with:

- (d) a service to which item 30023 applies that is performed at the same site; or**
- (e) a service to which item 46363 applies that is performed on one of the same rays**  
— 5 rays of one hand

(H) (Anaes.) (Assist.)

Fee: \$807.20 Benefit: 75% = \$605.40

Private Health Insurance Classification:

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

### Category 3 – THERAPEUTIC PROCEDURES

46363

Trigger finger release, for stenosing tenosynovitis, including either or both of the following (if performed):

- (a) synovectomy;
  - (b) synovial biopsy;
- one ray

(Anaes.) (Assist.)

Fee: \$231.75 Benefit: 75% = \$173.85 85% = \$197.00

Private Health Insurance Classification:

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

46364

Digital sympathectomy of hand, using microsurgical techniques, other than a service associated with ~~a service to which~~:

**(a) a service to which** item ~~30023~~ or 46363 applies; or

**(b) a service to which** item 30023 applies that is performed at the same site

—one digit or palmer arch (or both) or radial or ulnar artery (or both)

(Anaes.) (Assist.)

Fee: \$513.15 Benefit: 75% = \$384.90 85% = \$436.20

Private Health Insurance Classification:

- Clinical category: Brain and nervous system
- Procedure type: ~~Type A Surgical~~ Type B Non-band specific

46387

Fasciectomy for recurrence of Dupuytren's contracture, including either or both of the following (if performed):

- (a) dissection of nerves;
- (b) neurolysis;

other than a service associated with a service to which item 30023 applies **that is performed at the same site**—one ray

(H) (Anaes.) (Assist.)

Fee: \$683.10 Benefit: 75% = \$512.35

Private Health Insurance Classification:

- Clinical category: Bone, joint and muscle



### Category 3 – THERAPEUTIC PROCEDURES

- Procedure type: Type A Surgical

46390

Fasciectomy for recurrence of Dupuytren's contracture, including either or both of the following (if performed):

- (a) dissection of nerves;
- (b) neurolysis;

other than a service associated with a service to which item 30023 applies **that is performed at the same site**—2 rays

(H) (Anaes.) (Assist.)

Fee: \$910.90 Benefit: 75% = \$683.20

Private Health Insurance Classification:

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

46393

Fasciectomy for recurrence of Dupuytren's contracture, including either or both of the following (if performed):

- (a) dissection of nerves;
- (b) neurolysis;

other than a service associated with a service to which item 30023 applies **that is performed at the same site**—3 rays

(H) (Anaes.) (Assist.)

Fee: \$1,055.55 Benefit: 75% = \$791.70

Private Health Insurance Classification:

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

46394

Fasciectomy for recurrence of Dupuytren's contracture, including either or both of the following (if performed):

- (a) dissection of nerves;
- (b) neurolysis;

other than a service associated with a service to which item 30023 applies **that is performed at the same site**—4 rays

(H) (Anaes.) (Assist.)

### Category 3 – THERAPEUTIC PROCEDURES

Fee: \$1,315.40 Benefit: 75% = \$986.55

Private Health Insurance Classification:

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

46395

Fasciectomy for recurrence of Dupuytren's contracture, including either or both of the following (if performed):

- (a) dissection of nerves;
- (b) neurolysis;

other than a service associated with a service to which item 30023 applies **that is performed at the same site**—5 rays

(H) (Anaes.) (Assist.)

Fee: \$1,639.20 Benefit: 75% = \$1,229.40

Private Health Insurance Classification:

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

46408

Reconstruction of tendon of hand or wrist, by tendon graft, including either or both of the following (if performed):

- (a) harvest of graft;
- (b) tenolysis;

other than a service associated with a service to which item 30023 applies **that is performed at the same site**

(H) (Anaes.) (Assist.)

Fee: \$761.65 Benefit: 75% = \$571.25

Private Health Insurance Classification:

- Clinical category: ~~Joint reconstructions~~ **Bone, joint and muscle**
- Procedure type: Type A Surgical

46414

Insertion of artificial tendon prosthesis in preparation for grafting of tendon of hand or wrist, including tenolysis (if performed), other than a service associated with a service to which item 30023 applies **that is performed at the same site**

(Anaes.) (Assist.)

### Category 3 – THERAPEUTIC PROCEDURES

Fee: \$579.40 Benefit: 75% = \$434.55 85% = \$492.50

Private Health Insurance Classification:

- Clinical category: ~~Joint reconstructions~~ **Bone, joint and muscle**
- Procedure type: Type A Surgical

46423

Delayed repair of extensor tendon of hand or wrist, including tenolysis (if performed), other than a service associated with a service to which item 30023 applies **that is performed at the same site**

(Anaes.) (Assist.)

Fee: \$360.15 Benefit: 75% = \$270.15 85% = \$306.15

Private Health Insurance Classification:

- Clinical category: ~~Joint reconstructions~~ **Bone, joint and muscle**
- Procedure type: Type A Surgical

46426

Primary repair of flexor tendon of hand or wrist, proximal to A1 pulley, ~~other than a service to repair a tendon of a digit if 2 tendons of the same digit have been repaired during the same procedure~~ — one tendon

(H) (Anaes.) (Assist.)

Fee: \$372.50 Benefit: 75% = \$279.40

Private Health Insurance Classification:

- Clinical category: ~~Joint reconstructions~~ **Bone, joint and muscle**
- Procedure type: Type A Surgical

46432

Primary repair of flexor tendon of hand ~~or wrist~~, distal to A1 pulley, other than a service to repair a tendon of a digit if 2 tendons of the same digit have been repaired during the same procedure — one tendon

(H) (Anaes.) (Assist.)

Fee: \$621.05 Benefit: 75% = \$465.80

Private Health Insurance Classification:

- Clinical category: ~~Joint reconstructions~~ **Bone, joint and muscle**
- Procedure type: Type A Surgical

46434

### Category 3 – THERAPEUTIC PROCEDURES

Delayed repair of flexor tendon of hand or wrist, including tenolysis (if performed), other than a service associated with a service to which item 30023 applies **that is performed at the same site**

(Anaes.) (Assist.)

Fee: \$535.05 Benefit: 75% = \$401.30 85% = \$454.80

Private Health Insurance Classification:

- Clinical category: ~~Joint reconstructions~~ **Bone, joint and muscle**
- Procedure type: Type A Surgical

46450

Tenolysis of extensor tendon of hand or wrist, following tendon injury or graft, other than a service:

(a) for acute, traumatic injury; or

(b) associated with a service to which item 30023 applies **that is performed at the same site**;

—one ray

(H) (Anaes.)

Fee: \$248.45 Benefit: 75% = \$186.35

Private Health Insurance Classification:

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

46453

Tenolysis of flexor tendon of hand or wrist, following tendon injury, repair or graft, other than a service:

(a) for acute, traumatic injury; or

(b) associated with a service to which item 30023 applies **that is performed at the same site**

(H) (Anaes.) (Assist.)

Fee: \$413.95 Benefit: 75% = \$310.50

Private Health Insurance Classification:

- Clinical category: ~~Joint reconstructions~~ **Bone, joint and muscle**
- Procedure type: Type A Surgical

46498

Excision of ganglion of flexor tendon sheath of hand, including any of the following (if performed):

### Category 3 – THERAPEUTIC PROCEDURES

(a) flexor tenosynovectomy;

(b) sheath excision;

(c) skin closure by any method;

other than a service associated with:

**(d) a service to which item 30107 applies; or**

**(e) a service to which item 46363 applies that is performed on the same ray**  
(Anaes.) (Assist.)

Fee: \$242.05 Benefit: 75% = \$181.55 85% = \$205.75

Private Health Insurance Classification:

- Clinical category: ~~Joint reconstructions~~ **Bone, joint and muscle**
- Procedure type: Unlisted

46522

Open operation and drainage of infection for flexor tendon sheath of finger or thumb, including either or both of the following (if performed):

(a) synovectomy;

(b) tenolysis;

other than a service associated with a service to which item 30023 applies **that is performed at the same site**—one digit

(H) (Anaes.) (Assist.)

Fee: \$463.60 Benefit: 75% = \$347.70

Private Health Insurance Classification:

- Clinical category: ~~Joint reconstructions~~ **Bone, joint and muscle**
- Procedure type: Type A Surgical

46525

Incision for pulp space infection of hand:

(a) other than a service:

(i) to which another item in this Group applies; or

(ii) associated with a service to which item 30023 applies **that is performed at the same site**; and

(b) excluding aftercare

(H) (Anaes.)

Fee: \$62.15 Benefit: 75% = \$46.65

Private Health Insurance Classification:

### Category 3 – THERAPEUTIC PROCEDURES

- Clinical category: Common list
- Procedure type: Type B Non-band specific

#### Subgroup 15 - Orthopaedic

47357

Treatment of fracture of carpal scaphoid, by **open** reduction, with **internal or percutaneous** fixation **by any means**

(Anaes.) (Assist.)

Fee: \$414.45 Benefit: 75% = \$310.85 85% = \$352.30

Private Health Insurance Classification:

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

49219

Diagnosis of carpometacarpal **joint** of thumb or joint of digit, by arthroscopic means, including biopsy (if performed)

(H) (Anaes.)(Assist.)

Fee: \$300.45 Benefit: 75% = \$225.35

Private Health Insurance Classification:

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

49220

Treatment of carpometacarpal **joint** of thumb or joint of digit, by arthroscopic means—one joint

(H) (Anaes.) (Assist.)

Fee: \$673.60 Benefit: 75% = \$505.20

Private Health Insurance Classification:

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

49230

Total, hemi or interpositional prosthetic replacement of carpal bone of wrist, ~~for trauma or emergency~~, including **all any** of the following **(if performed)**:

- (a) ligament and tendon rebalancing procedures;
- (b) limited wrist fusions;

### Category 3 – THERAPEUTIC PROCEDURES

(c) limited bone grafting

(H) (Anaes.) (Assist.)

Fee: \$1,014.00 Benefit: 75% = \$760.50

Private Health Insurance Classification:

- Clinical category: ~~Joint reconstructions~~ **Joint replacements**
- Procedure type: Type A Advanced Surgical

49233

Excisional arthroplasty of single (or part of) carpal bone of wrist, when transfers of ligaments or tendons, or rebalancing procedures, are not required, including ~~all~~ **any** of the following **(if performed)**:

- (a) radial styloidectomy;
- (b) ulnar styloidectomy;
- (c) proximal hamate;
- (d) partial scaphoid;

other than a service associated with a service to which another item in this Schedule applies if the service described in the other item is for the purpose of performing a distal ~~radial-radioulnar~~ joint reconstruction, a proximal row carpectomy or **a limited wrist fusion another wrist procedure**— applicable once for a single operation

(H) (Anaes.) (Assist.)

Fee: \$426.90 Benefit: 75% = \$320.20

Private Health Insurance Classification:

- Clinical category: Joint reconstructions
- Procedure type: Type A Surgical

49239

Excision of pisiform or hook of hamate **or sesamoid bone of hand**, including release of ulnar nerve (if performed)

(H) (Anaes.)(Assist.)

Fee: \$320.20 Benefit: 75% = \$240.15

Private Health Insurance Classification:

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

Please note that the information provided is a general guide only. It is ultimately the responsibility of treating practitioners to use their professional judgment to determine the most clinically appropriate services to provide, and then to ensure that any services billed to Medicare fully meet the eligibility requirements outlined in the legislation.

This factsheet is current as of the Last updated date shown above and does not account for MBS changes since that date.