



# Orthopaedic Surgery Changes – Neurosurgery 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 items for some neurosurgery procedures commonly used in conjunction with orthopaedic services.

## 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 12 items for neurosurgical procedures.

Items **39303**, **39309**, **39312**, **39315**, **39329**, **39330**, **39331**, **39332**, **39336**, **39339**, **39342** and **39345** 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 with **30023** where the primary procedure and the wound debridement are performed at different locations. These items were previously amended 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 by strikethrough and bold text

## Category 3 – THERAPEUTIC PROCEDURES

### Group T8 – Surgical Operations

#### Subgroup 7 - Neurosurgical

39303

Nerve, digital or cutaneous, delayed repair of, using microsurgical techniques, including either or both of the following (if performed):

(a) neurolysis;

(b) transposition of nerve to facilitate repair;

other than a service associated with a service to which item 30023 applies **that is performed at the same site** —applicable once per nerve

(H) (Anaes.) (Assist.)

Fee: \$513.05 Benefit: 75% = \$384.80

Private Health Insurance Classification:

- Clinical category: Brain and nervous system
- Procedure type: Type A Surgical

39309

Nerve trunk, delayed repair of, using microsurgical techniques, including either or both of the following (if performed):

(a) neurolysis;

(b) transposition of nerve or nerve transfer to facilitate repair;

other than a service associated with:

**(c) a service to which item ~~30023~~ or 39321 applies; or**

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

(H) (Anaes.) (Assist.)

Fee: \$786.35 Benefit: 75% = \$589.80

Private Health Insurance Classification:

- Clinical category: Brain and nervous system
- Procedure type: Type A Surgical

39312

### Category 3 – THERAPEUTIC PROCEDURES

Nerve trunk, internal (interfascicular), neurolysis of, using microsurgical techniques, other than a service associated with a service to which item 30023 applies **that is performed at the same site**

(H) (Anaes.) (Assist.)

Fee: \$ Benefit: 75% = \$

Private Health Insurance Classification:

- Clinical category: Brain and nervous system
- Procedure type: Type A Surgical

39315

Nerve trunk, nerve graft to, by cable graft, using microsurgical techniques, including any of the following (if performed):

- (a) harvesting of nerve graft;
- (b) proximal and distal anastomosis of nerve graft;
- (c) transposition of nerve to facilitate grafting;
- (d) neurolysis;

other than a service associated with:

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

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

(H) (Anaes.) (Assist.)

Fee: \$1,133.95 Benefit: 75% = \$850.50

Private Health Insurance Classification:

- Clinical category: Brain and nervous system
- Procedure type: Type A Advanced Surgical

39329

Extensive neurolysis of radial, median or ulnar nerve trunk nerve in the forearm or arm, other than a service associated with:

**(a) a service to which item ~~30023~~, 39303, 39309, 39312, 39315, 39318, 39324, or 39327 applies; or**

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

(Anaes.) (Assist.)

Fee: \$389.00 Benefit: 75% = \$291.75 85% = \$330.65

Private Health Insurance Classification:

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

### Category 3 – THERAPEUTIC PROCEDURES

39330

Neurolysis by open operation without transposition, other than a service associated with:

**(a)** a service to which item ~~30023~~, 39321, 39328, 39329, 39332, 39336, 39339, 39342, 39345, 49774 or 49775 applies; **or**

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

(H) (Anaes.) (Assist.)

Fee: \$304.65 Benefit: 75% = \$228.50

Private Health Insurance Classification:

- Clinical category: Brain and nervous system
- Procedure type: Type A Surgical

39331

Carpal tunnel release, including division of transverse carpal ligament or release of median nerve, by any method, including either or both of the following (if performed):

(a) synovectomy;

(b) neurolysis;

other than a service associated with:

**(c)** a service to which item ~~30023~~ or 46339 applies; **or**

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

(Anaes.) (Assist.)

Fee: \$304.65 Benefit: 75% = \$228.50 85% = \$259.00

Private Health Insurance Classification:

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

39332

Revision of carpal tunnel release, including division of transverse carpal ligament or release of median nerve, by any method, including either or both of the following (if performed):

(a) synovectomy;

(b) neurolysis;

other than a service associated with:

**(c)** a service to which item ~~30023~~ or 46339 applies; **or**

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

(Anaes.) (Assist.)

### Category 3 – THERAPEUTIC PROCEDURES

Fee: \$457.00 Benefit: 75% = \$342.75 85% = \$388.45

Private Health Insurance Classification:

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

39336

Ulnar nerve decompression at elbow or wrist (cubital tunnel or Guyon's canal) without transposition, by any method, including neurolysis (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: \$304.65 Benefit: 75% = \$228.50 85% = \$259.00

Private Health Insurance Classification:

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

39339

Revision of ulnar nerve decompression at elbow (cubital tunnel) without transposition, by any method, including neurolysis (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: \$457.00 Benefit: 75% = \$342.75 85% = \$388.45

Private Health Insurance Classification:

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

39342

Ulnar nerve decompression at elbow (cubital tunnel), including any of the following (if performed):

- (a) associated transposition;
- (b) subcutaneous or submuscular transposition of the nerve;
- (c) medial epicondylectomy;
- (d) ostetomy and reconstruction of the flexor origin;
- (e) neurolysis;

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: \$599.55 Benefit: 75% = \$449.70 85% = \$509.65

Private Health Insurance Classification:

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

39345

Localised decompression of radial, median or ulnar nerve, or branches of, in the forearm for compressive neuropathy, including neurolysis (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: \$304.65 Benefit: 75% = \$228.50 85% = \$259.00

Private Health Insurance Classification:

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

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.