

WorkCover

QUEENSLAND

Upper Limb Surgery Guidelines

February 2022

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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 the multiple operational rule and assistant's fees. The schedule is available at [worksafe.qld.gov.au](https://www.worksafe.qld.gov.au).

Medical interventions relating to upper 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 medical professionals who provided comment for the review of these 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, subgroup 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 services 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

MBS ITEM CODE	DESCRIPTOR	CLINICAL INDICATION
30023	Wound of soft tissue, traumatic, <u>deep or extensively contaminated</u> , debridement of, under general anaesthesia or regional or field nerve block, including suturing of that wound when performed (Anaes.) (Assist.)	<p>The repair of wound must be undertaken by suture, tissue adhesive resin (such as methyl methacrylate) or clips. 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.</p> <p>Item 30023 covers debridement of traumatic, "deep or extensively contaminated" wound. Benefits are not payable under this item for debridement which would be expected to be encountered as part of an operative approach to the treatment of fractures.</p> <p>Debridements are also <u>not</u> applicable when removing percutaneous wire fixation.</p> <p>This item can be used for deep chronic wounds or in combination with open fractures requiring debridement.</p> <p>This item is not to be used in combination with 30068.</p> <p>Limit of one debridement per episode of care or per limb.</p> <p>WorkCover will seek justification for use of item code from the requesting practitioner and will consider a second opinion if this procedure is requested more than once per episode of care or per limb.</p>
30024 - 30049	Repair of Wounds	<p>The repair of wound referred to in these items must be undertaken by suture, tissue adhesive resin (such as methyl methacrylate) or clips.</p> <p>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.</p> <p>The term 'superficial' means affecting skin and subcutaneous tissue including fat and the term 'deeper tissue' means all tissues deep to but not including subcutaneous tissue such as fascia and muscle.</p>
30107	Ganglion or small bursa, excision of (Anaes.)	No benefit payable for any other item in this Group if performed on the same occasion.
45203	Single stage local flap - one defect, complicated, or large (Anaes.) (Assist.)	This item is to be used for complicated large flaps.

MBS ITEM CODE	DESCRIPTOR	CLINICAL INDICATION
45206	Single stage local flap - defect, on eyelid, nose, lip, ear, neck, hand, thumb, finger, or genitals. (Anaes.)	This item is not to be used for basic suturing of lacerations and for “exposure” flaps, such as Bruner incisions for access to a flexor tendon injury. Australian Society of Plastic Surgeons (ASPS) guidelines indicate a flap is utilised when raised for closing an anatomic defect only, not simple skin closures. WorkCover will seek justification for use of item code from the requesting practitioner and will consider a second opinion if this procedure is requested more than two times.
45500	Microvascular repair using microsurgical techniques, with restoration of continuity of artery or vein of distal extremity or digit. (Anaes.) (Assist.)	This item will only be paid for revascularisation of a digit/limb where there is evidence of appropriate microsurgical techniques employed by a surgeon with an expertise in vascular surgery, plastic surgery, or upper limb surgery. WorkCover will seek justification for use of item code from the requesting practitioner and will consider a second opinion if this procedure is requested two or more times.
45501 / 45502	Re-plantation of limb or digit microvascular anastomosis using microsurgical techniques. (Anaes.) (Assist.)	These items specifically relate to replantation of a limb or digit. 45501 refers to artery and 45502 refers to vein. Not to be used for revascularisation - refer to item 45500 . This item is normally requested as an urgent procedure due to traumatic amputation of digit or limb. If not <i>emergency</i> surgery, WorkCover will seek justification for use of item code from the requesting practitioner and will consider a second opinion if this procedure is requested.
45563	Neurovascular island flap including direct repair of secondary cutaneous defect if performed. (Anaes.) (Assist.)	This is for a true island flap, elevated on a neurovascular pedicle e.g. Segmuller flap, Venkataswami flap, Evans flap, radial forearm flap. Excludes bilateral and Kutler flaps. There is a limit of one neurovascular island flap per episode of care (theatre / operative procedure) . WorkCover will seek justification for use of item code from the requesting practitioner and <u>will</u> consider a second opinion if this procedure is requested more than once per episode of care.

Nerve injuries

MBS ITEM CODE	DESCRIPTOR	CLINICAL INDICATION
39300	Nerve, digital or cutaneous, primary repair using microsurgical techniques, per nerve, elective or trauma. (Anaes.) (Assist.)	No benefit payable for item 39330 if performed on the same occasion.
39303	Delayed repair of cutaneous and digital nerve, using microsurgical techniques, inclusive of, if performed: neurolysis and any transposition of nerve to facilitate repair. (Anaes.) (Assist.)	No benefit payable for item 30023 if performed on the same occasion. Not to be used in acute trauma.
39306	Nerve trunk, primary repair of, using microsurgical techniques. (Anaes.) (Assist.)	No benefit payable for item 39330 if performed on the same occasion.
39307	Reconstruction of Nerve trunk using biological or synthetic nerve conduit by microsurgical techniques. (Anaes.) (Assist.)	No benefit payable for item 39330 if performed on the same occasion.
39309	Nerve trunk, delayed repair of, using microsurgical techniques. Inclusive of, if performed: neurolysis and any transposition of nerve to facilitate repair. (Anaes.) (Assist.)	No benefit payable for items 30023 or 39321 if performed on the same occasion. Not to be used in trauma.
39312	Nerve trunk, internal (interfascicular), neurolysis of, using microsurgical techniques. (Anaes.) (Assist.)	The item is never indicated in acute trauma. It is rarely indicated in elective surgery and is reserved for use in revision nerve decompression surgery. This item is not to be used in combination with 39331, wrist carpal tunnel release (division of transverse carpal ligament), unless for a revision procedure. No benefit payable for item 30023 if performed on the same occasion
39315	Nerve trunk, nerve graft to, (cable graft) using microsurgical techniques. Inclusive of, if performed: harvesting of nerve graft and proximal and distal anastomoses of nerve graft, and any transposition to facilitate grafting, elective or trauma. (Anaes.) (Assist.)	No benefit payable for item 30023 or 39330 if performed on the same occasion.

MBS ITEM CODE	DESCRIPTOR	CLINICAL INDICATION
39318	Nerve, digital or cutaneous, nerve graft to, using microsurgical techniques. Involves harvesting of nerve graft from separate donor site and proximal and distal anastomoses, elective or trauma. (Anaes.) (Assist.)	No benefit payable for item 39330 if performed on the same occasion.
39319	Reconstruction of digital or cutaneous nerve using biological or synthetic nerve conduit by microsurgical techniques (Anaes.) (Assist.)	No benefit payable for item 39330 if performed on the same occasion.
39321	Nerve, transposition of, elective or trauma. (Anaes.) (Assist.)	Not appropriate for use in epicondylitis surgery – refer to item 39330 (this item applies to transposition of ulna nerve anterior to medial epicondyle to submuscular or subcutaneous site). No benefit payable for items 48412 or 39330 if performed on the same occasion.
39324	Neurectomy or removal of tumour or neuroma from superficial peripheral nerve. (Anaes.) (Assist.)	
39327	Neurectomy, neurotomy or removal of tumour from deep peripheral or cranial nerve, by open operation. (Anaes.) (Assist.)	No benefit payable for items 41575, 41576, 41578 or 41579 if performed on the same occasion
39328	Neurectomy, neurotomy or removal of tumour from deep peripheral nerve, by open operation. (Anaes.) (Assist.)	Only to be used for upper limb surgery.
39329	Extensive neurolysis of radial, median or ulnar nerve trunk nerve in the forearm or arm. (Anaes.) (Assist.)	No benefit payable for items 30023, 39303, 39309, 39312, 39315, 39318, 39324, 39327 or 39333 , if performed on the same occasion

MBS ITEM CODE	DESCRIPTOR	CLINICAL INDICATION
39330	Neurolysis by open operation without transposition. (Anaes.) (Assist.)	No benefit payable for items 30023, 39303, 39309, , 39315 39321, 39336, 39342, 39345, 39332, 39339, 39328,39329, 49774 or 49775 , if performed on the same occasion. Can be used in combination with elbow surgery (eg: 48412 if performing an Ulna Nerve release with Medial Epicondylectomy or 47903 lateral or medial epicondylitis debridement). WorkCover will seek further information from the requesting practitioner and may consider a second opinion if this procedure is requested in combination with any shoulder surgery (particularly 48948) or in acute Trauma.
39333	Brachial plexus, exploration of. (Anaes.) (Assist.)	No benefit payable for any other items in this Group if performed on the same occasion.
39336	Ulnar nerve decompression at elbow or wrist (cubital tunnel or Guyon's canal) without transposition, by any method. Inclusive neurolysis, if performed. (Anaes.) (Assist.)	Ulnar nerve decompression at elbow or wrist (cubital tunnel or Guyon's canal) without transposition, by any method. Inclusive neurolysis, if performed. No benefit payable for item 30023 if performed on the same occasion.
39342	Ulnar nerve decompression at elbow (cubital tunnel) combined with associated transposition, subcutaneous, submuscular, and/or medial epicondylectomy. Inclusive of, if performed: osteotomy and reconstruction flexor origin and neurolysis, elective or trauma. (Anaes.) (Assist.)	No benefit payable for item 30023 if performed on the same occasion.
39345	Localised decompression of radial, median, or ulnar nerve, or branches of in the forearm for compressive neuropathy, inclusive of neurolysis. (Anaes.) (Assist.)	This item cannot be claimed with trauma items or co-claimed with acute nerve repairs. No benefit payable for item 30023 if performed on the same occasion.

Amputations

MBS ITEM CODE	DESCRIPTOR	CLINICAL INDICATION
44325	Amputation of hand, transcarpal, elective or trauma. (Anaes.) (Assist.)	Non traumatic procedure justification from requesting practitioner required. A second opinion will be considered.
44331	Amputation at shoulder. (Anaes.) (Assist.)	Non traumatic procedure justification from requesting practitioner required. A second opinion will be considered.
44334	Interscapulothoracic amputation. (Anaes.) (Assist.)	Non traumatic procedure justification from requesting practitioner required. A second opinion will be considered.
46465	Amputation digit, distal to metacarpal head. Inclusive of, if performed: resection of bone, neuroma and skin cover with local flaps, 1 ray, elective or trauma. (Anaes.) (Assist.)	Non traumatic procedure justification from requesting practitioner required. A second opinion will be considered.
46468	Amputation digit, distal to metacarpal head. Inclusive of, if performed: resection of bone, neuroma and skin cover with local flaps, 2 rays, elective or trauma. (Anaes.) (Assist.)	Non traumatic procedure justification from requesting practitioner required. A second opinion will be considered.
46471	Amputation digit, distal to metacarpal head. Inclusive of, if performed: resection of bone, neuroma and skin cover with local flaps, 3 rays, elective or trauma. (Anaes.) (Assist.)	Non traumatic procedure justification from requesting practitioner required. A second opinion will be considered.
46474	Amputation digit, distal to metacarpal head. Inclusive of, if performed: resection of bone, neuroma and skin cover with local flaps, 4 rays, elective or trauma. (Anaes.) (Assist.)	Non traumatic procedure justification from requesting practitioner required. A second opinion will be considered.

MBS ITEM CODE	DESCRIPTOR	CLINICAL INDICATION
46477	Amputation digit, distal to metacarpal head. Inclusive of, if performed: resection of bone, neuroma and skin cover with local flaps, 5 rays, elective or trauma. (Anaes.) (Assist.)	Non traumatic procedure justification from requesting practitioner required. A second opinion will be considered.
46480	Amputation, ray of hand. Inclusive of, if performed: resection of bone, neuromas and skin cover or recontouring with local flaps, per ray, elective or trauma. (Anaes.) (Assist.)	Non traumatic procedure justification from requesting practitioner required. A second opinion will be considered.
46483	Amputation, revision of stump to provide adequate cover, inclusive of, if performed: bone shortening and excision of neuroma, and nail bed remnants, elective or trauma. (Anaes.) (Assist.)	Non traumatic procedure justification from requesting practitioner required. A second opinion will be considered.

Hand surgery

MBS ITEM CODE	DESCRIPTOR	CLINICAL INDICATION
39331	Carpal tunnel release (division of transverse carpal ligament or release median nerve), by any method (open or endoscopic). Inclusive of, if performed: synovectomy and neurolysis. (Anaes.) (Assist.)	<p>This is the only item number appropriate for a primary carpal tunnel release.</p> <p>WorkCover Queensland will not fund ultrasound costs (55850) in conjunction with this surgery procedure.</p> <p>Nerve Conduction Studies (NCS) preferable prior to surgical consideration, other than in acute cases.</p> <p>This item is rarely indicated in combination with 46339: Extensor tendons or flexor tendons of hand or wrist (synovectomy).</p> <p>39331 cannot be billed with 30023 or 46339 – Billing is only approved for one OR the other of these codes. If this code combination is billed, WorkCover will seek justification from the requesting practitioner and a second opinion will also be sought.</p> <p>This item may be claimed in trauma contexts in association with fractures.</p>
39332	Revision of carpal tunnel release including division of transverse carpal ligament or release of median nerve by any method. Inclusive of synovectomy and neurolysis, if performed. (Anaes.) (Assist.)	<p>No benefit payable for item 30023 or 46339 if performed on the same occasion.</p> <p>Nerve Conduction Studies (NCS) preferable prior to surgical consideration, other than in acute cases.</p>
46300	Arthrodesis of inter-phalangeal joint or metacarpophalangeal joint, including either or both joint debridement or synovectomy if performed. (Anaes.) (Assist.)	1 Joint
46303	Carpometacarpal joint, arthrodesis of, inclusive of, if performed: synovectomy and joint debridement, elective or trauma. (Anaes.) (Assist.)	1 Joint
46308	Volar plate or soft tissue interposition arthroplasty of interphalangeal joint or metacarpophalangeal joint. Inclusive of tendon transfers or realignment, if performed. (Anaes.) (Assist.)	1 Joint

MBS ITEM CODE	DESCRIPTOR	CLINICAL INDICATION
46309 - 46321	Interphalangeal joint or metacarpophalangeal joint, prosthetic replacement arthroplasty or hemiarthroplasty of. Inclusive of, if performed: associated synovectomy, tendon transfer, realignment, and ligament reconstruction (Anaes.) (Assist.)	46309 – 1 Joint 46312 – 2 Joints 46315 – 3 joints 46318 – 4 joints 46321 – 5 or more joints
46322	Revision of prosthetic replacement arthroplasty or hemiarthroplasty of interphalangeal joint or metacarpal joint. Inclusive of, if performed: i) associated synovectomy ii) tendon transfers or realignment iii) bone grafting iv) tendon or ligament reconstruction. (Anaes.) (Assist.)	Claimable per joint .
46324	Carpal bone replacement total or hemi, including trapezium, carpometacarpal and/or intercarpal joint replacement, including associated tendon transfer, tendon harvest or realignment when performed, elective or trauma. (Anaes.) (Assist.)	Excluding total wrist and Distal Radial Ulnar Joint (DRUJ) replacements.
46325	Carpometacarpal joint of thumb, excisional arthroplasty, including ligament reconstruction and stabilization and excision of partial trapezoid, if performed, elective or trauma. (Anaes.) (Assist.)	
46330	Interphalangeal or metacarpophalangeal joint, ligamentous, or capsular repair or reconstruction, inclusive of, if performed arthrotomy, synovectomy or joint stabilisation, per joint, elective or trauma. (Anaes.) (Assist.)	

MBS ITEM CODE	DESCRIPTOR	CLINICAL INDICATION
46333	<p>Interphalangeal or metacarpophalangeal joint, ligamentous, or capsular repair or reconstruction with graft, using graft or implant, inclusive of, if performed, arthrotomy or synovectomy or joint stabilization.</p> <p>(Anaes.) (Assist.)</p>	<p>Inclusive of harvest of graft, elective or trauma.</p> <p>No benefit payable for items 48245, 48248, 48251, 48254 or 48257 if performed on the same occasion.</p> <p>Claimable per joint.</p>
46335	<p>Synovectomy of digital extensor tendons, distal to wrist, for diagnosed inflammatory arthritis. Inclusive of, if performed:</p> <ul style="list-style-type: none"> i) associated extensor tenolysis ii) tenoplasty iii) removal of tendon nodules iv) associated reconstruction extensor retinaculum. <p>(Anaes.) (Assist.)</p>	<p>No benefit payable for item 30023, 39331 or 39330 if performed on the same occasion.</p> <p>Claimable per occasion of service.</p>
46336	<p>Synovectomy of interphalangeal, metacarpophalangeal or carpometacarpal joint.</p> <p>Inclusive of, if performed: capsulectomy, debridement of, ligament and tendon realignment as an independent procedure</p> <p>(Anaes.) (Assist.)</p>	<p>No benefit payable for item 46495 if performed on the same occasion.</p> <p>Claimable per joint.</p>
46339	<p>Synovectomy of digital flexor tendons at wrist level for clinician-assessed inflammatory arthritis.</p> <p>Inclusive of, if performed: associated flexor tenolysis and release of median nerve and carpal tunnel.</p> <p>(Anaes.) (Assist.)</p>	<p>Rare in a workers' compensation setting.</p> <p>Not for use for De Quervain's (refer to 46363).</p> <p>Note: If performing a complete flexor tenosynovectomy, a release of the Carpal Tunnel is part of the operation and therefore 39331 should not be added.</p> <p>If this item is requested in conjunction with 39331 (Wrist carpal tunnel release) or 46363 (De Quervain's), clinical documentation of gross synovitis is required with histological confirmation.</p> <p>WorkCover will seek justification for use of item code from the requesting practitioner and will consider a second opinion if this procedure is requested two or more times.</p>

MBS ITEM CODE	DESCRIPTOR	CLINICAL INDICATION
46340	Synovectomy of wrist flexor or extensor tendons, one or more compartments, for diagnosed inflammatory tenosynovitis Inclusive of, if performed: i) associated reconstruction flexor or extensor retinaculum ii) tenoplasty/tenolysis iii) removal of tendon nodules. (Anaes.) (Assist.)	No benefit payable for item 30023, 39331 or 39330 if performed on the same occasion.
46341	Synovectomy of wrist flexor or extensor tendons, one or more compartments for non-inflammatory tenosynovitis or post traumatic synovitis. Inclusive of, if performed: i) associated reconstruction flexor or extensor retinaculum ii) tenoplasty/tenolysis iii) removal of tendon nodules. (Anaes.) (Assist.)	No benefit payable for items 30023, 39331 or 39330 if performed on the same occasion.
46342	Synovectomy of Distal Radioulnar joint or carpometacarpal joint or joints. (Anaes.) (Assist.)	One or more joints.
46345	Distal radioulnar joint, resection arthroplasty, partial or complete resection. Inclusive of, if performed: stabilising procedures and ligament or tendon reconstruction and synovectomy. (Anaes.) (Assist.)	
46348 - 46360	Digit, synovectomy of flexor tendon or tendons. (Anaes.)	46348 – 1 digit 46351 – 2 digits 46354 – 3 digits 46357 – 4 digits 46360 – 5 digits No benefit payable for item 30023 or 46339 if performed on the same occasion.

MBS ITEM CODE	DESCRIPTOR	CLINICAL INDICATION
46363	Trigger finger release for stenosing tenosynovitis, per ray. Inclusive of, if performed: synovial biopsy/synovectomy. (Anaes.) (Assist.)	No benefit payable for item 39330 if performed on the same occasion. Item used for De Quervain's Release or Trigger Finger Release.
46364	Digital sympathectomy using microsurgical techniques. Claimable once per either or both digit, palmar arch, or either or both radial artery or ulnar artery. (Anaes.)(Assist.)	Note "digit" implies 2 or both digital arteries and thus 46364 billed once only. 2 digits = 4 vessels and thus 46364 x 2. No benefit payable for items 30023 or 46363 if performed on the same occasion.
46365	Excision of rheumatoid nodules, per lesion. (Anaes.) (Assist.)	WorkCover will seek justification for use of item code from the requesting practitioner and will consider a second opinion if this procedure is requested. Rarely used in WorkCover setting.
46367	De Quervain's release. Inclusive of, if performed: any associated synovectomy of both extensor pollicis brevis and abductor pollicis longus tendons and retinaculum reconstruction. (Anaes.) (Assist.)	No benefit payable for item 46339 if performed on the same occasion. De Quervain's tenosynovitis - can only be used once per side (i.e. includes both APL and EPB tendons).
46370	Percutaneous fasciotomy by needle or chemical method for Dupuytren contracture. Inclusive of, if performed: i) immediate or delayed manipulation ii) local or regional nerve block . (Anaes.) (Assist.)	WorkCover will seek justification for use of item code from the requesting practitioner and will consider a second opinion if this procedure is requested for an acute injury or trauma. Item number charged per ray .
46372	Dupuytren contracture, fasciectomy for, inclusive of, if performed, dissection of nerves, 1 ray. (Anaes.) (Assist.)	WorkCover will seek justification for use of item code from the requesting practitioner and will consider a second opinion if this procedure is requested for an acute injury or trauma. Rare in a WorkCover setting.
46375	Dupuytren contracture, fasciectomy for. Inclusive of, if performed, dissection of nerves, 2 rays. (Anaes.) (Assist.)	WorkCover will seek justification for use of item code from the requesting practitioner and will consider a second opinion if this procedure is requested for an acute injury or trauma. Rare in a WorkCover setting.

MBS ITEM CODE	DESCRIPTOR	CLINICAL INDICATION
46378	Dupuytren contracture, fasciectomy for. Inclusive of, if performed, dissection of nerves, 3 rays. (Anaes.) (Assist.)	WorkCover will seek justification for use of item code from the requesting practitioner and will consider a second opinion if this procedure is requested for an acute injury or trauma. Rare in a WorkCover setting.
46379	Dupuytren contracture, fasciectomy for. Inclusive of, if performed, dissection of nerves, 4 rays. (Anaes.) (Assist.)	WorkCover will seek justification for use of item code from the requesting practitioner and will consider a second opinion if this procedure is requested for an acute injury or trauma. Rare in a WorkCover setting.
46380	Dupuytren contracture, fasciectomy for. Inclusive of, if performed, dissection of nerves, 5 rays. (Anaes.) (Assist.)	WorkCover will seek justification for use of item code from the requesting practitioner and will consider a second opinion if this procedure is requested for an acute injury or trauma. Rare in a WorkCover setting.
46381	Interphalangeal joint release, open procedure, when performed in conjunction with operation for Dupuytren contracture - one joint. (Anaes.) (Assist.)	WorkCover will seek justification for use of item code from the requesting practitioner and will consider a second opinion if this procedure is requested for an acute injury or trauma.
46384	Z plasty (or similar local flap procedure) when performed in conjunction with operation for Dupuytren's contracture - 1 such procedure. (Anaes.) (Assist.)	WorkCover will seek justification for use of item code from the requesting practitioner and will consider a second opinion if this procedure is requested for an acute injury or trauma.
46387	Dupuytren contracture, fasciectomy for, operation for recurrence in that ray. Inclusive of, if performed: dissection of nerves, and neurolysis, 1 ray. (Anaes.) (Assist.)	WorkCover will seek justification for use of item code from the requesting practitioner and will consider a second opinion if this procedure is requested for an acute injury or trauma. No benefit payable for item 30023 if performed on the same occasion.
46390	Dupuytren contracture, fasciectomy for, operation for recurrence in that ray. Inclusive of, if performed: dissection of nerves, and neurolysis, 2 rays. (Anaes.) (Assist.)	WorkCover will seek justification for use of item code from the requesting practitioner and will consider a second opinion if this procedure is requested for an acute injury or trauma. No benefit payable for item 30023 if performed on the same occasion.

MBS ITEM CODE	DESCRIPTOR	CLINICAL INDICATION
46393	Dupuytren contracture, fasciectomy for, operation for recurrence in that ray. Inclusive of, if performed: dissection of nerves, and neurolysis, 3 rays. (Anaes.) (Assist.)	WorkCover will seek justification for use of item code from the requesting practitioner and will consider a second opinion if this procedure is requested for an acute injury or trauma. No benefit payable for item 30023 if performed on the same occasion.
46394	Dupuytren contracture, fasciectomy for, operation for recurrence in that ray. Inclusive of, if performed: dissection of nerves, and neurolysis, 4 rays. (Anaes.) (Assist.)	WorkCover will seek justification for use of item code from the requesting practitioner and will consider a second opinion if this procedure is requested for an acute injury or trauma. No benefit payable for item 30023 if performed on the same occasion.
46395	Dupuytren contracture, fasciectomy for, operation for recurrence in that ray. Inclusive of, if performed: dissection of nerves, and neurolysis, 5 rays. (Anaes.) (Assist.)	WorkCover will seek justification for use of item code from the requesting practitioner and will consider a second opinion if this procedure is requested for an acute injury or trauma. No benefit payable for item 30023 if performed on the same occasion.
46399	Osteotomy of, phalanx or metacarpal of the hand, with internal fixation, per bone. (Anaes.) (Assist.)	
46401	Phalanx or metacarpal, operative treatment of non-union, including internal fixation if performed. (Anaes.) (Assist.)	
46408	Tendon reconstruction of, by tendon graft.	Inclusive of, if performed: graft harvest and tenolysis of tendon to be reconstructed, elective or trauma. No benefit payable for item 30023 if performed on the same occasion.
46411	Flexor tendon pulley reconstruction. Complete (not partial) reconstruction with graft. (Anaes.) (Assist.)	Inclusive of, if performed: harvest of graft. Per pulley, elective or trauma.
46414	Artificial tendon prosthesis, insertion of, in preparation for tendon grafting. (Anaes.) (Assist.)	Inclusive of, if performed: tenolysis, elective or trauma. No benefit payable for item 30023 if performed on the same occasion.

MBS ITEM CODE	DESCRIPTOR	CLINICAL INDICATION
46417	Tendon transfer for restoration of hand function, each transfer. (Anaes.) (Assist.)	Inclusive of, if performed: harvest of donor motor unit, elective or trauma.
46420	Extensor tendon of hand or wrist, primary repair, each tendon (Anaes.)	For an acutely injured tendon as a primary procedure. This item should not be claimed for repair of extensor tendon split as part of an access to phalangeal fractures/osteotomies.
46423	Delayed extensor tendon repair. Inclusive of, if performed tenolysis. (Anaes.) (Assist.)	No benefit payable for item 30023 if performed on the same occasion.
46426	Flexor tendon of hand or wrist, primary repair of, proximal to A1 pulley, each tendon. (Anaes.) (Assist.)	Not to be used more than once to repair FDS tendon in a digit. This item can only be used a maximum of twice per digit.
46432	Flexor tendon of hand, primary repair of, distal to A1 pulley, each tendon (Anaes.) (Assist.)	This item is only to be used for acute injuries. This item can only be used a maximum of twice per digit.
46434	Delayed flexor tendon repair. Inclusive of, if performed, tenolysis. (Anaes.) (Assist.)	This item is not to be used in acute injuries. No benefit payable for item 30023 if performed on the same occasion. This item can only be used a maximum of twice per digit.
46438	Mallet Finger, closed pin fixation of. (Anaes.)	
46441	Mallet finger, open reduction of, inclusive of, if performed: pin fixation, joint release and tenolysis. (Anaes.) (Assist.)	
46442	Mallet Finger with intra articular fracture involving more than one third of base of terminal phalanx – open operation. (Anaes.) (Assist.)	
46444	Boutonniere Deformity without joint contracture, reconstruction of. (Anaes.) (Assist.)	

MBS ITEM CODE	DESCRIPTOR	CLINICAL INDICATION
46450	Extensor tendon, tenolysis, following tendon injury or graft – per ray. (Anaes.) (Assist.)	These items are applicable for freeing tendons from scar tissue following previous surgery or trauma. They are therefore <u>not</u> indicated in an acute hand injury. 46450 cannot be claimed in conjunction with release of trigger finger or for De Quervain’s (see item 46363). No benefit payable for item 30023 if performed on the same occasion.
46453	Flexor tendon, tenolysis, following tendon injury, repair or graft. (Anaes.) (Assist.)	These items are applicable for freeing tendons from scar tissue following previous surgery or trauma. They are <u>not</u> indicated in an acute hand injury. 46453 cannot be claimed in conjunction with release of trigger finger or for De Quervain’s (see item 46363). No benefit payable for item 30023 if performed on the same occasion.
46456	Finger, percutaneous tenotomy of. (Anaes.)	
46464 - 46483	Digit, Amputations	See amputations section for details.
46486	Accurate reconstruction of acute nail bed laceration using magnification. (Anaes.)	
46489	Secondary reconstruction of nail bed deformity using magnification, including removal of nail (if performed). (Anaes.) (Assist.)	No benefit payable for items 46513 or 45451 if performed on the same occasion.
46492	Contracture of joint of hand, flexor or extensor, surgical correction of, involving tissues deeper than skin and subcutaneous tissue, per joint. (Anaes.) (Assist.)	
46493	Resection of metacarpal boss. Inclusive of, if performed: excision of associated ganglion and synovectomy if required. (Anaes.) (Assist.)	

MBS ITEM CODE	DESCRIPTOR	CLINICAL INDICATION
46495	Ganglion or mucous cyst of interphalangeal, metacarpophalangeal or carpometacarpal joint, complete excision of, performed in operating theatre of a hospital. Inclusive of, if performed: arthrotomy, synovectomy, osteophyte resections and skin closure by any method. 1 joint. (Anaes.) (Assist.)	No benefit payable for items 30107 or 46336 if performed on the same occasion. .
46498	Ganglion of flexor sheath, excision of. Inclusive of, if performed: flexor tenosynovectomy, sheath excision, and skin closure by any method. (Anaes.) (Assist.)	No benefit payable for items 30107 or 46363 if performed on the same occasion.
46500	Excision of ganglion of dorsal wrist joint of hand, including any of the following (if performed): i) arthrotomy; ii) capsular or ligament repair (or both); iii) synovectomy. (Anaes.) (Assist.)	No benefit payable for item 30107 if performed on the same occasion.
46501	Excision of ganglion of volar wrist joint of hand, including any of the following (if performed): i) arthrotomy; ii) capsular or ligament repair (or both); iii) synovectomy. (Anaes.) (Assist.)	No benefits payable for items 30107 or 46325 if performed on the same occasion.
46502	Recurrent ganglion of dorsal wrist joint (excision). (Anaes.) (Assist.)	

MBS ITEM CODE	DESCRIPTOR	CLINICAL INDICATION
46503	Excision of recurrent ganglion of volar wrist joint of hand, including any of the following (if performed): i) arthrotomy; ii) capsular or ligament repair (or both); iii) synovectomy (Anaes.) (Assist.)	No benefit payable for item 30107 if performed on the same occasion.
46504	Neurovascular island flap for pulp innervation. (Anaes.) (Assist.)	This item is only to be used for heterodigital neurovascular island flap used to resurface pulp loss (eg: Littler flap first dorsal metacarpal artery or kite flap). There is a limit of one flap per digit . WorkCover will seek justification for use of item code from the requesting practitioner and will consider a second opinion if this procedure is requested two or more times.
46513	Removal of digital nail of finger or thumb- 1 Nail. (Anaes.)	This should not be used in association with nailbed repair (46486 : Nail bed, accurate reconstruction of nail bed laceration using magnification, undertaken in the operating theatre of a hospital or 46489 : Nail bed, secondary exploration and accurate repair of nail bed deformity using magnification, undertaken in the operating theatre of a hospital).
46519	Drainage of midpalmar, thenar or hypothenar spaces or dorsum of hand. (excluding aftercare). (Anaes.) (Assist.)	
46522	Flexor tendon sheath of finger or thumb, open operation and drainage for infection. (Anaes.) (Assist.)	This item is applicable only for drainage of suppurative flexor tenosynovitis. It does not apply to washout flexor sheath in acute injury. Claimable per digit . No benefit payable for item 30023 if performed on the same occasion.
46525	Pulp space infection, paronychia of hand, incision for, when performed in an operating theatre of a hospital. (Anaes.)	No benefit payable for any other item in this Group if performed on the same occasion (excluding after-care).

MBS ITEM CODE	DESCRIPTOR	CLINICAL INDICATION
46528	Nail, ingrowing of finger or thumb, wedge resection for, including and requiring removal of segment of nail, unguis fold, excision and partial ablation of germinal matrix, and including, if performed, phenolisation. (Anaes.)	
46531	Ingrown nail of finger or thumb, partial resection of nail, including phenolisation but not including excision of nail bed. (Anaes.)	
46534	Complete ablation of nail germinal matrix. (Anaes.) (Assist.)	

General procedures

MBS ITEM CODE	DESCRIPTOR	CLINICAL INDICATION
47003 - 47045	Treatment of upper limb dislocations.	Check MBS for item descriptions and exclusions of item combinations.
47301 - 47468	Treatment of upper limb fractures (open and closed reductions).	Check MBS for item descriptions and exclusions of item combinations.
47921	Orthopaedic pin or wire, insertion of, as an independent procedure. (Anaes.)	This item cannot be claimed when the k-wire has been used as part of fracture/percutaneous fixation. Can be used for the insertion of a temporary pin in association with a ligament/tendon repair. WorkCover will seek justification for use of item code from the requesting practitioner and will consider a second opinion if this procedure is requested in combination with any other item codes.
47924	Buried wire, pin or screw (1 or more inserted for internal fixation purposes), removal of requiring incision and suture – per bone. (Anaes.)	No benefit payable for items 47927 or 47929 if performed on the same occasion.
47927	Buried wire, pin, or screw (1 or more inserted for internal fixation purposes), removal of, in the operating theatre of a hospital - per bone. (Anaes.)	This item applies for removal of one or more buried k-wire per bone. Where fixation crosses two or more bones, only one item number is claimable.
47929	Removal of fixation elements including plate, rod or nail and associated wires, pins, screws or internal fixation. (Anaes.) (Assist.)	No benefit payable for items 47924 or 47927 if performed on the same occasion. Service performed in the operating theatre of a hospital. Claimable per bone .
47954	Repair of traumatic tear or rupture of tendon, other than a service associated with: (a) a service to which item 39330 applied; or (b) a service to which another item in this Schedule applies if the service described in the other item is for the purpose of repairing peripheral nerve items in the same region. (Anaes.) (Assist.)	No benefit payable for item 39330 if performed on the same occasion. If the purpose of the surgery is to repair a peripheral nerve item in the same region, this item code cannot be used. Can be used in treating distal biceps tendon rupture. (Refer to item 47966 for proximal biceps tenodesis).

MBS ITEM CODE	DESCRIPTOR	CLINICAL INDICATION
47960	Tenotomy, subcutaneous (Anaes.)	No benefit payable for any other item in this Group if performed on the same occasion.
47967	Major muscle tendon transfer for restoration of shoulder function. The procedure includes any associated dissection of the neurovascular pedicle but excludes any micro-anastomosis- one transfer. (Anaes.) (Assist.)	WorkCover will seek justification for use of item code from the requesting practitioner and will consider a second opinion if this procedure is requested in combination with any other shoulder item codes.
48245	Harvesting and insertion of bone graft (autograft) via separate incision and at separate surgical fields. (Anaes.) (Assist.)	WorkCover will seek justification for use of item code from the requesting practitioner and will consider a second opinion if this procedure is requested for shoulder or elbow procedures.
48248	Harvesting and insertion of bone graft (autograft) via separate incisions. Requiring either or both internal fixation of the graft or fusion fixation (or both). (Anaes.) (Assist.)	WorkCover will seek justification for use of item code from the requesting practitioner and will consider a second opinion if this procedure is requested for shoulder or elbow procedures.
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 will consider a second opinion if this procedure is requested for shoulder or elbow procedures.
48254	Harvesting and insertion of a pedicled bone flap (autograft). Inclusive of internal fixation of the bone flap, if performed. (Anaes.) (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 consider a second opinion if this procedure is requested for shoulder or elbow procedures.
48257	Preparation and insertion of metallic, cortical, or other graft substitute (allograft), where substitute is either or both structural cortico-cancellous/structural bone (or both). Inclusive of internal fixation, if performed. (Anaes.) (Assist.)	‘Other graft substitute’ does not include demineralised bone matrix or 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 consider a second opinion if this procedure is requested for shoulder or elbow procedures.

MBS ITEM CODE	DESCRIPTOR	CLINICAL INDICATION
48400	Osteotomy of phalanx or metatarsal for correction of deformity, excision of accessory bone or sesamoid bone of foot. Inclusive of, if performed: removal of bone, surrounding osteophytes, synovectomy, and/or release of joint. (Anaes.) (Assist.)	Excluding services to which item 49851 applies. Claimable per bone .
48403	Phalanx or metatarsal, osteotomy or osteectomy of, with internal fixation. Inclusive of, if performed; removal of bone, synovectomy, joint release and excision of surrounding osteophytes. (Anaes.) (Assist.)	Claimable per bone .
48406	Fibula, radius, ulna, clavicle, scapula (other than acromion), rib, tarsus or carpus, osteotomy or osteectomy. Inclusive of, if performed: removal of bone, synovectomy, joint release and excision of surrounding osteophytes. (Anaes.) (Assist.)	WorkCover will seek justification for use of item code from the requesting practitioner and will consider a second opinion if this procedure is requested in combination with any other shoulder item codes 48900 to 48960. Claimable per bone .
48409	Fibula, radius, ulna, clavicle, scapula (other than acromion), rib, tarsus or carpus, osteotomy or osteectomy of, with internal fixation. Inclusive of, if performed: removal of bone, synovectomy, joint release and excision of surrounding osteophytes. (Anaes.) (Assist.)	WorkCover will seek justification for use of item code from the requesting practitioner and will consider a second opinion if this procedure is requested in combination with any other shoulder item codes 48900 to 48960. Claimable per bone .
48412	Humerus, osteotomy or osteectomy. (Anaes.) (Assist.)	Can be used with item 47903 (tennis elbow release) if a lateral or medial epicondylectomy is performed. Can be used with 39330 if ulna nerve neuritis or compression has been diagnosed requiring formal surgical decompression.
48415	Humerus, osteotomy or osteectomy, with internal fixation. (Anaes.) (Assist.)	Not to be used in combination with item 47903 (tennis elbow release) unless a lateral epicondylectomy is performed. WorkCover will seek justification for use of item code from the requesting practitioner and may consider a second opinion if this procedure is requested for tennis elbow surgery.

Shoulder procedures

MBS ITEM CODE	DESCRIPTOR	CLINICAL INDICATION
47007	Repair of acromioclavicular or sternoclavicular joint dislocation (acute or chronic) by open, mini open, or arthroscopic techniques. Inclusive of ligament augmentation and tendon transfers, if performed. (Anaes.) (Assist.)	
48900	Shoulder, excision or coraco-acromial ligament or removal of calcium deposit from cuff or both. (Anaes.) (Assist.)	Use of this item rarely seen in WorkCover claims. <u>Open operation</u> (not arthroscopic). WorkCover will seek justification for use of item code from the requesting practitioner and will consider a second opinion if this procedure is requested two or more times.
48903	Shoulder, decompression of subacromial space by acromioplasty, excision of coraco-acromial ligament and distal clavicle, or any combination. (Anaes.) (Assist.)	<u>Open operation</u> (not arthroscopic). Also known as open acromioplasty or subacromial decompression (SAD).
48906	Shoulder, repair of rotator cuff, including excision of coraco-acromial ligament or removal of calcium deposit from cuff or both. (Anaes.) (Assist.)	<u>Open operation</u> (not arthroscopic). Also known as <u>open</u> cuff repair without acromioplasty. Can be used in combination with arthroscopic code 48951 . No benefit payable for item 48900 if performed on the same occasion. <u>Note:</u> If 48906 is performed arthroscopically it cannot be used with 48951 .
48909	Shoulder, repair of rotator cuff including decompression of subacromial space by acromioplasty, excision of coraco-acromial ligament and distal clavicle. (Anaes.) (Assist.)	<u>Open operation</u> (not arthroscopic). Also known as <u>open</u> rotator cuff repair with acromioplasty with excision of AC joint. No benefit payable for items 48951 or 48903 if performed on the same occasion. This item number is not to be used with services associated with any other arthroscopic procedure of the shoulder region.

MBS ITEM CODE	DESCRIPTOR	CLINICAL INDICATION
48915	Shoulder, hemi-arthroplasty of. (Anaes.) (Assist.)	May be appropriate for shoulder trauma / fractures only. WorkCover will seek justification for use of item code from the requesting practitioner and will consider a second opinion if this procedure is requested.
48918	Anatomic or reverse total shoulder replacement, inclusive of, if performed, any associated rotator cuff repair, biceps tenodesis, or tuberosity osteotomy. (Anaes.) (Assist.)	WorkCover will seek justification for use of item code from the requesting practitioner and will consider a second opinion if this procedure is requested. No benefit payable for any other open or arthroscopic procedure to the shoulder region if performed on the same occasion.
48921	Shoulder, total replacement arthroplasty, revision of. (Anaes.) (Assist.)	WorkCover will seek justification for use of item code from the requesting practitioner and will consider a second opinion if this procedure is requested.
48924	Shoulder, total replacement arthroplasty, revision of, with bone graft to scapula or humerus, or both. (Anaes.) (Assist.)	WorkCover will seek justification for use of item code from the requesting practitioner and will consider a second opinion if this procedure is requested.
48927	Shoulder prosthesis, removal of. (Anaes.) (Assist.)	WorkCover will seek justification for use of item code from the requesting practitioner and will consider a second opinion if this procedure is requested.
48939	Shoulder, arthrodesis of, with synovectomy if performed. (Anaes.) (Assist.)	WorkCover will seek justification for use of item code from the requesting practitioner and will consider a second opinion if this procedure is requested.
48942	Shoulder, arthrodesis of, with synovectomy if performed, with removal of prosthesis, requiring and including bone grafting or internal fixation. (Anaes.) (Assist.)	Not to be used in combination with bone graft items. WorkCover will seek justification for use of item code from the requesting practitioner and will consider a second opinion if this procedure is requested.
48945	Shoulder, diagnostic arthroscopy (including biopsy). (Anaes.) (Assist.)	No benefit payable for any other arthroscopic procedure of the shoulder region if performed on the same occasion. May be used with open surgery i.e. 48909/48906 .

MBS ITEM CODE	DESCRIPTOR	CLINICAL INDICATION
48948	Shoulder, arthroscopic surgery, with one or more: removal loose bodies, decompression of calcium deposits, debridement labrum or synovium or rotator cuff, chondroplasty. (Anaes.) (Assist.)	No benefit payable for any other arthroscopic procedure of the shoulder region if performed on the same occasion. Preparatory for an open procedure. Appropriate with 48906 and 48909 .
48951	Shoulder, arthroscopic division of coraco-acromial ligament including acromioplasty. (Anaes.) (Assist.)	No benefit payable for any other arthroscopic procedure of the shoulder region if performed on the same occasion.
48954	Shoulder, synovectomy of, including release of contracture if performed, as an independent procedure. (Anaes.) (Assist.)	Also known as frozen shoulder release. Stand- alone item code. Not to be used for open procedures. No benefit payable for any other arthroscopic procedure of the shoulder region if performed on the same occasion. WorkCover will seek justification for use of item code from the requesting practitioner and will consider a second opinion if this procedure is requested in combination with any other shoulder surgery item code.
48958	Joint stabilisation procedure for multi-directional instability of shoulder, anterior or posterior repair, by open or arthroscopic means, including labral repair or reattachment (if performed), excluding bone grafting and removal of hardware. (Anaes.)(Assist.)	If recurrent dislocations, it is highly recommended to look at claimant's history to determine if surgery is to treat the aggravation or pre-existing condition. No benefit payable for any other arthroscopic procedure of the shoulder region if performed on the same occasion. WorkCover will seek justification for use of item code from the requesting practitioner and will consider a second opinion if this procedure is requested in combination with any other shoulder surgery item code.

MBS ITEM CODE	DESCRIPTOR	CLINICAL INDICATION
48960	Shoulder, reconstruction or repair of, including repair of rotator cuff by arthroscopic, arthroscopic assisted or mini open means; arthroscopic acromioplasty; or resection of acromioclavicular joint by separate approach when performed. (Anaes.) (Assist.)	<p>No benefit payable for any other procedure of the shoulder region if performed on the same occasion.</p> <p>No benefit payable for items 30111, 48951 or 48957 if performed on the same occasion.</p> <p>WorkCover will seek justification for use of item code from the requesting practitioner and will consider a second opinion if requesting a Superior Capsular Reconstruction (SCR) procedure. If requesting a Superior Capsular Reconstruction (SCR) procedure with this item code, WorkCover will seek justification for use of item code from the requesting practitioner and will consider a second opinion.</p>
48972	Biceps, open or arthroscopic tenodesis of. As an independent procedure. (Anaes.) (Assist.)	<p>Rare to be used as independent procedure. More commonly used in conjunction with repair of shoulder injuries.</p> <p>Commonly used in association with items 48951, 48903, 48906 and 48960.</p> <p>For items outside this range, please seek clarification from the treating practitioner.</p>
48980	Excision of heterotopic ossification, myositis ossificans or posttraumatic ossification in the shoulder girdle. (Anaes.) (Assist.)	<p>Seen in post-traumatic injuries. Rare in Workcover setting.</p> <p>WorkCover will seek justification for use of item code from the requesting practitioner and will consider a second opinion if this procedure is requested in combination with any other shoulder surgery item code.</p>

Elbow procedures

MBS ITEM CODE	DESCRIPTOR	CLINICAL INDICATION
39339	Revision of ulnar nerve decompression at elbow (cubital tunnel) by any method, without transposition. Inclusive of neurolysis, if performed. (Anaes.) (Assist.)	No benefit payable for item 30023 if performed on the same occasion. Often used in combination with 47903 – Medial epicondylectomy revision
47903	Epicondylitis, open operation for. (Anaes.)	This is the only item number appropriate for Tennis or Golfers Elbow Debridement (Lateral or Medial Epicondylitis). Can be combined with 48412 where a formal excision of the epicondyle is justified, not just for debridement of epicondyle. Can also be combined with 39330 if ulna nerve neuritis or compression has been diagnosed which requires formal surgical decompression. WorkCover will seek justification for use of item code from the requesting practitioner and will consider a second opinion if this procedure is requested in combination with any other item numbers.
47953	Repair of distal biceps brachii tendon by any method. Performed as an independent procedure. (Anaes.) (Assist.)	WorkCover will seek justification for use of item code from the requesting practitioner and will consider a second opinion if this procedure is requested.
49100	Elbow, arthrotomy of, involving 1 or more of lavage, removal of loose body or division of contracture. (Anaes.) (Assist.)	WorkCover will seek justification for use of item code from the requesting practitioner and will consider a second opinion if this procedure is requested for tennis elbow surgery.
49104	Ligament repair of one or more ligament of the elbow for acute instability. Claimable when less than 6 weeks from the time of injury. (Anaes.) (Assist.)	No benefit payable for item 39330 unless strong evidence of ulna neuropathy such as positive NCS.

MBS ITEM CODE	DESCRIPTOR	CLINICAL INDICATION
49105	Ligamentous stabilisation of one or more ligament of the elbow for chronic instability. Inclusive of harvesting of tendon graft. Claimable when more than 6 weeks from the time of injury. (Anaes.) (Assist.)	No benefit payable for item 39330 unless strong evidence of ulna neuropathy such as positive NCS.
49106	Elbow, arthrodesis of, with synovectomy if performed. (Anaes.) (Assist.)	WorkCover will seek justification for use of item code from the requesting practitioner and will consider a second opinion if this procedure is requested.
49109	Elbow, total synovectomy of. (Anaes.) (Assist.)	Also known as common contracture release. WorkCover will seek justification for use of item code from the requesting practitioner and will consider a second opinion if this procedure is requested.
49112	Elbow, radial head replacement of. (Anaes.) (Assist.)	Seen with fractures, dislocations and acute trauma. May be associated with other item numbers i.e. 49103 or 49121 . No benefit payable for items 49109 and 49115 if performed on the same occasion
49115	Elbow, total or hemi arthroplasty. Excluding isolated radial head replacement and ligament stabilisation procedures. (Anaes.) (Assist.)	WorkCover will seek justification for use of item code from the requesting practitioner and will consider a second opinion if this procedure is requested. No benefit payable for item 49112 if performed on the same occasion.
49116	Elbow, total replacement arthroplasty, revision including removal of prosthesis. (Anaes.) (Assist.)	WorkCover will seek justification for use of item code from the requesting practitioner and will consider a second opinion if this procedure is requested.
49117	Elbow, total replacement arthroplasty of, revision procedure, with bone grafting and removal of prosthesis. (Anaes.) (Assist.)	WorkCover will seek justification for use of item code from the requesting practitioner and will consider a second opinion if this procedure is requested
49118	Elbow, diagnostic arthroscopy of, including biopsy and lavage. (Anaes.) (Assist.)	No benefit payable for any other arthroscopic procedure of the elbow region if performed on the same occasion. Appropriate for use with open elbow surgery.

MBS ITEM CODE	DESCRIPTOR	CLINICAL INDICATION
49121	Elbow, arthroscopic surgery involving any 1 or more of: drilling of defect, removal of loose body; release of contracture or adhesions; chondroplasty; osteoplasty; or treatment of epicondylitis. (Anaes.) (Assist.)	No benefit payable for any other arthroscopic procedure of the elbow region if performed on the same occasion.
49124	Excision of Olecranon bursa, including bony prominence. (Anaes.) (Assist.)	No benefit payable for item 48406 or any other arthroscopic procedure of the elbow region if performed on the same occasion. Clarification to be sought from treating practitioner should the combination of 30111 and 48406 be used in combination instead of 49124 .

Wrist procedures

MBS ITEM CODE	DESCRIPTOR	CLINICAL INDICATION
49200	Wrist, complete arthrodesis of, radiocarpal and intercarpal, with synovectomy if performed, with or without bone graft and internal fixation of the radiocarpal joints. elective or trauma. (Anaes.) (Assist.)	
49203	Wrist, limited fusion with or without bone graft, including each of the following: ligament and tendon transfers, partial or total excision of one or more carpal bones, rebalancing procedures and synovectomy. (Anaes.) (Assist.)	
49206	Wrist, proximal row carpectomy. Inclusive of, if performed: styloidectomy and synovectomy. (Anaes.) (Assist.)	
49209	Wrist or distal radioulnar joint, prosthetic replacement of. Inclusive of, if performed: ligament and tendon realignments. (Anaes.) (Assist.)	WorkCover will seek justification for use of item code from the requesting practitioner and will consider a second opinion if this procedure is requested.
49210	Wrist or distal radioulnar joint, total replacement arthroplasty of, revision procedure. Inclusive of, if performed: removal of prosthesis, tendon and ligament rebalancing. (Anaes.) (Assist.)	WorkCover will seek justification for use of item code from the requesting practitioner and will consider a second opinion if this procedure is requested.
49212	Wrist or distal radioulnar joint, arthrotomy, for infection, removal of loose bodies, synovectomy or joint debridement. (Anaes.) (Assist.)	Should not be used in combination with Ganglion removal codes as this forms part of the approach – ie: items 46500; 46501; 46502; 46503.
49213	Sauve-Kapandji procedure of distal radioulnar joint. Inclusive of, if performed: radioulnar fusion, osteotomy of neck of ulna and associated soft tissue reconstruction. (Anaes.) (Assist.)	

MBS ITEM CODE	DESCRIPTOR	CLINICAL INDICATION
49215	Wrist, open reconstruction of single or multiple ligaments or capsules. Inclusive of if performed: synovectomy, tendon or ligament harvesting and grafting, use of synthetic ligament substitute and arthrotomy, elective or trauma. (Anaes.) (Assist.)	Including repair of single or multiple ligaments or capsules, including associated arthrotomy.
49218	Wrist, diagnostic arthroscopy of, including radiocarpal or midcarpal joints, or both (including biopsy). (Anaes.) (Assist.)	No benefit payable for any other arthroscopic procedure of the wrist joint if performed on the same occasion.
49221	Wrist, arthroscopic surgery of, involving any 1 or more of: drilling of defect, removal of loose body, release of adhesions, local synovectomy, local debridement, arthroscopic resection of dorsal or volar ganglion (Anaes.) (Assist.)	Involving any 1 or more of: drilling of defect; removal of loose body; release of adhesions; local synovectomy; or debridement of one area. No benefit payable for any other arthroscopic procedure of the wrist joint if performed on the same occasion.
49224	Wrist, arthroscopic osteoplasty, excision of the distal ulna, or total synovectomy. Two or more distinct areas. (Anaes.) (Assist.)	No benefit payable for any other arthroscopic procedure of the wrist if performed on the same occasion.
49227	Wrist or distal radioulnar joint, arthroscopic pinning of osteochondral fragment, stabilisation procedure for ligamentous disruption, arthroscopic assisted partial wrist fusion or carpectomy, or fracture management - elective or trauma. (Anaes.) (Assist.)	No benefit payable for any other arthroscopic procedure of the wrist joint if performed on the same occasion.
49236	Soft tissue stabilisation of distal radioulnar joint, with or without ligament or tendon grafting, by open procedure. Inclusive of, if performed: graft harvest, and triangular fibrocartilage complex (TFCC) repair or reconstruction, elective or trauma. (Anaes.) (Assist.)	

Other joints

MBS ITEM CODE	DESCRIPTOR	CLINICAL INDICATION
49219	Diagnostic arthroscopy of carpometacarpal of thumb or joint of digit. Inclusive of biopsy, if performed. (Anaes.) (Assist.)	
49220	Arthroscopic procedure of carpometacarpal of thumb or joint of digit. Claimable once per joint. (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.)	
50112	Cicatricial flexion or extension contraction of joint, correction of, involving tissues deeper than skin and subcutaneous tissue. (Anaes.) (Assist.)	No benefit payable for any other arthroscopic procedure of the shoulder region or Group T8 surgical item if performed on the same occasion. Not to be used in combination with item 48954 (i.e.: frozen shoulder release). WorkCover will seek justification for use of item code from the requesting practitioner and will consider a second opinion if this procedure is requested in combination with elbow and shoulder surgery.
50115	Manipulation of joint or joints, excluding spine. (Anaes.)	Code used for Adhesive Capsulitis (Frozen shoulder) manipulation under anaesthetic (MUA). Not to be used for an 'examination' of a joint under general anaesthetic prior to an operation where the general anaesthetic is for the operation itself. No benefit payable for any other item in this Group if performed on the same occasion. WorkCover will seek justification for use of item code from the requesting practitioner and will consider a second opinion if this procedure is requested two or more times.

MBS ITEM CODE	DESCRIPTOR	CLINICAL INDICATION
50130	Joint or Joints, application of external fixator to, other than for treatment of fractures.	

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.

Upper limb medical interventions

MEDICAL INTERVENTION	DESCRIPTOR	APPROVAL
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 blood injections for tendon injuries / Plasma Rich Platelet (PRP) Injection	Uses the patient's own blood to inject into the tendon, commonly used for the treatment of tennis elbow or golfer's elbow.	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.
Autologous Tenocyte Injections	This is a regenerative procedure whereby a patient's own healthy cells are harvested, grown in a laboratory and then re-injected into a diseased painful tendon. The newly injected cells produce collagen and healthy tendon tissue, strengthening the injected tendon, improving its function, and also minimising pain. Used for refractory or resistant Epicondylitis (Tennis Elbow).	May be indicated where definitive proof of tendon injury is shown on imaging, patient has had symptoms for more than 6 months, and needling perforation and steroids have been trialled, but patient is treatment resistant, also where patient is not a surgical candidate. Used for history of repetitive re-injury of pre-existing injuries. WorkCover will seek justification from the requesting practitioner that the above criteria have been met and may then consider a second opinion.
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. Treating doctors can administer this injection in rooms under code 400099 (WorkCover- created item code, not under MBS).	Approved by WorkCover 3 injections per anatomical location in a 12-month period (e.g.: AC joint and subacromial bursa are an example of different locations). 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.

MEDICAL INTERVENTION	DESCRIPTOR	APPROVAL
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.
Extracorporeal shock wave lithotripsy (ESWL)	ESWL 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.	Not approved in WorkCover for the treatment of epicondylitis. May be used for the treatment of Calcific Tendonitis. WorkCover will consider a second opinion regarding efficacy of continued approvals if this procedure is requested more than 4 times.
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	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.
Radiation Therapy	Low-dosage radiotherapy used to treat diseases of the musculoskeletal system, such as tennis elbow or for inflammations of the bursa (bursitis).	Not approved in WorkCover.
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 INTERVENTION	DESCRIPTOR	APPROVAL
Transdermal glyceryl	GTN patches are used for tendon injuries.	Not approved in WorkCover.
Bisphosphonate Injections	<p>Injections which work by slowing down the cells which break down bones, slowing down bone loss and allowing the bone building cells to work more effectively.</p> <p>Commonly used in pre-existing conditions such as arthritis and osteoporosis.</p>	Not approved in WorkCover.
Tens Machines	Transcutaneous electrical nerve stimulation (TENS), is a small, lightweight, hand-held, battery-operated device that administers mild electrical currents to the skin to relieve pain.	Not approved in WorkCover.
Exogen Machine	Low-intensity pulsed ultrasound machine guided at assisting in promoting a healing response in instances of delay, or non-union of fracture.	<p>WorkCover to approve only in instances of delayed or non-union of bones and all other treatment options have failed.</p> <p>WorkCover to seek justification from treating practitioner, or second opinion regarding further treatment options, if deemed appropriate.</p>
Regeneten Patches	<p>Implant comprised of collagen which is delivered arthroscopically and placed over the location of rotator cuff tear, reducing tendon tear recovery timeframes.</p> <p>The patch is gradually absorbed into the body within 6 months.</p>	<p>Not to be used in cases of massive irreparable cuff tears, or superior capsular reconstruction.</p> <p>If partial tear, and injury accepted in WorkCover, or aggravation of pre-existing condition, treatment is approved.</p>

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
 - history of prior surgical recovery dysfunction
 - 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.

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