

# WorkCover

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QUEENSLAND

## Spinal Surgery Guidelines

December 2020

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## Background

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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.

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

In 2011, the Spinal Surgery Guidelines were developed with the assistance of relevant stakeholders and medical associations. In this 2018 release WorkCover Queensland has worked with stakeholders to align the guidelines with the outcome of the MBS Spinal Surgery taskforce review, which works to simplify and reflect on current clinical practice.

The Spinal surgery guidelines are to be used as a guide for spinal surgery billing. WorkCover staff will use these guidelines when approving requests for surgery and invoices for spinal surgery.

Medical interventions relating to spinal 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 and Independent Medical Examiner prior to approval of surgery.

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

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

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

## Multiple operation rule

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

### Surgical procedures:

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

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

### Orthopaedic / Hand surgery procedures:

Includes orthopaedic procedures set out in MBS Group T8, 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%<br>OF FEE | ORTHOPAEDIC /<br>HAND SURGERY<br>100 / 75 / 75% | SURGICAL<br>100 / 50 / 25% |
|---|----------------|---|----------------------------|
| 1 to 11<br>(Items 30001 – 44136)                        |                |   | ✓                          |
| 12 – Amputations<br>(Items 44325 – 44376)               | ✓              |   |                            |
| 13 – Plastic and Recon Surgery<br>(Items 45000 – 45996) |                |   | ✓                          |
| 14 – Hand Surgery<br>(Items 46300 – 46534)              |                | ✓   |                            |
| 15 – Orthopaedic<br>(Items 47000 – 50658)               |                | ✓   |                            |
| 16 – Radiofrequency and Microwave<br>Tissue Ablation    |                |   | ✓                          |
| 17 – Spinal Surgery<br>(Items 51011 – 51171)            |                |   | ✓                          |

## MBS item codes

### Spinal decompression (51011 to 51015)

MBS rules apply to these item numbers. Only one item number can be selected from this table.

| MBS ITEM CODE | DESCRIPTOR  | CLINICAL INDICATION   |
|---------------|---|---|
| 51011         | Spinal decompression or exposure via partial or total laminectomy, partial vertebrectomy or posterior spinal release, <b>one motion segment.</b><br><br><b>(H) (Anaes.) (Assist.)</b><br><b>Multi operation rule.</b> | Not being a service associated with a service to which item 51012, 51013, 51014 or 51015 applies.   |
| 51012         | Spinal decompression or exposure via partial or total laminectomy, partial vertebrectomy or posterior spinal release, <b>2 motion segments.</b><br><br><b>(H) (Anaes.) (Assist.)</b><br><b>Multi operation rule.</b>  | Not being a service associated with a service to which item 51011, 51013, 51014 or 51015 applies.<br><br><b>WorkCover will seek further information from the requesting practitioner and will consider a second opinion if this procedure is requested.</b> |
| 51013         | Spinal decompression or exposure via partial or total laminectomy, partial vertebrectomy or posterior spinal release, <b>3 motion segments.</b><br><br><b>(H) (Anaes.) (Assist.)</b><br><b>Multi operation rule.</b>  | Not being a service associated with a service to which item 51011, 51013, 51014 or 51015 applies.<br><br><b>WorkCover will seek further information from the requesting practitioner and will consider a second opinion if this procedure is requested.</b> |
| 51014         | Spinal decompression or exposure via partial or total laminectomy, partial vertebrectomy or posterior spinal release, <b>4 motion segments.</b><br><br><b>(H) (Anaes.) (Assist.)</b><br><b>Multi operation rule.</b>  | Not being a service associated with a service to which item 51011, 51013, 51014 or 51015 applies.<br><br><b>WorkCover will seek further information from the requesting practitioner and will consider a second opinion if this procedure is requested.</b> |

| MBS<br>ITEM CODE | DESCRIPTOR   | CLINICAL INDICATION   |
|------------------|--|---|
| 51015            | Spinal decompression or exposure via partial or total laminectomy, partial vertebrectomy or posterior spinal release, <b>5 motion segments.</b><br><b>(H) (Anaes.) (Assist.)</b><br><b>Multi operation rule.</b> | Not being a service associated with a service to which item 51011, 51013, 51014 or 51015 applies.<br><b>WorkCover will seek further information from the requesting practitioner and will consider a second opinion if this procedure is requested.</b> |

## Spinal instrumentation (cervical, thoracic and lumbar)

Item numbers 51020 to 51026 are intended for spinal instrumentation at any level. The appropriate item is determined by the number of motion segments instrumented, barring item 51020 which applies to one vertebra.

| MBS ITEM CODE | DESCRIPTOR  | CLINICAL INDICATION  |
|---------------|---|--|
| 51020         | <p>Simple fixation of part of one vertebra <b>(not motion segment)</b> including pars interarticularis, spinous process or pedicle, or simple interspinous wiring between 2 adjacent vertebral levels, not being a service associated with:</p> <p>(a) interspinous dynamic stabilisation devices; or</p> <p>(b) a service to which item 51021, 51022, 51023, 51024, 51025 or 51026 applies.</p> <p><b>(H) (Anaes.) (Assist.)</b></p> <p><b>Multi operation rule.</b></p> |  |
| 51021         | <p>Fixation of motion segment with vertebral body screw, pedicle screw or hook instrumentation including sublaminar tapes or wires, <b>one motion segment.</b></p> <p>(H) (Anaes.) (Assist.)</p> <p><b>Multi operation rule.</b></p>  | <p>Not being a service associated with a service to which item 51020, 51022, 51023, 51024, 51025 or 51026 applies.</p>   |
| 51022         | <p>Fixation of motion segment with vertebral body screw, pedicle screw or hook instrumentation including sublaminar tapes or wires, <b>2 motion segments.</b></p> <p>(H) (Anaes.) (Assist.)</p> <p><b>Multi operation rule.</b></p>   | <p>Not being a service associated with a service to which item 51020, 51021, 51023, 51024, 51025 or 51026 applies.</p> <p><b>WorkCover will seek further information from the requesting practitioner and will consider a second opinion if this procedure is requested.</b></p> |

| MBS ITEM CODE | DESCRIPTOR   | CLINICAL INDICATION  |
|---------------|--|--|
| 51023         | <p>Fixation of motion segment with vertebral body screw, pedicle screw or hook instrumentation including sublaminar tapes or wires, <b>3 or 4 motion segments</b>.</p> <p>(H) (Anaes.) (Assist.)</p> <p><b>Multi operation rule.</b></p>       | <p>Not being a service associated with a service to which item 51020, 51021, 51022, 51024, 51025 or 51026 applies.</p> <p><b>WorkCover will seek further information from the requesting practitioner and will consider a second opinion if this procedure is requested.</b></p> |
| 51024         | <p>Fixation of motion segment with vertebral body screw, pedicle screw or hook instrumentation including sublaminar tapes or wires, <b>5 or 6 motion segments</b>.</p> <p>(H) (Anaes.) (Assist.)</p> <p><b>Multi operation rule.</b></p>       | <p>Not being a service associated with a service to which item 51020, 51021, 51022, 51023, 51025 or 51026 applies.</p> <p><b>WorkCover will seek further information from the requesting practitioner and will consider a second opinion if this procedure is requested.</b></p> |
| 51025         | <p>Fixation of motion segment with vertebral body screw, pedicle screw or hook instrumentation including sublaminar tapes or wires, <b>7 to 12 motion segments</b>.</p> <p>(H) (Anaes.) (Assist.)</p> <p><b>Multi operation rule.</b></p>      | <p>Not being a service associated with a service to which item 51020, 51021, 51022, 51023, 51024 or 51026 applies.</p> <p><b>WorkCover will seek further information from the requesting practitioner and will consider a second opinion if this procedure is requested.</b></p> |
| 51026         | <p>Fixation of motion segment with vertebral body screw, pedicle screw or hook instrumentation including sublaminar tapes or wires, more than <b>12 motion segments</b>.</p> <p>(H) (Anaes.) (Assist.)</p> <p><b>Multi operation rule.</b></p> | <p>Not being a service associated with a service to which item 51020, 51021, 51022, 51023, 51024 or 51025 applies.</p> <p><b>WorkCover will seek further information from the requesting practitioner and will consider a second opinion if this procedure is requested.</b></p> |



## Posterior and/or posterolateral (intertransverse or facet joint) bone graft (cervical, thoracic and lumbar)

Items 51031 to 51036 are for services which include local morcellized, artificial or harvested bone graft with or without bone morphogenetic protein (BMP).

| MBS<br>ITEM CODE | DESCRIPTOR   | CLINICAL INDICATION  |
|------------------|--|--|
| 51031            | Spine, posterior and/or posterolateral bone graft to, <b>one motion segment.</b><br><b>(H) (Anaes.) (Assist.)</b><br><b>Multi operation rule.</b>      | Not being a service associated with a service to which item 51032, 51033, 51034, 51035 or 51036 applies.   |
| 51032            | Spine, posterior and/or posterolateral bone graft to, <b>2 motion segments.</b><br><b>(H) (Anaes.) (Assist.)</b><br><b>Multi operation rule.</b>       | Not being a service associated with a service to which item 51031, 51033, 51034, 51035 or 51036 applies.<br><b>WorkCover will seek further information from the requesting practitioner and will consider a second opinion if this procedure is requested.</b> |
| 51033            | Spine, posterior and/or posterolateral bone graft to, <b>3 motion segments.</b><br><b>(H) (Anaes.) (Assist.)</b><br><b>Multi operation rule.</b>       | Not being a service associated with a service to which item 51031, 51032, 51034, 51035 or 51036 applies.<br><b>WorkCover will seek further information from the requesting practitioner and will consider a second opinion if this procedure is requested.</b> |
| 51034            | Spine, posterior and/or posterolateral bone graft to, <b>4 to 7 motion segments.</b><br><b>(H) (Anaes.) (Assist.)</b><br><b>Multi operation rule.</b>  | Not being a service associated with a service to which item 51031, 51032, 51033, 51035 or 51036 applies.<br><b>WorkCover will seek further information from the requesting practitioner and will consider a second opinion if this procedure is requested.</b> |
| 51035            | Spine, posterior and/or posterolateral bone graft to, <b>8 to 11 motion segments.</b><br><b>(H) (Anaes.) (Assist.)</b><br><b>Multi operation rule.</b> | Not being a service associated with a service to which item 51031, 51032, 51033, 51034 or 51036 applies.<br><b>WorkCover will seek further information from the requesting practitioner and will consider a second opinion if this procedure is requested.</b> |

| MBS<br>ITEM CODE | DESCRIPTOR  | CLINICAL INDICATION  |
|------------------|---|--|
| 51036            | Spine, posterior and/or posterolateral bone graft to, <b>12 or more motion segments.</b><br><b>(H) (Anaes.) (Assist.)</b><br><b>Multi operation rule.</b> | Not being a service associated with a service to which item 51031, 51032, 51033, 51034 or 51035 applies.<br><b>WorkCover will seek further information from the requesting practitioner and will consider a second opinion if this procedure is requested.</b> |

## Anterior column fusion, with or without implant, or limited vertebrectomy (less than 50%) (Cervical, thoracic and lumbar)

Items 51041 to 51045 are for services which include placement of local morcellized, artificial, harvested bone graft, bone morphogenetic protein (BMP) and prosthetic devices into the intervertebral space. Artificial bone grafting materials must be used in accordance with the manufacturer's instructions

If an **assisting surgeon** is used at any time during the procedure, then 51160 or 51165 (see miscellaneous procedures on pages 17-20) should be used in isolation by the assisting surgeon. If the assisting surgeon needs to perform complex non-spinal surgery, they may use a more appropriate item from outside the spinal surgery schedule.

| MBS ITEM CODE | DESCRIPTOR   | CLINICAL INDICATION   |
|---------------|--|---|
| 51041         | Spinal fusion, anterior column (anterior, direct lateral or posterior interbody) <b>one motion segment.</b><br><b>(H) (Anaes.) (Assist.)</b><br><b>Multi operation rule.</b> | Not being a service associated with a service to which item 51042, 51043, 51044 or 51045 applies.   |
| 51042         | Spinal fusion, anterior column (anterior, direct lateral or posterior interbody), <b>2 motion segments.</b><br><b>(H) (Anaes.) (Assist.)</b><br><b>Multi operation rule.</b> | Not being a service associated with a service to which item 51041, 51043, 51044 or 51045 applies.<br><b>WorkCover will seek further information from the requesting practitioner and will consider a second opinion if this procedure is requested.</b> |
| 51043         | Spinal fusion, anterior column (anterior, direct lateral or posterior interbody), <b>3 motion segments.</b><br><b>(H) (Anaes.) (Assist.)</b><br><b>Multi operation rule.</b> | Not being a service associated with a service to which item 51041, 51042, 51044 or 51045 applies.<br><b>WorkCover will seek further information from the requesting practitioner and will consider a second opinion if this procedure is requested.</b> |

| MBS<br>ITEM CODE | DESCRIPTOR   | CLINICAL INDICATION   |
|------------------|--|---|
| 51044            | Spinal fusion, anterior column (anterior, direct lateral or posterior interbody), <b>4 motion segments.</b><br><b>(H) (Anaes.) (Assist.)</b><br><b>Multi operation rule.</b>         | Not being a service associated with a service to which item 51041, 51042, 51043 or 51045 applies.<br><b>WorkCover will seek further information from the requesting practitioner and will consider a second opinion if this procedure is requested.</b> |
| 51045            | Spinal fusion, anterior column (anterior, direct lateral or posterior interbody), <b>5 or more motion segments,</b><br><b>(H) (Anaes.) (Assist.)</b><br><b>Multi operation rule.</b> | Not being a service associated with a service to which item 51041, 51042, 51043 or 51044 applies.<br><b>WorkCover will seek further information from the requesting practitioner and will consider a second opinion if this procedure is requested.</b> |

## Spinal osteotomy and/or vertebrectomy

Items 51051 to 51059 are intended for spinal osteotomy and/or vertebrectomy **at any level**. The definition of piecemeal or subtotal excision is the remove of at least 50% of the vertebral body.

| MBS<br>ITEM CODE | DESCRIPTOR   | CLINICAL INDICATION   |
|------------------|--|---|
| 51051            | <p>Pedicle subtraction osteotomy, <b>one motion segment</b>, not being a service associated with:</p> <p>(a) anterior column fusion when at the same motion segment; or</p> <p>(b) a service to which item 51052, 51053, 51054, 51055, 51056, 51057, 51058 or 51059 applies.</p> <p><b>(H) (Anaes.) (Assist.)</b></p> <p><b>Multi operation rule.</b></p>  | <p>Items 51051 to 51059 cannot be claimed with any item between 51041 and 51045 if performed at the same motion segment.</p> <p><b>Not approved in WorkCover.</b></p> |
| 51052            | <p>Pedicle subtraction osteotomy, <b>2 motion segments</b>, not being a service associated with:</p> <p>(a) anterior column fusion when at the same motion segment; or</p> <p>(b) a service to which item 51051, 51053, 51054, 51055, 51056, 51057, 51058 or 51059 applies.</p> <p><b>(H) (Anaes.) (Assist.)</b></p> <p><b>Multi operation rule.</b></p>   | <p><b>Not approved in WorkCover.</b></p>  |
| 51053            | <p>Vertebral column resection osteotomy performed through single posterior approach, <b>one motion segment</b>, not being a service associated with:</p> <p>(a) anterior column fusion when at the same motion segment; or</p> <p>(b) a service to which item 51051, 51052, 51054, 51055, 51056, 51057, 51058 or 51059 applies.</p> <p><b>(H) (Anaes.) (Assist.)</b></p> <p><b>Multi operation rule.</b></p> | <p><b>Not approved in WorkCover.</b></p>  |

| MBS<br>ITEM CODE | DESCRIPTOR   | CLINICAL INDICATION   |
|------------------|--|---|
| 51054            | <p>Vertebral body, piecemeal or subtotal excision of (where piecemeal or subtotal excision is defined as removal of more than 50% of the vertebral body), <b>one vertebra</b>, not being a service associated with:</p> <p>(a) anterior column fusion when at the same motion segment; or</p> <p>(b) a service to which item 51051, 51052, 51053, 51055, 51056, 51057, 51058 or 51059 applies.</p> <p><b>(H) (Anaes.) (Assist.)</b></p> <p><b>Multi operation rule.</b></p>        | <p><b>WorkCover will seek further information from the requesting practitioner and will consider a second opinion if this procedure is requested outside of serious trauma.</b></p> <p><i>Item number appropriate in cases of serious trauma. For example, a burst fracture following a fall at a worksite.</i></p> |
| 51055            | <p>Vertebral body, piecemeal or subtotal excision of (where piecemeal or subtotal excision is defined as removal of more than 50% of the vertebral body), <b>2 vertebrae</b>, not being a service associated with:</p> <p>(a) anterior column fusion when at the same motion segment; or</p> <p>(b) a service to which item 51051, 51052, 51053, 51054, 51056, 51057, 51058 or 51059 applies.</p> <p><b>(H) (Anaes.) (Assist.)</b></p> <p><b>Multi operation rule.</b></p>         | <p><b>WorkCover will seek further information from the requesting practitioner and will consider a second opinion if this procedure is requested outside of serious trauma.</b></p>   |
| 51056            | <p>Vertebral body, piecemeal or subtotal excision of (where piecemeal or subtotal excision is defined as removal of more than 50% of the vertebral body), <b>3 or more vertebrae</b>, not being a service associated with:</p> <p>(a) anterior column fusion when at the same motion segment; or</p> <p>(b) a service to which item 51051, 51052, 51053, 51054, 51055, 51057, 51058 or 51059 applies.</p> <p><b>(H) (Anaes.) (Assist.)</b></p> <p><b>Multi operation rule.</b></p> | <p><b>WorkCover will seek further information from the requesting practitioner and will consider a second opinion if this procedure is requested outside of serious trauma.</b></p>   |

| MBS ITEM CODE | DESCRIPTOR   | CLINICAL INDICATION   |
|---------------|--|---|
| 51057         | <p>Vertebral body, en bloc excision of (complete spondylectomy), <b>one vertebra</b>, not being a service associated with:</p> <p>(a) anterior column fusion when at the same motion segment; or</p> <p>(b) a service to which item 51051, 51052, 51053, 51054, 51055, 51056, 51058 or 51059 applies.</p> <p><b>(H) (Anaes.) (Assist.)</b></p> <p><b>Multi operation rule.</b></p> | <p><b>WorkCover will seek further information from the requesting practitioner and will consider a second opinion if this procedure is requested outside of serious trauma.</b></p> |
| 51058         | <p>Vertebral body, en bloc excision of (complete spondylectomy), 2 vertebrae, not being a service associated with:</p> <p>(a) anterior column fusion when at the same motion segment; or</p> <p>(b) a service to which item 51051, 51052, 51053, 51054, 51055, 51056, 51057 or 51059 applies.</p> <p><b>(H) (Anaes.) (Assist.)</b></p> <p><b>Multi operation rule.</b></p>         | <p><b>WorkCover will seek further information from the requesting practitioner and will consider a second opinion if this procedure is requested outside of serious trauma.</b></p> |
| 51059         | <p>Vertebral body, en bloc excision of (complete spondylectomy), 3 or more vertebrae, not being a service associated with:</p> <p>(a) anterior column fusion when at the same motion segment; or</p> <p>(b) a service to which item 51051, 51052, 51053, 51054, 51055, 51056, 51057 or 51058</p> <p><b>(H) (Anaes.) (Assist.)</b></p> <p><b>Multi operation rule.</b></p>          | <p><b>WorkCover will seek further information from the requesting practitioner and will consider a second opinion if this procedure is requested outside of serious trauma.</b></p> |

## Anterior and posterior (combined) spinal fusion under one anaesthetic via separate incisions

Only one of these items should be billed for any appropriate combined anterior and posterior surgeries which are completed under one anaesthetic. The appropriate item is determined by the number of motion segments to which grafting and fusion occur.

**These items cannot be claimed with any item between 51020 to 51026, 51031 to 51036 and 51041 to 51045.**

**If a laminectomy is included, an item from 51011 to 51015 can also be used appropriate to the level of decompression.**

| MBS ITEM CODE | DESCRIPTOR  | CLINICAL INDICATION  |
|---------------|---|--|
| 51061         | Spine fusion, anterior and posterior, including spinal instrumentation at <b>one motion segment</b> , posterior and/or posterolateral bone graft, and anterior column fusion.<br><br><b>(H) (Anaes.) (Assist)</b><br><b>Multi operation rule.</b> | Not being a service associated with a service to which item 51062, 51063, 51064, 51065 or 51066 applies.   |
| 51062         | Spine fusion, anterior and posterior, including spinal instrumentation at <b>2 motion segments</b> , posterior and/or posterolateral bone graft, and anterior column fusion.<br><br><b>(H) (Anaes.) (Assist.)</b><br><b>Multi operation rule.</b> | Not being a service associated with a service to which item 51061, 51063, 51064, 51065 or 51066 applies.<br><br><b>WorkCover will seek further information from the requesting practitioner and will consider a second opinion if this procedure is requested.</b> |
| 51063         | Spine fusion, anterior and posterior, including spinal instrumentation at <b>3 motion segments</b> , posterior and/or posterolateral bone graft, and anterior column fusion.<br><br><b>(H) (Anaes.) (Assist.)</b><br><b>Multi operation rule.</b> | Not being a service associated with a service to which item 51061, 51062, 51064, 51065 or 51066 applies.<br><br><b>WorkCover will seek further information from the requesting practitioner and will consider a second opinion if this procedure is requested.</b> |



| MBS ITEM CODE | DESCRIPTOR   | CLINICAL INDICATION  |
|---------------|--|--|
| 51064         | Spine fusion, anterior and posterior, including spinal instrumentation at <b>4 to 7 motion segments</b> , posterior and/or posterolateral bone graft, and anterior column fusion<br><b>(H) (Anaes.) (Assist.)</b><br><b>Multi operation rule.</b>  | Not being a service associated with a service to which item 51061, 51062, 51063, 51065 or 51066 applies.<br><b>WorkCover will seek further information from the requesting practitioner and will consider a second opinion if this procedure is requested.</b>       |
| 51065         | Spine fusion, anterior and posterior, including spinal instrumentation at <b>8 to 11 motion segments</b> , posterior and/or posterolateral bone graft, and anterior column fusion.<br><b>(H) (Anaes.) (Assist.)</b><br><b>Multi operation rule.</b>  | Not being a service associated with a service to which item 51061, 51062, 51063, 51064 or 51066 applies.<br><b>WorkCover will seek further information from the requesting practitioner and will consider a second opinion if this procedure is requested.</b>       |
| 51066         | Spine fusion, anterior and posterior, including spinal instrumentation at <b>12 or more motion segments</b> , posterior and/or posterolateral bone graft, and anterior column fusion not being a service associated with a service to which item 51061, 51062, 51063, 51064 or 51065 applies.<br><b>(H) (Anaes.) (Assist.)</b><br><b>Multi operation rule.</b> | These items cannot be claimed with any item between 51020 to 51026, 51031 to 51036 and 51041 to 51045 applies.<br><b>WorkCover will seek further information from the requesting practitioner and will consider a second opinion if this procedure is requested.</b> |

## Intradural procedures

| MBS<br>ITEM CODE | DESCRIPTOR   | CLINICAL INDICATION   |
|------------------|--|---|
| 51071            | Removal of intradural lesion.<br><b>(H) (Anaes.) (Assist.)</b><br><b>Multi operation rule.</b>                                   | Not being a service associated with a service to which item 51072 or 51073 applies.<br><b>Not approved in WorkCover</b> |
| 51072            | Craniocervical junction lesion, transoral approach.<br><b>(H) (Anaes.) (Assist.)</b><br><b>Multi operation rule.</b>             | Not being a service associated with a service to which item 51071 or 51073 applies.<br><b>Not approved in WorkCover</b> |
| 51073            | Removal of intramedullary tumour or arteriovenous malformation.<br><b>(H) (Anaes.) (Assist.)</b><br><b>Multi operation rule.</b> | Not being a service associated with a service to which item 51071 or 51072 applies.<br><b>Not approved in WorkCover</b> |

### Miscellaneous spinal procedures (cervical, thoracic and lumbar)

If the spine surgeon performs their own exposure to the thoracic or lumbar spine then 51160 or 51165 can be added to the claim for the overall surgery. If an assisting surgeon is used at any time during the procedure, then 51160 or 51165 should be used in isolation by the assisting surgeon. If the assisting surgeon needs to perform complex non-spinal surgery, they may use a more appropriate item but not in combination with 51160 or 51165. If an exposure surgeon claims a number from any section of the MBS, the spinal surgeon cannot claim 51160 or 51165.

| MBS ITEM CODE | DESCRIPTOR   | CLINICAL INDICATION   |
|---------------|--|---|
| 51102         | <p>Thoracoplasty in combination with thoracic scoliosis correction—3 or more ribs.</p> <p><b>(H) (Anaes.) (Assist.)</b></p> <p><b>Multi operation rule.</b></p>  | <p>This item is not for use when another item is claimed for the management of the odontoid fracture.</p> <p><b>Not approved in WorkCover</b></p>         |
| 51103         | <p>Odontoid screw fixation.</p> <p><b>(H) (Anaes.) (Assist.)</b></p> <p><b>Multi operation rule.</b></p>   | <p><b>WorkCover will seek further information from the requesting practitioner and will consider a second opinion if this procedure is requested.</b></p> |
| 51110         | <p>Spine, treatment of fracture, dislocation or fracture dislocation, with immobilisation by calipers or halo, not including application of skull tongs or calipers as part of operative positioning.</p> <p><b>(Anaes.)</b></p> <p><b>Multi operation rule.</b></p> | <p><b>WorkCover will seek further information from the requesting practitioner and will consider a second opinion if this procedure is requested.</b></p> |
| 51111         | <p>Skull calipers or halo, insertion of, as an independent procedure.</p> <p><b>(H) (Anaes.)</b></p> <p><b>Multi operation rule.</b></p>   | <p><b>WorkCover will seek further information from the requesting practitioner and will consider a second opinion if this procedure is requested.</b></p> |
| 51112         | <p>Skull calipers or halo, insertion of, as an independent procedure.</p> <p><b>(H) (Anaes.)</b></p> <p><b>Multi operation rule.</b></p>   | <p><b>WorkCover will seek further information from the requesting practitioner and will consider a second opinion if this procedure is requested.</b></p> |

| MBS ITEM CODE | DESCRIPTOR   | CLINICAL INDICATION  |
|---------------|--|--|
| 51113         | Halo, application of, in addition to spinal fusion for scoliosis, or other conditions.<br><b>(H) (Anaes.)</b><br><b>Multi operation rule.</b>  | <b>WorkCover will seek further information from the requesting practitioner and will consider a second opinion if this procedure is requested.</b> |
| 51114         | Halo thoracic orthosis—application of both halo and thoracic jacket.<br><b>(H) (Anaes.)</b><br><b>Multi operation rule.</b>  | <b>WorkCover will seek further information from the requesting practitioner and will consider a second opinion if this procedure is requested.</b> |
| 51115         | Halo femoral traction, as an independent procedure.<br><b>(Anaes.)</b><br><b>Multi operation rule.</b>   | <b>WorkCover will seek further information from the requesting practitioner and will consider a second opinion if this procedure is requested.</b> |
| 51120         | Bone graft, harvesting of autogenous graft, via separate incision or via subcutaneous approach, in conjunction with spinal fusion, other than for the purposes of bone graft obtained from the cervical, thoracic, lumbar or sacral spine.<br><b>(H) (Anaes.)</b><br><b>Multi operation rule.</b>  |  |
| 51130         | Lumbar artificial intervertebral total disc replacement, at one motion segment only, including removal of disc and marginal osteophytes:<br>(a) for a patient who:<br>(i) has not had prior spinal fusion surgery at the same lumbar level; and<br>(ii) does not have vertebral osteoporosis; and<br>(iii) has failed conservative therapy; and<br>(b) not being a service associated with a service to which item 51011, 51012, 51013, 51014 or 51015 applies.<br><b>(H) (Anaes.) (Assist.) Multi operation rule.</b> | <b>WorkCover will seek further information from the requesting practitioner and will consider a second opinion if this procedure is requested.</b> |

| MBS ITEM CODE | DESCRIPTOR  | CLINICAL INDICATION   |
|---------------|---|---|
| 51131         | <p>Cervical artificial intervertebral total disc replacement, at one motion segment only, including removal of disc and marginal osteophytes, for a patient who:</p> <p>(a) has not had prior spinal surgery at the same cervical level; and</p> <p>(b) is skeletally mature; and</p> <p>(c) has symptomatic degenerative disc disease with radiculopathy; and</p> <p>(d) does not have vertebral osteoporosis; and</p> <p>(e) has failed conservative therapy</p> <p><b>(H) (Anaes.) (Assist.)</b></p> <p><b>Multi operation rule.</b></p> | <p><b>WorkCover will seek further information from the requesting practitioner and will consider a second opinion if this procedure is requested.</b></p>   |
| 51140         | <p>Previous spinal fusion, re exploration for, involving adjustment or removal of instrumentation up to 3 motion segments, not being a service associated with a service to which item 51141 applies.</p> <p><b>(H) (Anaes.) (Assist.)</b></p> <p><b>Multi operation rule.</b></p>  | <p><b>If WorkCover approved initial surgery then would need to seek further information from the requesting practitioner and will consider a second opinion if this procedure is requested.</b></p> |
| 51141         | <p>Previous spinal fusion, re exploration for, involving adjustment or removal of instrumentation more than 3 motion segments, not being a service associated with a service to which item 51140 applies.</p> <p><b>(H) (Anaes.) (Assist.)</b></p> <p><b>Multi operation rule.</b></p>  | <p><b>If WorkCover approved initial surgery then would need to seek further information from the requesting practitioner and will consider a second opinion if this procedure is requested</b></p>  |
| 51145         | <p>Wound debridement or excision for post-operative infection or haematoma following spinal surgery</p> <p><b>(H) (Anaes.)</b></p> <p><b>Multi operation rule.</b></p>  |   |

| MBS ITEM CODE | DESCRIPTOR  | CLINICAL INDICATION  |
|---------------|---|--|
| 51150         | Coccyx, excision of,<br><b>(H) (Anaes.) (Assist.)</b><br><b>Multi operation rule.</b>   | <b>WorkCover will seek further information from the requesting practitioner and will consider a second opinion if this procedure is requested.</b> |
| 51160         | Anterior exposure of thoracic or lumbar spine, <b>one motion segment</b> , not being a service to which item 51165 applies.<br><b>(H) (Anaes.) (Assist.)</b><br><b>Multi operation rule.</b>  |  |
| 51165         | Anterior exposure of thoracic or lumbar spine, more than one motion segment, not being a service to which item 51160 applies.<br><b>(H) (Anaes.) (Assist.)</b><br><b>Multi operation rule.</b>  | <b>WorkCover will seek further information from the requesting practitioner and will consider a second opinion if this procedure is requested.</b> |
| 51170         | Syringomyelia or hydromyelia, craniotomy for, with or without duraplasty, intradural dissection, plugging of obex or local cerebrospinal fluid shunt<br><b>(H) (Anaes.) (Assist.)</b><br><b>Multi operation rule.</b>                   | <b>WorkCover will seek further information from the requesting practitioner and will consider a second opinion if this procedure is requested.</b> |
| 51171         | Syringomyelia or hydromyelia, treatment by direct cerebrospinal fluid shunt (for example, syringosubarachnoid shunt, syringopleural shunt or syringoperitoneal shunt).<br><b>(H) (Anaes.) (Assist.)</b><br><b>Multi operation rule.</b> | <b>WorkCover will seek further information from the requesting practitioner and will consider a second opinion if this procedure is requested.</b> |

## Medical interventions

| MEDICAL INTERVENTIONS     | DESCRIPTOR  | CLINICAL INDICATION   |
|---------------------------|---|---|
| Bone Scans                | <p>Bone Densitometry - (Items 12306 to 12322)<br/>MBS: Bone densitometry, using dual energy X-ray absorptiometry, involving the measurement of 2 or more sites (including interpretation and reporting), for:</p> <p>(a) confirmation of a presumptive diagnosis of low bone mineral density made on the basis of one or more fractures occurring after minimal trauma; or</p> <p>(b) monitoring of low bone mineral density proven by bone densitometry at least 12 months previously;</p> <p>other than a service associated with a service to which item 12312, 12315 or 12321 applies.</p> <p>For any particular patient, once only in a 24 month period.</p> | <p><b>Nuclear bone scans have limited role in WorkCover spinal cases such as assessing discitis / inflammation after surgery, confirming a fracture and these are reasonable indications.</b></p> <p><b>Investigation of back pain with a view to a fusion when the MRI shows degeneration should not be a case in which bone scan is approved.</b></p> <p><b>Note: WorkCover will seek further information from the requesting practitioner and will approve where scan is requested to investigate possible discitis / inflammation post-surgery.</b></p> |
| EOS scans                 | <p>EOS® 2D/3D imaging system. This system takes simultaneous anteroposterior and lateral 2D images of the whole body and can be utilized to perform 3D reconstruction based on statistical models.</p>  | <p><b>WorkCover will not fund this treatment.</b></p>   |
| Interventional injections | <p>Intravenous (IV) infusion of Lignocaine; IV infusion of Ketamine; Perineural block (Codes 18232, 18274, 18276);</p> <p>Medial branch blocks (Code 39013); Facet joint block; Radio Frequency Neurotomy (RFN) (Code 39118, 39323);</p> <p>Epidural steroid injections</p> <ul style="list-style-type: none"> <li>- Caudal-sacral</li> <li>- Lumbar</li> <li>- Transforaminal</li> </ul>   | <p><b>Refer to WorkCover Pain Intervention Guidelines.</b></p>  |

| MEDICAL INTERVENTIONS                        | DESCRIPTOR   | CLINICAL INDICATION  |
|--|--|--|
|  | <p>(Code 18232 or 39140);</p> <p>Ablative open surgical procedures:</p> <ul style="list-style-type: none"> <li>- Cordotomy</li> </ul> <p>(Codes 39121, 39124)</p> <ul style="list-style-type: none"> <li>- Rhizotomy</li> <li>- Sympathectomy</li> </ul> <p>(Codes 20622, 20632, 35000-35012)</p> <p>Dorsal root entry zone lesion (DREZ) (Code 39124)</p> |  |
| <p>CT Myelogram</p>                          |  | <p><b>WorkCover will seek further information from the requesting practitioner and will consider a second opinion if this procedure is requested.</b></p> <p><b>May be appropriate where MRI is contraindicated such as pacemaker, spinal cord stimulator, aneurysm clip, metal in the eye, intractable claustrophobia or in cases where an MRI is inconclusive.</b></p> |
| <p>Spinal Cord Stimulators and Generator</p> |  | <p><b>Refer to WorkCover Pain Intervention Guidelines.</b></p>   |
| <p>Discography/discogram</p>                 | <p>Involves inserting needles into the disc and injecting contrast liquid into the disc to determine if the disc is normal or abnormal.</p>  | <p><b>WorkCover will not fund this treatment.</b></p>  |



## General information

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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. If the surgery is to treat pre-existing changes WorkCover will not be able to cover the surgery.
2. Neurological testing such as nerve conduction studies should only be in a setting where there are obvious neurological conditions evident and by registered specialists.
3. Levels imply intervertebral levels, not number of vertebrae. (i.e. L5-S1 = 1 level, L4-S1 = 2 levels, etc.)
4. Definitions:
  - a. Aggravation: A factor which may or may not be work-related that has caused structural worsening of pre-existing changes of a permanent nature.
  - b. 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.
  - c. Recurrence: A recurrence requires no identifiable incident as trigger to resumption of symptoms or signs related to the pre-existing medical condition.
  - d. New injury: An identifiable new incident must be shown to have caused the injury.
  - e. 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 spinal surgery requests –
  - a. Consider available medical information and review surgery guidelines.
  - b. Consider worker's past medical history – is further information/GP records required?
  - c. If further information required, request TMS clarify rationale for proposed surgery and relationship of surgery request to accepted WRI.
  - d. If second opinion warranted, seek independent medical opinion (IME/MAP).
  - e. If contrary independent opinion obtained, discuss further with TMS.
  - f. Consider weight of all medical information and evidence provided to make decision.
  - g. Ensure decision communicated to TMS.
7. Patient selection is key:
  - a. Timing of assessment (where there is neurological pain such as leg pain, assessment should be within six weeks).
  - b. Early diagnosis is critical.
  - c. Many patients will improve with appropriate conservative treatment.
  - d. Decision to proceed with surgery should be based on a clear clinical diagnosis with consideration of neurological signs, level of incapacity and lack of progressive improvement.
  - e. Exclusions (surgical contra indicators as per below).

8. Flags for surgical contra indicators:
  - a. smokers
  - b. chronic disease where the anaesthetist feels that the patient would be a significant risk
  - c. pre-existing dysfunctional history
  - d. drug dependency or active evidence of inappropriate use of opiate medications
  - e. pre-existing psychiatric conditions (untreated) or active psychosis/depression
  - f. previous poor outcome from spinal surgery
  - g. legal representation
  - h. low weekly wages/period of time off work before surgery (consider motivation for RTW)
  
9. Second opinion may be required if surgery requested on a degenerative spine— particularly fusions. Only disc protrusions with radiculopathy are a work-related aggravation in a degenerative spine.
  
10. Second opinion may be required if a simple work-related event requires multi-level surgery – review claim with IME/MAP, then discuss further with TMS.
  
11. Second opinion may be required if more than three item numbers used (excluding assistant/anaesthetist's fee and plating).
  
12. When a request for multilevel surgery is received WorkCover Queensland will seek a second opinion.
  
13. Necks: it is standard that when anterior cervical discectomy is performed that a fusion is also performed.
  
14. Radicular leg pain is different from back pain – review need/approval of physiotherapy in management of leg pain. There is no evidence that passive (hands-on) physiotherapy is effective after 4 weeks of treatment, particularly if there is no substantial improvement. More active exercise based rehabilitation is more effective.
  
15. Soft tissue injury to the back should be resolved within three months and improvement in symptoms should be seen within six weeks. Continuing symptoms are likely to be due to a pre-existing condition. Physiotherapy treatment is appropriate if functional improvement is demonstrated.

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