

Orthopaedics

Schedule of Benefits
for Professional Fees

AMPUTATION

Code	Description	Payable with Private Rooms Technical Benefit	Pre-Approval Required	Payment Indicators	Payment Rules
3140	Amputation, finger or thumb, primary or secondary, any joint or phalanx, single, including neurectomies; with direct closure (use also for traumatic amputations)		No		
3145	Amputation of two or more fingers		No		
3280	Amputation through forearm		No		
3415	Amputation through arm		No		
3464	Fore quarter amputation		No		
3645	Above knee amputation		No		
3690	Hind-quarter amputation		No		
3790	Below knee amputation		No		
4255	Trans metatarsal amputation of foot		No		
4260	Trans metatarsal amputation of one toe		No		
4261	Trans metatarsal amputation of two or more toes		No		
4330	Trimming of stump following amputation of limb		No		

ANKLE

Code	Description	Payable with Private Rooms Technical Benefit	Pre-Approval Required	Payment Indicators	Payment Rules
3955	Arthrodesis of ankle joint		No		
3956	Arthroscopy, ankle, with or without removal of loose body or foreign body, with or without synovectomy, debridement (I.P.)		No	Independent Procedure, Day Care	
3961	Arthroscopy, ankle, surgical, excision of osteochondral defect of talus and/ or tibia, including drilling of the defect (I.P.)		No	Independent Procedure	
3962	Arthroscopically aided repair of large osteochondritis dissecans lesion, talar dome fracture, or tibial plafond fracture, with or without internal fixation (includes arthroscopy) (I.P.)		No	Independent Procedure	
3963	Subtalar joint, surgical, with subtalar arthrodesis (I.P.)		No	Independent Procedure	
3965	Fracture of medial or lateral malleolus (1st degree Pott's fracture), internal fixation of		No		

ANKLE

Code	Description	Payable with Private Rooms Technical Benefit	Pre-Approval Required	Payment Indicators	Payment Rules
3970	Fracture of posterior malleolus without fracture of other malleolus, internal fixation of		No		
3971	Open treatment of bimalleolar ankle fracture, with or without internal fixation		No		
3972	Fracture of trimalleolar ankle fracture with or without internal or external fixation, medial and/ or lateral malleolus; with fixation of posterior lip		No		
3975	Fracture, Pott's, closed reduction of		No		
3976	Closed reduction manipulation of dislocated ankle joint, with or without percutaneous skeletal fixation such as pins		No		
3980	Synovectomy and debridement		No	Day Care	
3985	Synovial biopsy, ankle	Yes	No	Diagnostic, Day Care	
3986	Talar fracture, open reduction and internal fixation of		No		
3990	Tendon, achilles, elongation of		No		
3995	Tendon, achilles, repair of		No		
4000	Tendon transplants about the ankle joint and foot (multiple)		No		
4005	Tendon transplants about the ankle joint and foot (single)		No		
4010	Traumatic fracture and dislocation, open reduction of		No		
4015	Unstable ankle, Watson Jones operation for		No		

ARTHROCENTESIS/ INJECTIONS

Code	Description	Payable with Private Rooms Technical Benefit	Pre-Approval Required	Payment Indicators	Payment Rules
4321	Arthrocentesis, one or more injections at the same session, children aged 12 to 16; small, intermediate or large joint (I.P.)	Yes	No	Independent Procedure, Day Care	Where code 4321 and 62310112 are performed on the same day and in a different physical location in the hospital, then the payment indicator "Independent Procedure" will not apply.
4322	Arthrocentesis, children aged under 12; less than 4 injections at the same session to knee, wrist, elbow, ankle and/ or shoulder joint (I.P.)	Yes	No	Independent Procedure, Day Care	Where code 4322 and 62310112 are performed on the same day and in a different physical location in the hospital, then the payment indicator "Independent Procedure" will not apply.
4323	Arthrocentesis, children aged under 12; 4 or more injections at the same session to knee, wrist, elbow, ankle and/ or shoulder joint (I.P.)	Yes	No	Independent Procedure, Day Care	Where code 4323 and 62310112 are performed on the same day and in a different physical location in the hospital, then the payment indicator "Independent Procedure" will not apply.
4324	Arthrocentesis, children aged under 12; less than 4 injections at the same session, using image guidance, to hip, finger and/ or toe joint (I.P.)	Yes	No	Independent Procedure, Day Care	Where code 4324 and 62310112 are performed on the same day and in a different physical location in the hospital, then the payment indicator "Independent Procedure" will not apply.

ARTHROCENTESIS/ INJECTIONS

Code	Description	Payable with Private Rooms Technical Benefit	Pre-Approval Required	Payment Indicators	Payment Rules
4326	Arthrocentesis, children aged under 12; 4 or more injections at the same session, using image guidance, to hip, finger and/ or toe joints (I.P.)	Yes	No	Independent Procedure, Day Care	Where code 4326 and 62310112 are performed on the same day and in a different physical location in the hospital, then the payment indicator "Independent Procedure" will not apply.
4331	Injection, tendon sheath, ligament, or ganglion cyst (I.P.)	Yes	No	Independent Procedure, Side Room	Where code 4331 and 62310112 are performed on the same day and in a different physical location in the hospital, then the payment indicator "Independent Procedure" will not apply.

ARTHROPLASTIES

Code	Description	Payable with Private Rooms Technical Benefit	Pre-Approval Required	Payment Indicators	Payment Rules
3045	Arthroplasty, using joint prosthesis, single (I.P.)		No	Independent Procedure	
3050	Arthroplasty, using joint prosthesis, two joints (I.P.)		No	Independent Procedure	
3055	Arthroplasty, using joint prosthesis, more than two joints (I.P.)		No	Independent Procedure	
3165	Arthroplasty (I.P.)		No	Independent Procedure	
3181	Trapezial joint replacement		No		
3300	Arthroplasty (forearm & elbow) (I.P.)		No	Independent Procedure	
3409	Shoulder replacement, total includes reverse total shoulder arthroplasty (I.P.)		No	Independent Procedure	
3655	Arthroplasty of hip using prosthesis, bilateral (I.P.)		No	Independent Procedure	
3660	Arthroplasty of hip using prosthesis, unilateral (I.P.)		No	Independent Procedure	
3661	Revision of total hip arthroplasty, acetabular and femoral components with or without autograft or allograft (I.P.)		No	Independent Procedure	
3909	Prosthetic replacement (total) of knee joints, bilateral (I.P.)		No	Independent Procedure	
3910	Prosthetic replacement (total) of knee joint, unilateral (I.P.)		No	Independent Procedure	
3911	Revision of arthroplasty of knee joint, with or without allograft, one or more components (I.P.)		No	Independent Procedure	
3913	Bilateral patellofemoral arthroplasty of knee joint; condyle and plateau medial or lateral compartment (I.P.)		No	Independent Procedure	
3914	Patellofemoral arthroplasty of knee joint; condyle and plateau medial or lateral compartment (I.P.)		No	Independent Procedure	
3957	Arthroplasty (ankle) (I.P.)		No	Independent Procedure	
3958	Arthroplasty, ankle with implant (total ankle) (I.P.)		No	Independent Procedure	
3959	Arthroplasty, ankle revision, total ankle (I.P.)		No	Independent Procedure	

ARTHROPLASTIES

Code	Description	Payable with Private Rooms Technical Benefit	Pre-Approval Required	Payment Indicators	Payment Rules
4181	Metatarsal joint replacement with prosthesis		No		
232744	Prosthetic replacement (total) of hip and knee joint, unilateral (I.P.)		No	Independent Procedure	
233409	Revision shoulder replacement, total includes reverse total shoulder arthroplasty		No		
234706	Shoulder replacement, hemiarthroplasty (humeral head prosthesis) (I.P.)		No	Independent Procedure	
272812	2 stage revision of total hip replacement for infection - first stage		No		
272813	2 stage revision of total hip replacement for infection - second stage		No		
275817	2-stage revision of total knee replacement for infection - first stage		No		
275818	2-stage revision of total knee replacement for infection - second stage		Yes		
275819	Combined Hip arthroscopy, with acetabuloplasty includes labral repair and loose body removal if performed, with femoroplasty including loose or foreign body removal if performed (I.P.)		No	Independent Procedure	Cannot be charged in conjunction with codes 3654 or 3658.
275821	Unicompartmental knee arthroplasty Unilateral (I.P.)		No	Independent Procedure	
275822	Unicompartmental knee arthroplasty Bilateral (I.P.)		No	Independent Procedure	
275901	Metatarsal Bilateral joint replacement with prosthesis (I.P.)		No	Independent Procedure	

CONGENITAL TALIPES EQUINOVARUS

Code	Description	Payable with Private Rooms Technical Benefit	Pre-Approval Required	Payment Indicators	Payment Rules
4019	Astraglectomy		No		
4020	Dwyer's valgus osteotomy		No		
4025	Manipulation and plaster fixation	Yes	No	Day Care	
4030	Manipulation and strapping	Yes	No	Day Care	
4035	Rotation osteotomy of tibia		No		
4040	Soft tissue release		No		
4045	Tarsal osteotomy		No		
4050	Tendon transplant, single		No		

CONGENITAL TALIPES EQUINOVARUS

Code	Description	Payable with Private Rooms Technical Benefit	Pre-Approval Required	Payment Indicators	Payment Rules
4051	Tendon transplant, multiple		No		

EXTERNAL FIXATION

Code	Description	Payable with Private Rooms Technical Benefit	Pre-Approval Required	Payment Indicators	Payment Rules
4305	Partial excision of osteomyelitic bone (e.g. sequestrectomy, diaphysectomy), long bones, with or without bone grafting (not for bone biopsy) (I.P.)		No	Independent Procedure	
4306	Application of uniplane external fixation system, for the treatment of complex peri-articular and intra-articular fractures, or non unions and correcting deformity following malunited fractures, unilateral (e.g. Extremity, pelvis)		No		
4307	Application of multiplane external fixation system, for the treatment of complex peri-articular and intra-articular fractures, or non unions and correcting deformity following malunited fractures, unilateral (e.g. extremity, pelvis)		No		
4308	Adjustment or revision of (uniplane or multiplane) external fixation system requiring general anaesthetic		No		
4309	External fixation system (uniplane or multiplane as in procedure codes 4306 and 4307) removal under general anaesthetic		No	Day Care	

FOOT

Code	Description	Payable with Private Rooms Technical Benefit	Pre-Approval Required	Payment Indicators	Payment Rules
4060	Arthrodesis of all inter phalangeal joints (Lambrinudi), unilateral		No		
4065	Arthrodesis of all inter phalangeal joints (Lambrinudi), bilateral		No		
4070	Arthrodesis of first metatarso phalangeal joint (I.P.)		No	Independent Procedure	IP rule waived when billed alongside codes 4000, 4075 or 4106.
4075	Arthrodesis triple, in all its forms		No		
4080	Arthrodesis, pantalar		No		
4085	Claw foot (Steindlar), muscle stripping, operations for		No		
4090	Exostosis of first metatarsal, unilateral, removal of		No	Day Care	This code cannot be charged in conjunction with codes 4095, 4182, 4184.
4095	Exostosis of first metatarsal, bilateral, removal of		No		This code cannot be charged in conjunction with codes 4090, 4182, 4184.
4100	Flat foot involving joint fusion, operation for		No		

FOOT

Code	Description	Payable with Private Rooms Technical Benefit	Pre-Approval Required	Payment Indicators	Payment Rules
4101	Flexor tenotomy, single (foot)		No	Day Care	
4102	Flexor tenotomy, multiple (foot)		No	Day Care	
4103	Fracture of hind foot, internal fixation, unilateral		No		
4104	Fracture of hind foot, internal fixation, bilateral		No		
4105	Fracture of phalanges and/ or metatarsals, closed reduction of (I.P.)		No	Independent Procedure, Day Care	
4106	Open treatment (hind foot) of calcaneal or talus fracture with or without internal or external fixation		No		
4107	Percutaneous skeletal fixation of metatarsal fracture with manipulation	Yes	No		
4108	Open treatment of metatarsal fracture, with or without internal or external fixation		No		
4110	Fracture of phalanx and/ or metatarsal, single, internal fixation of		No		This code cannot be charged in conjunction with code 4135.
4115	Fracture of phalanges and/ or metatarsals, multiple, internal fixation of		No		
4120	Ganglion of foot, excision of		No	Day Care	
4125	Hallux valgus and follow up, other than simple removal of exostosis, unilateral operation for		No		
4130	Hallux valgus and follow up, other than simple removal of exostosis, bilateral, operation for		No		
4135	Hammertoe, correction of, single toe		No	Day Care	This code cannot be charged in conjunction with code 4110.
4140	Hammertoe, bilateral, correction of		No		
4141	Hammertoe, correction of, three or more toes, unilateral or bilateral.		No		
4145	Grice's operation, subtalar bone block		No		
4161	Initial pledget insertion for infected ingrowing toe nail, under general anaesthetic, in children under 16 years of age (I.P.)	Yes	No	Independent Procedure, Day Care	
4162	Tarsal tunnel release (posterior tibial nerve decompression)		No		
4170	Laprau's operation to correct position of toe		No		

FOOT

Code	Description	Payable with Private Rooms Technical Benefit	Pre-Approval Required	Payment Indicators	Payment Rules
4175	Metatarsal heads, excision of all, and plastic correction of sole, unilateral		No		
4180	Metatarsal heads, excision of all, and plastic correction of sole, bilateral, (Hoffman's)		No		
4182	Metatarsal osteotomy, unilateral		No	Day Care	
4183	Metatarsal osteotomies, bilateral		No		
4184	Chevron osteotomy, single		No		This code cannot be charged in conjunction with code 4090, 4095, 4182.
4185	Os calcis, osteotomy of (Dwyer)		No		
4190	Os calcis and bursa, posterior exostosis of, unilateral removal of		No		
4195	Os calcis and bursa, posterior exostosis of, bilateral, removal of		No		
4200	Plantar fascia, excision or division of, unilateral		No	Day Care	
4205	Plantar fascia, excision or division of, bilateral		No		
4215	Stamm's operation, unilateral		No		
4220	Stamm's operation, bilateral		No		
4225	Talectomy		No		
4230	Tarsal osteotomy		No		
4235	Tendon transplantation about the foot, multiple		No		
4240	Tendon transplantation about the foot, single		No		
4245	Tendon transplantation, flexor and extensor all toes, unilateral		No		
4250	Tendon transplantation, flexor and extensor all toes, bilateral		No		

FOREARM AND ELBOW

Code	Description	Payable with Private Rooms Technical Benefit	Pre-Approval Required	Payment Indicators	Payment Rules
3285	Annular ligament, repair of		No		
3290	Anterior capsulotomy and excision (myositis ossificans)		No		

FOREARM AND ELBOW

Code	Description	Payable with Private Rooms Technical Benefit	Pre-Approval Required	Payment Indicators	Payment Rules
3295	Arthrodesis of elbow joint (I.P.)		No	Independent Procedure	
3296	Arthroscopy, elbow, diagnostic, with or without synovial biopsy, removal of loose body or foreign body, synovectomy, debridement (I.P.)		No	Independent Procedure, Day Care	
3297	Arthroscopy, elbow, surgical; includes extensive debridement to all parts of the elbow joint, with complete synovectomy (osteocapsular arthroplasty) (I.P.)		No	Independent Procedure	
3315	Drainage of elbow joint	Yes	No		
3316	External fixation, upper limb		No		
3320	Fracture forearm (complete), closed reduction and plaster of paris		No	Day Care	
3325	Fracture forearm (greenstick), closed reduction and plaster of paris	Yes	No		
3330	Fracture about elbow, closed manipulation of		No		
3335	Fracture dislocation, open reduction of (forearm/ elbow)		No		
3340	Fracture of forearm bones, open reduction of		No		
3341	Open reduction, internal fixation and bone grafting (forearm/ elbow)		No		
3345	Fracture of lateral condyle, open reduction of		No		
3350	Fracture of medial condyle, open reduction of		No		
3355	Fracture (supracondylar), closed reduction of		No		
3360	Fracture, olecranon, screwing of		No		
3365	Closed treatment of elbow dislocation (I.P.)	Yes	No	Independent Procedure	
3370	Nerve, ulnar, transplant		No		
3375	Olecranon bursa, removal of		No	Day Care	
3380	Radius, excision of head of		No		
3381	Silastic interposition of radial head		No		
3385	Open synovectomy of elbow joint		No		
3390	Tendon transplants about the elbow		No		
3395	Tendon sheaths, removal of, in forearm		No	Day Care	

FOREARM AND ELBOW

Code	Description	Payable with Private Rooms Technical Benefit	Pre-Approval Required	Payment Indicators	Payment Rules
3400	Tennis elbow, advancement of extensor muscles		No	Day Care	
3406	Decompression fasciotomy, forearm and/ or wrist flexor or extensor compartment; with or without debridement of non-viable muscle and/ or nerve		No		

HAND

Code	Description	Payable with Private Rooms Technical Benefit	Pre-Approval Required	Payment Indicators	Payment Rules
3035	Abscess or infected tendon sheath of palmar spaces, drainage of		No		
3039	Debridement/ synovectomy of metacarpophalangeal and/ or proximal interphalangeal joints, more than two joints		No		
3040	Arthrodesis of joint (I.P.)		No	Independent Procedure, Day Care	
3041	Arthrodesis of the carpometacarpal joint of the thumb using bone graft		No		
3070	Bursectomy		No		
3075	Benign bone tumours, multiple, excision of, with or without bone graft		No		
3080	Benign bone tumour, single, excision of, with or without bone graft		No		
3085	Exostosis, excision of		No	Day Care	
3095	Fracture of phalanges and/ or metacarpals, closed reduction (I.P.)		No	Independent Procedure, Day Care	
3100	Fracture of phalanx, single, internal fixation		No	Day Care	
3105	Fracture of phalanges, multiple, internal fixation		No		
3106	Open treatment of distal phalangeal fracture, finger or thumb, includes internal fixation when performed, for complex crush injuries requiring bone reconstruction		No		
3110	Ganglion or mucous cyst of hand, surgical removal of (includes repair) (I.P.)		No	Independent Procedure, Side Room	
3115	Manipulation for treatment of dislocation of metacarpophalangeal joint (I.P.)	Yes	No	Independent Procedure, Side Room	
3125	Nails, removal of all	Yes	No	Side Room	

HAND

Code	Description	Payable with Private Rooms Technical Benefit	Pre-Approval Required	Payment Indicators	Payment Rules
3126	Debridement and repair of nail bed, for simple crush injuries	Yes	No	Side Room	
3135	Synovioma, excision of		No	Day Care	
3136	Tendon repair, flexor-double (hand)		No		
3150	Trigger finger, correction of		No	Day Care	
4061	Arthroscopy of metacarpophalangeal joint, with or without biopsy (I.P.)		No	Independent Procedure	
4062	Debridement/ synovectomy of , metacarpophalangeal and/ or proximal interphalangeal joint, one or two joints (I.P.)		No	Independent Procedure	
4063	Arthroscopic repair of displaced MCP ulnar collateral ligament (e.g. Stener lesion) (I.P.)		No	Independent Procedure	

HIP AND FEMUR

Code	Description	Payable with Private Rooms Technical Benefit	Pre-Approval Required	Payment Indicators	Payment Rules
3621	Open Reduction and Internal Fixation of Periprosthetic Fracture		No		
3630	Acetabuloplasty, shelf operation		No		
3631	Internal fixation of acetabular fractures		No		
3635	Acute dislocation, manipulation for		No		
3636	Congenital dislocation of hip, examination under anaesthetic (EUA) and plaster of paris (POP) (I.P.)		No	Independent Procedure, Day Care	
3640	Acute dislocation or fracture dislocation, open reduction, hip/ femur		No		
3650	Arthrodesis, hip/ femur		No		
3654	Hip arthroscopy, with acetabuloplasty (i.e. treatment of pincer lesion) includes labral repair and loose body removal if performed		No		Cannot be charged in conjunction with code 3658 - see code 275819.
3656	Arthroscopy, hip, diagnostic; with or without synovial biopsy (separate procedure) (I.P.)		No	Independent Procedure	
3657	Arthroscopy, hip, surgical; with synovectomy (I.P.)		No	Independent Procedure	

HIP AND FEMUR

Code	Description	Payable with Private Rooms Technical Benefit	Pre-Approval Required	Payment Indicators	Payment Rules
3658	Hip arthroscopy, with femoroplasty (i.e. treatment of cam lesion) includes loose or foreign body removal if performed		No		Cannot be charged in conjunction with code 3654 - see code 275819.
3659	Hip arthroscopy, with removal of loose/ foreign body, debridement/ shaving of articular cartilage (chondroplasty), abrasion arthroplasty and/ or resection of labrum (I.P.)		No	Independent Procedure	
3665	Arthrotomy for loose body		No		
3675	Corrective osteotomy with or without internal fixation		No		
3680	Curettage of greater trochanter and bursectomy		No		
3695	Drainage of hip joint for acute infection (I.P.)		No	Independent Procedure	
3700	Exostosis of femoral neck in slipped femoral epiphysis, excision of (I.P.)		No	Independent Procedure	For patients < 18 years only.
3705	Femoral condyle, osteotomy of (I.P.)		No	Independent Procedure	
3709	Fractured femur, hemiarthroplasty		No		
3710	Fractured shaft of femur, open reduction, with internal fixation		No		
3715	Fractured shaft of femur, closed reduction, with traction		No		
3720	Fractured femur (supracondylar) open reduction of		No		
3723	Fractured shaft of femur, closed intramedullary nailing		No		
3724	Fractured shaft of femur closed intramedullary, interlocking nail		No		
3725	Fracture of neck of femur, intramedullary nail fixation of		No		
3729	Repair, non union or malunion, femur, distal to head and neck with iliac or other autogenous bone graft (includes obtaining graft)		No		
3730	Fracture of femur (per trochanteric or introchanteric) intramedullary nail fixation of		No		
3731	Open treatment of anterior ring fracture and/ or dislocation with internal fixation, (includes pubic symphysis and/ or rami)		No		
3732	Open treatment of posterior ring fracture and/ or dislocation with internal fixation, (includes ilium, sacro-iliac joint and/ or sacrum)		No		
3733	Pelvic fracture, external fixation		No		

HIP AND FEMUR

Code	Description	Payable with Private Rooms Technical Benefit	Pre-Approval Required	Payment Indicators	Payment Rules
3735	Hip deformity, soft tissue operations for correction of (I.P.)		No	Independent Procedure	
3745	Manipulation of hip, closed, requiring general anaesthetic		No	Day Care	
3750	Open reduction and/ or rotation osteotomy		No		
3751	Open reduction, pelvic osteotomy and femoral shortening		No		
3755	Pelvic osteotomy		No		
3756	Modified innominate osteotomy including bone graft		No		
3760	Pseudoarthroplasty of hip (Girdlestone operation)		No		
3765	Slipped femoral epiphysis, intramedullary nail, fixation of		No		
3770	Slipped femoral epiphysis, lower end, stapling of		No		
3775	Synovectomy of hip joint and debridement (I.P.)		No	Independent Procedure	
3785	Transplantation of psoas muscle to greater trochanter (Mustard's or Sherrard's operation)		No		

HUMERUS AND SHOULDER

Code	Description	Payable with Private Rooms Technical Benefit	Pre-Approval Required	Payment Indicators	Payment Rules
3401	Arthroscopy, shoulder, surgical, with lysis and resection of adhesions, and/ or removal of loose body or foreign body, and/ or synovectomy or bursectomy, and/ or debridement with or without manipulation		No		Not claimable with codes 3402, 3408, 3411 or 3415.
3402	Arthroscopic suture capsulorrhaphy for anterior shoulder instability		No		Not claimable with codes 3401, 3408, 3411, 3415 - see code 238069.
3403	Arthroscopy, shoulder, diagnostic with or without synovial biopsy (I.P.)		No	Independent Procedure, Day Care, Diagnostic	
3404	Acromioplasty		No		
3405	Open acromio-clavicular joint, excision of		No		
3407	Arthroscopy, shoulder, surgical; repair of SLAP lesion (I.P.)		No	Independent Procedure	
3408	Arthroscopy, shoulder, surgical; with rotator cuff repair		No		Not claimable with codes 3401, 3402, 3411, 3414 or 3416 - see code 238069.
3410	Acromio-clavicular joint, open reduction of		No		

HUMERUS AND SHOULDER

Code	Description	Payable with Private Rooms Technical Benefit	Pre-Approval Required	Payment Indicators	Payment Rules
3411	Arthroscopic subacromial decompression, includes diagnostic arthroscopy (code 3403)		No		Not claimable with codes 3401, 3403, 3408, 3412, 3413, 3416 or 3417.
3412	Arthroscopic excision outer end of clavicle		No		Not claimable with codes 3408, 3411 or 3413.
3413	Arthroscopic excision outer end of clavicle/ subacromial decompression, includes diagnostic arthroscopy (Code 3403)		No		Not claimable with codes 3403, 3408, 3411, 3412, 3416 or 238067.
3414	Arthroscopy, shoulder, surgical; biceps tenodesis		No		Not claimable with code 3401, 3416 - see code 238072.
3416	Arthroscopy, shoulder, surgical; with rotator cuff repair and decompression of subacromial space by bursectomy and/ or acromioplasty		No		Not claimable with codes 3401, 3402, 3408, 3411, 3414 - see code 238072.
3417	Arthroscopic treatment of calcific tendonitis		No		
3420	Arthrodesis, humerus/ shoulder		No		
3430	Biopsy, synovial, humerus/ shoulder (I.P.)		No	Independent Procedure, Diagnostic	
3435	Capsulotomy (acute capsulitis)		No		
3440	Disarticulation, humerus/ shoulder		No		
3445	Dislocation, open reduction of, humerus/ shoulder (I.P.)		No	Independent Procedure	
3450	Dislocation, acute, manipulation under general anaesthetic, humerus/ shoulder		No	Day Care	
3455	Dislocation, open recurrent, operation for, humerus/ shoulder (I.P.)		No	Independent Procedure	
3456	Latarjet procedure including diagnostic arthroscopy (I.P.)		No	Independent Procedure	
3457	Open shoulder stabilisation (labral/ capsular repair) for multidirectional instability including examination under anaesthesia (EUA) and arthroscopy (I.P.)		No	Independent Procedure	
3465	Fractured clavicle, closed reduction of		No		
3470	Fractured clavicle, open reduction of		No		
3471	Open reduction internal fixation and bone grafting non union of a fracture of the clavicle		No		
3475	Fractured humerus, open reduction with internal fixation		No		
3480	Fractured humerus, open reduction and bone graft		No		
3485	Fractured humerus, closed reduction of		No		
3495	Manipulation of shoulder joint under general anaesthetic (I.P.)		No	Independent Procedure, Day Care	

HUMERUS AND SHOULDER

Code	Description	Payable with Private Rooms Technical Benefit	Pre-Approval Required	Payment Indicators	Payment Rules
3500	Open repair of capsule (in rotator cuff injuries) humerus/ shoulder (I.P.)		No	Independent Procedure	
3510	Subacromial bursectomy (I.P.)		No	Independent Procedure	
3515	Tendon transplant about shoulder		No		
234936	Superior capsular reconstruction (I.P.)		No	Independent Procedure	
238067	Shoulder arthroscopy (glenohumeral) with additional decompression of subacromial space via different port, lysis/ resection of adhesions, removal of loose/ foreign body, synovectomy +/- debridement (I.P.)		No	Independent Procedure	
238069	Combined arthroscopic suture capsulorrhaphy for anterior shoulder instability and arthroscopic subacromial decompression, includes diagnostic arthroscopy (code 3403) (I.P.)		No	Independent Procedure	Cannot be charged in combination with codes 3402, 3403 or 3411.
238072	Arthroscopy, shoulder, surgical; with rotator cuff repair, biceps tenodesis and decompression of subacromial space by bursectomy and/ or acromioplasty (I.P.)		No	Independent Procedure	Cannot be charged in combination with codes 3414 or 3416.

KNEE AND LOWER LEG

Code	Description	Payable with Private Rooms Technical Benefit	Pre-Approval Required	Payment Indicators	Payment Rules
3795	Arthrodesis, knee		No		
3815	Baker's cyst, excision of		No	Day Care	
3816	Bone transportation		No		
3817	Removal of fixator device, tibia	Yes	No	Day Care	
3818	Arthroscopy of knee, surgical; with lateral release		No	Day Care	Additional knee arthroscopy claim form must be completed by the Consultant to support payment. Immediate surgery is only reimbursed for patients with significant meniscal pathology, with symptoms or examination findings of acute locking or entrapment. In all cases confirmation is to be provided and submitted with the claim form to support payment. Diagnostic arthroscopy is only reimbursed in symptomatic patients with persistent diagnostic uncertainty following clinical examination and MRI if appropriate. For patients suffering with osteoarthritis, lavage is not payable and arthroscopy and debridement is only payable for those with definite significant mechanical symptoms (e.g. locking) and who are still symptomatic following optimal conservative treatment. In the majority of cases, this encompasses the HIQA recommendations of a course of physiotherapy. Alternatively surgical rationale must be stated on the claim form.
3819	Arthroscopy, knee, diagnostic, with or without synovial biopsy (I.P.)		No	Independent Procedure, Day Care, Diagnostic	Additional knee arthroscopy claim form must be completed by the Consultant to support payment. Immediate surgery is only reimbursed for patients with significant meniscal pathology, with symptoms or examination findings of acute locking or entrapment. In all cases confirmation is to be provided and submitted with the claim form to support payment. Diagnostic arthroscopy is only reimbursed in symptomatic patients with persistent diagnostic uncertainty following clinical examination and MRI if appropriate. For patients suffering with osteoarthritis, lavage is not payable and arthroscopy and debridement is only payable for those with definite significant mechanical symptoms (e.g. locking) and who are still symptomatic following optimal conservative treatment. In the majority of cases, this encompasses the HIQA recommendations of a course of physiotherapy. Alternatively surgical rationale must be stated on the claim form.

KNEE AND LOWER LEG

Code	Description	Payable with Private Rooms Technical Benefit	Pre-Approval Required	Payment Indicators	Payment Rules
3820	Cartilage(s), removal of, knee		No	Day Care	Additional knee arthroscopy claim form must be completed by the Consultant to support payment. Immediate surgery is only reimbursed for patients with significant meniscal pathology, with symptoms or examination findings of acute locking or entrapment. In all cases confirmation is to be provided and submitted with the claim form to support payment. Diagnostic arthroscopy is only reimbursed in symptomatic patients with persistent diagnostic uncertainty following clinical examination and MRI if appropriate. For patients suffering with osteoarthritis, lavage is not payable and arthroscopy and debridement is only payable for those with definite significant mechanical symptoms (e.g. locking) and who are still symptomatic following optimal conservative treatment. In the majority of cases, this encompasses the HIQA recommendations of a course of physiotherapy. Alternatively surgical rationale must be stated on the claim form.
3821	Arthroscopy and removal of cartilage, knee, with meniscectomy (medial or lateral including meniscal shaving) including debridement/ shaving of articular cartilage (chondroplasty), same or separate compartment(s), when performed (I.P.)		No	Independent Procedure, Day Care	Additional knee arthroscopy claim form must be completed by the Consultant to support payment. Cannot be charged in conjunction with code 3838. Immediate surgery is only reimbursed for patients with significant meniscal pathology, with symptoms or examination findings of acute locking or entrapment. In all cases confirmation (confirmation form in appendix) is to be provided and submitted with the claim form to support payment. Diagnostic arthroscopy is only indicated in symptomatic patients with persistent diagnostic uncertainty following MRI and clinical examination. For patient suffering with osteoarthritis, lavage is not payable and arthroscopy and debridement is only payable for those with definite significant mechanical symptoms (e.g. locking) AND still symptomatic following optimal conservative treatment. In the majority of cases, this entails the HIQA recommendations of a course of physiotherapy. Alternatively surgical rationale must be stated on the claim form.
3822	Arthroscopy of the knee for removal of loose body or foreign body, synovectomy, debridement (I.P.)		No	Independent Procedure, Day Care	Additional knee arthroscopy claim form must be completed by the Consultant to support payment. Immediate surgery is only reimbursed for patients with significant meniscal pathology, with symptoms or examination findings of acute locking or entrapment. In all cases confirmation is to be provided and submitted with the claim form to support payment. Diagnostic arthroscopy is only reimbursed in symptomatic patients with persistent diagnostic uncertainty following clinical examination and MRI if appropriate. For patients suffering with osteoarthritis, lavage is not payable and arthroscopy and debridement is only payable for those with definite significant mechanical symptoms (e.g. locking) and who are still symptomatic following optimal conservative treatment. In the majority of cases, this encompasses the HIQA recommendations of a course of physiotherapy. Alternatively surgical rationale must be stated on the claim form.
3825	Corrective osteotomy of tibia in region of knee		No		
3830	Corrective osteotomy of tibia in region of ankle		No		
3831	Arthroscopy, knee, surgical; osteochondral autograft(s) (e.g. mosaicplasty) (includes harvesting of the autograft(s)) (I.P.)		No	Independent Procedure	Additional knee arthroscopy claim form must be completed by the Consultant to support payment. Immediate surgery is only reimbursed for patients with significant meniscal pathology, with symptoms or examination findings of acute locking or entrapment. In all cases confirmation is to be provided and submitted with the claim form to support payment. Diagnostic arthroscopy is only reimbursed in symptomatic patients with persistent diagnostic uncertainty following clinical examination and MRI if appropriate. For patients suffering with osteoarthritis, lavage is not payable and arthroscopy and debridement is only payable for those with definite significant mechanical symptoms (e.g. locking) and who are still symptomatic following optimal conservative treatment. In the majority of cases, this encompasses the HIQA recommendations of a course of physiotherapy. An ILH Checklist must be completed and attached to the claim.
3832	Arthroscopy, knee, surgical; osteochondral allograft(s) (e.g. mosaicplasty) (includes harvesting of the autograft(s)) (I.P.)		No	Independent Procedure	Additional knee arthroscopy claim form must be completed by the Consultant to support payment. Immediate surgery is only reimbursed for patients with significant meniscal pathology, with symptoms or examination findings of acute locking or entrapment. In all cases confirmation is to be provided and submitted with the claim form to support payment. Diagnostic arthroscopy is only reimbursed in symptomatic patients with persistent diagnostic uncertainty following clinical examination and MRI if appropriate. For patients suffering with osteoarthritis, lavage is not payable and arthroscopy and debridement is only payable for those with definite significant mechanical symptoms (e.g. locking) and who are still symptomatic following optimal conservative treatment. In the majority of cases, this encompasses the HIQA recommendations of a course of physiotherapy. Alternatively surgical rationale must be stated on the claim form.
3833	Arthroscopy, knee, surgical; meniscal transplantation (includes arthrotomy for meniscal insertion) medical or lateral) (I.P.). Patient must have undergone a 6 weeks course of Physiotherapy		No	Independent Procedure	Additional knee arthroscopy claim form must be completed by the Consultant to support payment. Immediate surgery is only reimbursed for patients with significant meniscal pathology, with symptoms or examination findings of acute locking or entrapment. In all cases confirmation (confirmation form in appendix) is to be provided and submitted with the claim form to support payment. Diagnostic arthroscopy is only indicated in symptomatic patients with persistent diagnostic uncertainty following MRI and clinical examination. For patient suffering with osteoarthritis, lavage is not payable and arthroscopy and debridement is only payable for those with definite significant mechanical symptoms (e.g. locking) AND still symptomatic following optimal conservative treatment. In the majority of cases, this entails the HIQA recommendations of a course of physiotherapy. Alternatively surgical rationale must be stated on the claim form.
3834	Arthroscopy, knee, surgical; for infection, lavage and drainage (I.P.)		No	Independent Procedure	

KNEE AND LOWER LEG

Code	Description	Payable with Private Rooms Technical Benefit	Pre-Approval Required	Payment Indicators	Payment Rules
3835	Cruciate ligaments, repair		No		
3836	Arthroscopic anterior cruciate ligament reconstruction		No		
3837	Arthroscopic anterior cruciate ligament reconstruction and meniscectomy (I.P.)		No	Independent Procedure	
3838	Arthroscopic anterior cruciate ligament reconstruction and meniscal repair		No		
3839	Arthroscopy of knee with meniscus repair by suture fixation (medial and/ or lateral)		No	Day Care	Additional knee arthroscopy claim form must be completed by the Consultant to support payment. Cannot be charged in conjunction with code 3821. Immediate surgery is only reimbursed for patients with significant meniscal pathology, with symptoms or examination findings of acute locking or entrapment. In all cases confirmation (confirmation form in appendix) is to be provided and submitted with the claim form to support payment. Diagnostic arthroscopy is only indicated in symptomatic patients with persistent diagnostic uncertainty following MRI and clinical examination. For patient suffering with osteoarthritis, lavage is not payable and arthroscopy and debridement is only payable for those with definite significant mechanical symptoms (e.g. locking) AND still symptomatic following optimal conservative treatment. In the majority of cases, this entails the HIQA recommendations of a course of physiotherapy. Alternatively surgical rationale must be stated on the claim form.
3840	Drainage of joint in acute infection		No		
3845	Exploration of joint, knee/ lower leg		No		
3850	Fixed flexion of knee, soft tissue operations for		No		
3855	Fracture dislocation of knee joint, operations for		No		
3860	Fracture of tibia (condylar) open reduction of		No		
3865	Fracture of tibial shaft, open reduction and internal fixation		No		
3870	Fracture of tibial shaft, closed reduction of		No		
3871	Fracture of tibial shaft, closed intra-medullary, interlocking nail		No		
3872	Arthroscopically aided treatment of intercondylar spine(s) and/ or tuberosity fracture(s) of the knee, with or without manipulation; without external fixation (includes arthroscopy) (I.P.)		No	Independent Procedure	
3873	Arthroscopically aided treatment of intercondylar spine(s) and/ or tuberosity fracture(s) of the knee, with or without manipulation; with internal or external fixation (includes arthroscopy) (I.P.)		No	Independent Procedure	
3874	Arthroscopically aided treatment of tibial fracture, proximal (plateau); unicondylar, includes internal fixation when performed (includes arthroscopy) (I.P.)		No	Independent Procedure	

KNEE AND LOWER LEG

Code	Description	Payable with Private Rooms Technical Benefit	Pre-Approval Required	Payment Indicators	Payment Rules
3876	Arthroscopically aided treatment of tibial fracture, proximal (plateau); bicondylar, includes internal fixation, when performed (includes arthroscopy) (I.P.)		No	Independent Procedure	
3880	Lateral ligaments, repair		No		
3885	Manipulation under general anaesthetic, knee/ lower leg (I.P.)		No	Independent Procedure	
3890	Osteochondritis dissecans, Smillies operation for		No		
3895	Patellectomy or open reduction of fractured patella		No		
3896	Resurfacing of patella		No		
3900	Pre patellar bursa, removal of		No	Day Care	
3905	Plication of vastii, etc.		No		
3912	Reconstruction of knee, (anterior cruciate)		No		
3915	Quadriceps mechanism, repair		No		
3920	Slipped epiphysis, stapling of, or epiphysiodesis		No		
3925	Slipped epiphysis (tibial and femoral combined), stapling of, or epiphysiodesis		No		
3930	Slipped epiphyses (bilateral tibial), stapling of		No		
3931	Slocum's or similar procedure		No		
3935	Synovectomy		No		
3940	Synovial biopsy, knee/ lower leg		No	Diagnostic, Day Care	
3944	Reconstruction (advancement) posterior tibial tendon with excision of accessory tarsal navicular bone (e.g. Kidner type procedure)		No		
3945	Tendon transplants about knee joint		No		
3950	Transplant of tibial tubercle		No		
3951	Decompression fasciotomy, leg		No		

KNEE AND LOWER LEG

Code	Description	Payable with Private Rooms Technical Benefit	Pre-Approval Required	Payment Indicators	Payment Rules
5890	Ligament reconstruction at the knee joint (I.P.)		No	Independent Procedure	
5891	Ligament reconstruction of the knee joint using autogenous graft (I.P.)		No	Independent Procedure	
275850	Extraction and reinfusion autologous (platelet rich plasma) anti-inflammatory injection for early knee mild to moderate osteoarthritis - Zimmer NStride	Yes	No	Side Room	Consultant must conduct the injection.

MUSCLE

Code	Description	Payable with Private Rooms Technical Benefit	Pre-Approval Required	Payment Indicators	Payment Rules
1380	Muscle, repair and suture of		No		
1385	Muscle biopsy	Yes	No	Diagnostic, Side Room	
4263	Chemodeneration of muscle(s); extremity(ies) and/ or trunk muscle(s) (e.g. for dystonia, cerebral palsy, multiple sclerosis)	Yes	No	Side Room	

NERVES

Code	Description	Payable with Private Rooms Technical Benefit	Pre-Approval Required	Payment Indicators	Payment Rules
1390	Nerve biopsy	Yes	No	Diagnostic	
1395	Nerve repairs (primary) (I.P.)		No	Independent Procedure	
1400	Nerve suture (secondary, including grafting and anastomosis)		No		
1406	Neuroma, excision of		No	Day Care	
1407	Neurectomy		No		
5600	Peripheral nerve repairs		No		
5605	Peripheral nerve tumour, excision of		No	Day Care	

OTHER ORTHOPAEDIC PROCEDURES

Code	Description	Payable with Private Rooms Technical Benefit	Pre-Approval Required	Payment Indicators	Payment Rules
3130	Application of plaster of paris casts as a separate procedure not associated with concurrent surgery (I.P.)	Yes	No	Independent Procedure, Day Care	
4264	Arthroscopy (joints not otherwise specified) (I.P.)		No	Independent Procedure, Diagnostic	
4265	Arthrotomy for removal of loose bodies		No	Day Care	
4270	Biopsy of tumour of long bones, open		No	Diagnostic	
4272	Excision of large malignant bone tumours for limb conservation		No		
4273	Excision of large malignant bone tumours for limb conservation including prosthetic insertion		No		
4275	Application of body cast (surgery benefit includes removal)		No	Day Care	
4280	Bone cysts (long bones only), excision		No		
4285	Bursectomy, large joints		No	Day Care	
4289	Bone graft harvest		No		
4295	Exostosis of long bones, removal		No		
4300	Fracture sternum and ribs, operative reduction		No		
4301	Limb lengthening (upper or lower limb) including osteotomy procedure and application of fixator devices		No		
4310	Partial excision of osteomyelitic bone (e.g. cauterisation, craterisation), bones of foot, ankle (including malleoli), hand or wrist, with or without bone grafting (not for bone biopsy) (I.P.)		No	Independent Procedure	
4320	Removal of plates, pins, screws; superficial (I.P.)	Yes	No	Independent Procedure, Side Room	
4325	Removal of plates, pins, screws; under general anaesthetic (I.P.)		No	Independent Procedure, Day Care	

SACRO ILIAC JOINT

Code	Description	Payable with Private Rooms Technical Benefit	Pre-Approval Required	Payment Indicators	Payment Rules
3605	Arthrodesis, sacro iliac joint (I.P.)		No	Independent Procedure	
3610	Aspiration, sacro iliac joint	Yes	No	Side Room	
3615	Biopsy of sacro iliac joint region	Yes	No	Diagnostic	

SACRO ILIAC JOINT

Code	Description	Payable with Private Rooms Technical Benefit	Pre-Approval Required	Payment Indicators	Payment Rules
3620	Injection of sacro iliac joint region (I.P.)	Yes	No	Independent Procedure, Side Room	
3625	Pelvic osteotomy bilateral in ectopia vesica		No		

TENDONS

Code	Description	Payable with Private Rooms Technical Benefit	Pre-Approval Required	Payment Indicators	Payment Rules
1410	Tendon repairs (primary), single		No		
1415	Tendon repairs (primary), multiple		No		
1420	Tendon sheath, incision of		No		
1425	Tenotomy	Yes	No	Day Care	
1426	Tenolysis (I.P.)		No	Independent Procedure, Day Care	

WRIST

Code	Description	Payable with Private Rooms Technical Benefit	Pre-Approval Required	Payment Indicators	Payment Rules
3159	Arthroscopy of the wrist (I.P.)		No	Independent Procedure, Day Care, Diagnostic	
3160	Arthrodesis, using bone graft		No		
3161	Arthroscopy, wrist, surgical; for infection, lavage and drainage (I.P.)		No	Independent Procedure, Day Care	
3162	Arthroscopy, wrist, surgical; synovectomy, partial (I.P.)		No	Independent Procedure, Day Care	
3163	Arthroscopy, wrist, surgical; synovectomy, complete (I.P.)		No	Independent Procedure, Day Care	
3164	Arthroscopy, wrist, surgical; excision and/ or repair of triangular fibrocartilage and/ or joint debridement (I.P.)		No	Independent Procedure, Day Care	
3166	Arthroscopy, wrist, surgical; internal fixation for fracture or instability (I.P.)		No	Independent Procedure	

WRIST

Code	Description	Payable with Private Rooms Technical Benefit	Pre-Approval Required	Payment Indicators	Payment Rules
3175	Bone grafting operation on scaphoid		No		
3176	Herbert screw fixation, scaphoid		No		
3180	Carpal bone (lunate scaphoid trapezium), excision of		No		
3184	Injection, therapeutic (e.g. local anaesthetic corticosteroid for the relief of symptoms of carpal tunnel syndrome) under ultrasound guidance (I.P.)	Yes	No	Independent Procedure, Side Room	
3185	Carpal tunnel, decompression (I.P.)		No	Independent Procedure, Day Care	
3190	Carpus or peri-carpal dislocations, manipulation		No		
3191	Endoscopy, wrist, surgical, with release of transverse carpal ligament		No	Day Care	
3192	Repair of collateral ligament, metacarpophalangeal or interphalangeal joint		No	Day Care	
3195	Corrective osteotomy of lower end of radius		No		
3200	Dislocation of wrist, open reduction of		No		
3205	Fracture (Colles'), internal fixation of		No		
3210	Fracture (Colles'), manipulation and plaster of paris		No	Day Care	
3211	Fracture of distal radius, external fixation of		No		
3225	Ganglion, surgical removal of		No	Day Care	
3229	Intercarpal fusion		No		
3230	Nerve block for pain control, wrist joint	Yes	No	Side Room	
3235	Nerve, median and ulnar nerve, repair of		No		
3240	Nerve, median or ulnar nerve, repair of		No		
3245	Radial styloid, excision of		No		
3250	Sympathetic block	Yes	No	Side Room	
3255	Synovectomy of wrist joint		No	Day Care	
3260	Tendon, repair at wrist, single		No		
3265	Tendons, repair at wrist, multiple		No		

WRIST

Code	Description	Payable with Private Rooms Technical Benefit	Pre-Approval Required	Payment Indicators	Payment Rules
3270	Tendon transfer about the wrist, single		No		
3271	Tendon transfer about the wrist, multiple		No		
3275	Ulna, lower end of (malunited Colles'), excision of		No		
3276	Internal fixation of Smith's or Barton's fracture		No		
3277	Manipulation of wrist under general anaesthetic (to gain loss of motion following a surgical procedure or due to scar tissue)		No	Day Care	