

Orthopaedics

Schedule of Benefits
for Professional Fees

AMPUTATION

Code	Description	Payable with Private Rooms Technical Benefit	Pre-Approval Required	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	No	
3145	Amputation of two or more fingers	No	No	
3280	Amputation through forearm	No	No	
3415	Amputation through arm	No	No	
3464	Fore quarter amputation	No	No	
3645	Above knee amputation	No	No	
3690	Hind-quarter amputation	No	No	
3790	Below knee amputation	No	No	
4255	Trans metatarsal amputation of foot	No	No	
4260	Trans metatarsal amputation of one toe	No	No	
4261	Trans metatarsal amputation of two or more toes	No	No	
4330	Trimming of stump following amputation of limb	No	No	

ANKLE

Code	Description	Payable with Private Rooms Technical Benefit	Pre-Approval Required	Payment Rules
3955	Arthrodesis of ankle joint	No	No	
3956	Arthroscopy, ankle, with or without removal of loose body or foreign body, with or without synovectomy, debridement (I.P.)	No	No	
3961	Arthroscopy, ankle, surgical, excision of osteochondral defect of talus and/ or tibia, including drilling of the defect (I.P.)	No	No	
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	No	
3963	Subtalar joint, surgical, with subtalar arthrodesis (I.P.)	No	No	
3965	Fracture of medial or lateral malleolus (1st degree Pott's fracture), internal fixation of	No	No	
3970	Fracture of posterior malleolus without fracture of other malleolus, internal fixation of	No	No	
3971	Open treatment of bimalleolar ankle fracture, with or without internal fixation	No	No	

ANKLE

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

ARTHROCENTESIS/ INJECTIONS

Code	Description	Payable with Private Rooms Technical Benefit	Pre-Approval Required	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	
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	
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	
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	
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	
4331	Injection, tendon sheath, ligament, or ganglion cyst (I.P.)	Yes	No	

ARTHROPLASTIES

Code	Description	Payable with Private Rooms Technical Benefit	Pre-Approval Required	Payment Rules
3045	Arthroplasty, using joint prosthesis, single (I.P.)	No	No	
3050	Arthroplasty, using joint prosthesis, two joints (I.P.)	No	No	
3055	Arthroplasty, using joint prosthesis, more than two joints (I.P.)	No	No	
3165	Arthroplasty (I.P.)	No	No	
3181	Trapezial joint replacement	No	No	
3300	Arthroplasty (forearm & elbow) (I.P.)	No	No	
3409	Shoulder replacement, total includes reverse total shoulder arthroplasty (I.P.)	No	No	
3655	Arthroplasty of hip using prosthesis, bilateral (I.P.)	No	No	
3660	Arthroplasty of hip using prosthesis, unilateral (I.P.)	No	No	
3661	Revision of total hip arthroplasty, acetabular and femoral components with or without autograft or allograft (I.P.)	No	No	
3909	Prosthetic replacement (total) of knee joints, bilateral (I.P.)	No	No	
3910	Prosthetic replacement (total) of knee joint, unilateral (I.P.)	No	No	
3911	Revision of arthroplasty of knee joint, with or without allograft, one or more components (I.P.)	No	No	
3913	Bilateral patellofemoral arthroplasty of knee joint; condyle and plateau medial or lateral compartment (I.P.)	No	No	
3914	Patellofemoral arthroplasty of knee joint; condyle and plateau medial or lateral compartment (I.P.)	No	No	
3957	Arthroplasty (ankle) (I.P.)	No	No	
3958	Arthroplasty, ankle with implant (total ankle) (I.P.)	No	No	
3959	Arthroplasty, ankle revision, total ankle (I.P.)	No	No	
4181	Metatarsal joint replacement with prosthesis	No	No	
232744	Prosthetic replacement (total) of hip and knee joint, unilateral (I.P.)	No	No	
233409	Revision shoulder replacement, total includes reverse total shoulder arthroplasty	No	No	
234706	Shoulder replacement, hemiarthroplasty (humeral head prosthesis) (I.P.)	No	No	
272812	2 stage revision of total hip replacement for infection - first stage	No	No	
272813	2 stage revision of total hip replacement for infection - second stage	No	No	
275817	2-stage revision of total knee replacement for infection - first stage	No	No	
275818	2-stage revision of total knee replacement for infection - second stage	No	Yes	

ARTHROPLASTIES

Code	Description	Payable with Private Rooms Technical Benefit	Pre-Approval Required	Payment Rules
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	No	Cannot be charged in conjunction with codes 3654 or 3658
275821	Unicompartmental knee arthroplasty Unilateral (I.P.)	No	No	
275822	Unicompartmental knee arthroplasty Bilateral (I.P.)	No	No	
275901	Metatarsal Bilateral joint replacement with prosthesis (I.P.)	No	No	

CONGENITAL TALIPES EQUINOVARUS

Code	Description	Payable with Private Rooms Technical Benefit	Pre-Approval Required	Payment Rules
4019	Astraglectomy	No	No	
4020	Dwyer's valgus osteotomy	No	No	
4025	Manipulation and plaster fixation	Yes	No	
4030	Manipulation and strapping	Yes	No	
4035	Rotation osteotomy of tibia	No	No	
4040	Soft tissue release	No	No	
4045	Tarsal osteotomy	No	No	
4050	Tendon transplant, single	No	No	
4051	Tendon transplant, multiple	No	No	

EXTERNAL FIXATION

Code	Description	Payable with Private Rooms Technical Benefit	Pre-Approval Required	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	
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	

EXTERNAL FIXATION

Code	Description	Payable with Private Rooms Technical Benefit	Pre-Approval Required	Payment Rules
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	

FOOT

Code	Description	Payable with Private Rooms Technical Benefit	Pre-Approval Required	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	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	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	
4101	Flexor tenotomy, single (foot)		No	
4102	Flexor tenotomy, multiple (foot)		No	
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	
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	

FOOT

Code	Description	Payable with Private Rooms Technical Benefit	Pre-Approval Required	Payment Rules
4120	Ganglion of foot, excision of		No	
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	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 (I.P.)		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	
4162	Tarsal tunnel release (posterior tibial nerve decompression)		No	
4170	Laprau's operation to correct position of toe		No	
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	
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	
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	

FOOT

Code	Description	Payable with Private Rooms Technical Benefit	Pre-Approval Required	Payment Rules
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 Rules
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 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	
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	
3095	Fracture of phalanges and/ or metacarpals, closed reduction (I.P.)		No	
3100	Fracture of phalanx, single, internal fixation		No	
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	

HAND

Code	Description	Payable with Private Rooms Technical Benefit	Pre-Approval Required	Payment Rules
3110	Ganglion or mucous cyst of hand, surgical removal of (includes repair) (I.P.)		No	
3115	Manipulation for treatment of dislocation of metacarpophalangeal joint (I.P.)	Yes	No	
3125	Nails, removal of all	Yes	No	
3126	Debridement and repair of nail bed, for simple crush injuries	Yes	No	
3135	Synovioma, excision of		No	
3136	Tendon repair, flexor-double (hand)		No	
3150	Trigger finger, correction of		No	
4061	Arthroscopy of metacarpophalangeal joint, with or without biopsy (I.P.)		No	
4062	Debridement/ synovectomy of , metacarpophalangeal and/ or proximal interphalangeal joint, one or two joints (I.P.)		No	
4063	Arthroscopic repair of displaced MCP ulnar collateral ligament (e.g. Stener lesion) (I.P.)		No	

HIP AND FEMUR

Code	Description	Payable with Private Rooms Technical Benefit	Pre-Approval Required	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	
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	
3657	Arthroscopy, hip, surgical; with synovectomy (I.P.)		No	
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

HIP AND FEMUR

Code	Description	Payable with Private Rooms Technical Benefit	Pre-Approval Required	Payment Rules
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	
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	
3700	Exostosis of femoral neck in slipped femoral epiphysis, excision of (I.P.)		No	For patients < 18 years only
3705	Femoral condyle, osteotomy of (I.P.)		No	
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	
3735	Hip deformity, soft tissue operations for correction of (I.P.)		No	
3745	Manipulation of hip, closed, requiring general anaesthetic		No	
3750	Open reduction and/ or rotation osteotomy		No	
3751	Open reduction, pelvic osteotomy and femoral shortening		No	
3755	Pelvic osteotomy		No	

HIP AND FEMUR

Code	Description	Payable with Private Rooms Technical Benefit	Pre-Approval Required	Payment Rules
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	
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 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	
3404	Acromioplasty		No	
3405	Open acromio-clavicular joint, excision of		No	
3407	Arthroscopy, shoulder, surgical; repair of SLAP lesion (I.P.)		No	
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	
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	

HUMERUS AND SHOULDER

Code	Description	Payable with Private Rooms Technical Benefit	Pre-Approval Required	Payment Rules
3430	Biopsy, synovial, humerus/ shoulder (I.P.)		No	
3435	Capsulotomy (acute capsulitis)		No	
3440	Disarticulation, humerus/ shoulder		No	
3445	Dislocation, open reduction of, humerus/ shoulder (I.P.)		No	
3450	Dislocation, acute, manipulation under general anaesthetic, humerus/ shoulder		No	
3455	Dislocation, open recurrent, operation for, humerus/ shoulder (I.P.)		No	
3456	Latarjet procedure including diagnostic arthroscopy (I.P.)		No	
3457	Open shoulder stabilisation (labral/ capsular repair) for multidirectional instability including examination under anaesthesia (EUA) and arthroscopy (I.P.)		No	
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	
3500	Open repair of capsule (in rotator cuff injuries) humerus/ shoulder (I.P.)		No	
3510	Subacromial bursectomy (I.P.)		No	
3515	Tendon transplant about shoulder		No	
234936	Superior capsular reconstruction (I.P.)		No	
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	
238069	Combined arthroscopic suture capsulorrhaphy for anterior shoulder instability and arthroscopic subacromial decompression, includes diagnostic arthroscopy (code 3403) (I.P.)		No	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	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 Rules
3795	Arthrodesis, knee		No	
3815	Baker's cyst, excision of		No	
3816	Bone transportation		No	
3817	Removal of fixator device, tibia	Yes	No	
3818	Arthroscopy of knee, surgical; with lateral release		No	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	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.
3820	Cartilage(s), removal of, knee		No	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	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	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	

KNEE AND LOWER LEG

Code	Description	Payable with Private Rooms Technical Benefit	Pre-Approval Required	Payment Rules
3831	Arthroscopy, knee, surgical; osteochondral autograft(s) (e.g. mosaicplasty) (includes harvesting of the autograft(s)) (I.P.)		No	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	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) medial or lateral) (I.P.). Patient must have undergone a 6 weeks course of Physiotherapy		No	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	
3835	Cruciate ligaments, repair		No	
3836	Arthroscopic anterior cruciate ligament reconstruction		No	
3837	Arthroscopic anterior cruciate ligament reconstruction and meniscectomy (I.P.)		No	
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	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	

KNEE AND LOWER LEG

Code	Description	Payable with Private Rooms Technical Benefit	Pre-Approval Required	Payment Rules
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	
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	
3874	Arthroscopically aided treatment of tibial fracture, proximal (plateau); unicondylar, includes internal fixation when performed (includes arthroscopy) (I.P.)		No	
3876	Arthroscopically aided treatment of tibial fracture, proximal (plateau); bicondylar, includes internal fixation, when performed (includes arthroscopy) (I.P.)		No	
3880	Lateral ligaments, repair		No	
3885	Manipulation under general anaesthetic, knee/ lower leg (I.P.)		No	
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	
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	

KNEE AND LOWER LEG

Code	Description	Payable with Private Rooms Technical Benefit	Pre-Approval Required	Payment Rules
3935	Synovectomy		No	
3940	Synovial biopsy, knee/ lower leg		No	
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	
5890	Ligament reconstruction at the knee joint (I.P.)		No	
5891	Ligament reconstruction of the knee joint using autogenous graft (I.P.)		No	

KNEE ARTHROSCOPY

Code	Description	Payable with Private Rooms Technical Benefit	Pre-Approval Required	Payment Rules
275850	Extraction and reinfusion autologous (platelet rich plasma) anti-inflammatory injection for early knee mild to moderate osteoarthritis - Zimmer NStride		No	

MUSCLE

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

NERVES

Code	Description	Payable with Private Rooms Technical Benefit	Pre-Approval Required	Payment Rules
1390	Nerve biopsy	Yes	No	
1395	Nerve repairs (primary) (I.P.)		No	

NERVES

Code	Description	Payable with Private Rooms Technical Benefit	Pre-Approval Required	Payment Rules
1400	Nerve suture (secondary, including grafting and anastomosis)		No	
1406	Neuroma, excision of		No	
1407	Neurectomy		No	
5600	Peripheral nerve repairs		No	
5605	Peripheral nerve tumour, excision of		No	

OTHER ORTHOPAEDIC PROCEDURES

Code	Description	Payable with Private Rooms Technical Benefit	Pre-Approval Required	Payment Rules
3130	Application of plaster of paris casts as a separate procedure not associated with concurrent surgery (I.P.)	Yes	No	
4264	Arthroscopy (joints not otherwise specified) (I.P.)		No	
4265	Arthrotomy for removal of loose bodies		No	
4270	Biopsy of tumour of long bones, open		No	
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	
4280	Bone cysts (long bones only), excision		No	
4285	Bursectomy, large joints		No	
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	
4320	Removal of plates, pins, screws; superficial (I.P.)	Yes	No	
4325	Removal of plates, pins, screws; under general anaesthetic (I.P.)		No	

SACRO ILIAC JOINT

Code	Description	Payable with Private Rooms Technical Benefit	Pre-Approval Required	Payment Rules
3605	Arthrodesis, sacro iliac joint (I.P.)		No	
3610	Aspiration, sacro iliac joint	Yes	No	
3615	Biopsy of sacro iliac joint region	Yes	No	
3620	Injection of sacro iliac joint region (I.P.)	Yes	No	
3625	Pelvic osteotomy bilateral in ectopia vesica		No	

TENDONS

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

WRIST

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

WRIST

Code	Description	Payable with Private Rooms Technical Benefit	Pre-Approval Required	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	
3185	Carpal tunnel, decompression (I.P.)		No	
3190	Carpus or peri-carpal dislocations, manipulation		No	
3191	Endoscopy, wrist, surgical, with release of transverse carpal ligament		No	
3192	Repair of collateral ligament, metacarpophalangeal or interphalangeal joint		No	
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	
3211	Fracture of distal radius, external fixation of		No	
3225	Ganglion, surgical removal of		No	
3229	Intercarpal fusion		No	
3230	Nerve block for pain control, wrist joint	Yes	No	
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	
3255	Synovectomy of wrist joint		No	
3260	Tendon, repair at wrist, single		No	
3265	Tendons, repair at wrist, multiple		No	
3270	Tendon transfer about the wrist, single		No	

WRIST

Code	Description	Payable with Private Rooms Technical Benefit	Pre-Approval Required	Payment Rules
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	