



**Irish Life**  
health

**Schedule  
of Benefits**  
for Professional  
Fees 2020

**Orthopaedics**

## AMPUTATION

| CODE | DESCRIPTION   | 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   | 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           | 1 Night Only  |
| 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 | Arthroscopy, 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                    |                                 |               |
| 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                    |                                 |               |

## ANKLE

| CODE | DESCRIPTION  | PRE-APPROVAL REQUIRED | PAYMENT INDICATORS   | PAYMENT RULES |
|------|--|-----------------------|----------------------|---------------|
| 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   | 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   | 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.)                     | No                    | Independent Procedure, Day Care  |               |
| 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.)     | No                    | Independent Procedure, Day Care  |               |
| 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.)       | No                    | Independent Procedure, Day Care  |               |
| 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.) | No                    | Independent Procedure, Day Care  |               |
| 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.)  | No                    | Independent Procedure, Day Care  |               |
| 4331 | Injection, tendon sheath, ligament, or ganglion cyst (I.P.)   | No                    | Independent Procedure, Side Room |               |

## ARTHROPLASTIES

| CODE | DESCRIPTION   | PRE-APPROVAL REQUIRED | PAYMENT INDICATORS    | PAYMENT RULES |
|------|---|-----------------------|-----------------------|---------------|
| 3045 | Arthroplasty, using joint prosthesis, single (I.P.) | No                    | Independent Procedure |               |

## ARTHROPLASTIES

| CODE   | DESCRIPTION  | PRE-APPROVAL<br>REQUIRED | PAYMENT INDICATORS    | PAYMENT RULES  |
|--------|--|--------------------------|-----------------------|--|
| 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 |  |
| 4181   | Metatarsal joint replacement with prosthesis (I.P.)  | No                       | Independent Procedure |  |
| 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   | Yes                      |                       |  |
| 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 | 1 Night Only. Cannot be charged in conjunction with codes 3654 or 3658 |

## ARTHROPLASTIES

| CODE   | DESCRIPTION  | PRE-APPROVAL REQUIRED | PAYMENT INDICATORS    | PAYMENT RULES |
|--------|--|-----------------------|-----------------------|---------------|
| 275821 | Unicompartmental knee arthroplasty Unilateral (I.P.) | No                    | Independent Procedure |               |
| 275822 | Unicompartmental knee arthroplasty Bilateral (I.P.)  | No                    | Independent Procedure |               |

## CONGENITAL TALIPES EQUINOVARUS

| CODE | DESCRIPTION                       | PRE-APPROVAL REQUIRED | PAYMENT INDICATORS | PAYMENT RULES |
|------|-----------------------------------|-----------------------|--------------------|---------------|
| 4019 | Astragalectomy                    | No                    |                    |               |
| 4020 | Dwyer's valgus osteotomy          | No                    |                    |               |
| 4025 | Manipulation and plaster fixation | No                    | Day Care           |               |
| 4030 | Manipulation and strapping        | No                    | Day Care           |               |
| 4035 | Rotation osteotomy of tibia       | No                    |                    |               |
| 4040 | Soft tissue release               | No                    |                    |               |
| 4045 | Tarsal osteotomy                  | No                    |                    |               |
| 4050 | Tendon transplant, single         | No                    |                    |               |
| 4051 | Tendon transplant, multiple       | No                    |                    |               |

## EXTERNAL FIXATION

| CODE | DESCRIPTION  | 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  | 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           | 1 Night Only   |
| 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                    |                                 |  |
| 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  | 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                    |                                 | 1 Night Only   |
| 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                    |                                 | 1 Night Only   |
| 4141 | Hammertoe, correction of, three or more toes, unilateral or bilateral (I.P.)   | No                    | Independent Procedure           |  |
| 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.) | No                    | Independent Procedure, Day Care |  |

## FOOT

| CODE | DESCRIPTION   | PRE-APPROVAL REQUIRED | PAYMENT INDICATORS | PAYMENT RULES   |
|------|---|-----------------------|--------------------|---|
| 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                    | Day Care           | Where these procedures are done in an out-patient setting there is an enhanced surgeon fee - see Minor Procedure Schedule |
| 4183 | Metatarsal osteotomies, bilateral   | No                    |                    | 1 Night Only  |
| 4184 | Chevron osteotomy, single   | No                    |                    | "1 Night Only<br>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   | PRE-APPROVAL REQUIRED | PAYMENT INDICATORS              | PAYMENT RULES |
|------|---|-----------------------|---------------------------------|---------------|
| 3285 | Annular ligament, repair of   | No                    |                                 |               |
| 3290 | Anterior capsulotomy and excision (myositis ossificans)   | No                    |                                 |               |
| 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 |               |

## FOREARM AND ELBOW

| CODE | DESCRIPTION   | PRE-APPROVAL REQUIRED | PAYMENT INDICATORS    | PAYMENT RULES |
|------|---|-----------------------|-----------------------|---------------|
| 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   | 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  | 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.)  | 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              |               |
| 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   | PRE-APPROVAL REQUIRED | PAYMENT INDICATORS | PAYMENT RULES |
|------|---|-----------------------|--------------------|---------------|
| 3035 | Abscess or infected tendon sheath of palmar spaces, drainage of | No                    |                    |               |

## HAND

| CODE | DESCRIPTION  | PRE-APPROVAL REQUIRED | PAYMENT INDICATORS               | PAYMENT RULES   |
|------|--|-----------------------|----------------------------------|---|
| 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.)  | No                    | Independent Procedure, Side Room |   |
| 3125 | Nails, removal of all  | No                    | Side Room                        | Where these procedures are done in an out-patient setting there is an enhanced surgeon fee – see Minor Procedure Schedule |
| 3126 | Debridement and repair of nail bed, for simple crush injuries  | 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            | 1 Night Only  |
| 4062 | Debridement/ synovectomy of , metacarpophalangeal and/ or proximal interphalangeal joint, one or two joints (I.P.)   | No                    | Independent Procedure            | 1 Night Only  |
| 4063 | Arthroscopic repair of displaced MCP ulnar collateral ligament (e.g. Stener lesion) (I.P.)   | No                    | Independent Procedure            |   |

## HIP AND FEMUR

| CODE | DESCRIPTION                               | PRE-APPROVAL REQUIRED | PAYMENT INDICATORS | PAYMENT RULES |
|------|---|-----------------------|--------------------|---------------|
| 3630 | Acetabuloplasty, shelf operation          | No                    |                    |               |
| 3631 | Internal fixation of acetabular fractures | No                    |                    |               |

## HIP AND FEMUR

| CODE | DESCRIPTION   | PRE-APPROVAL REQUIRED | PAYMENT INDICATORS              | PAYMENT RULES  |
|------|---|-----------------------|---------------------------------|--|
| 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                    |                                 | 1 Night Only , 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           | 1 Night Only   |
| 3657 | Arthroscopy, hip, surgical; with synovectomy (I.P.)   | No                    | Independent Procedure           | 1 Night Only   |
| 3658 | Hip arthroscopy, with femoroplasty (i.e. treatment of cam lesion) includes loose or foreign body removal if performed   | No                    |                                 | 1 Night Only , 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           | 1 Night Only   |
| 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 (for patients < 18 years only) (I.P.)   | No                    | Independent Procedure           |  |
| 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                    |                                 |  |

## HIP AND FEMUR

| CODE | DESCRIPTION   | PRE-APPROVAL REQUIRED | PAYMENT INDICATORS    | PAYMENT RULES |
|------|---|-----------------------|-----------------------|---------------|
| 3733 | Pelvic fracture, external fixation  | No                    |                       |               |
| 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  | 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, Diagnostic, Day Care |   |
| 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                    |   | "1 Night Only<br>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                    |   | "1 Night Only<br>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                    |   | "1 Night Only<br>Not claimable with codes 3403, 3408, 3411, 3412, 3416 or 238067"           |

## HUMERUS AND SHOULDER

| CODE | DESCRIPTION   | PRE-APPROVAL REQUIRED | PAYMENT INDICATORS                | PAYMENT RULES   |
|------|---|-----------------------|-----------------------------------|---|
| 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 |
| 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 (I.P.)   | 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   |   |
| 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                    |                                   |   |

## HUMERUS AND SHOULDER

| CODE   | DESCRIPTION  | PRE-APPROVAL REQUIRED | PAYMENT INDICATORS    | PAYMENT RULES   |
|--------|--|-----------------------|-----------------------|---|
| 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 | 1 Night Only  |
| 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 combinaton with codes 3402 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 combinaton with codes 3414 or 3416 |

## KNEE AND LOWER LEG

| CODE | DESCRIPTION  | PRE-APPROVAL REQUIRED | PAYMENT INDICATORS                          | PAYMENT RULES   |
|------|--|-----------------------|---|---|
| 3818 | Arthroscopy of knee, surgical; with lateral release  | No                    | Day Care                                    | 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, Diagnostic, Day Care | 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                    | Day Care                                    | 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             | 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 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. |
| 3822 | Arthroscopy of the knee for removal of loose body or foreign body, synovectomy, debridement (I.P.)   | No                    | Independent Procedure, Day Care             | 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   | PRE-APPROVAL REQUIRED | PAYMENT INDICATORS    | PAYMENT RULES   |
|------|---|-----------------------|-----------------------|---|
| 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 | 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.  |
| 3832 | Arthroscopy, knee, surgical; osteochondral allograft(s) (e.g. mosaicplasty) (includes harvesting of the autograft(s)) (I.P.)  | No                    | Independent Procedure | 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                    | Independent Procedure | 1 Night Only. 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.                                    |
| 3834 | Arthroscopy, knee, surgical; for infection, lavage and drainage (I.P.)  | No                    | Independent Procedure |   |
| 3835 | Cruciate ligaments, repair  | No                    |                       |   |
| 3836 | Arthroscopic anterior cruciate ligament reconstruction  | No                    |                       | 1 Night Only  |
| 3837 | Arthroscopic anterior cruciate ligament reconstruction and meniscectomy (I.P.)  | No                    | Independent Procedure | 1 Night Only  |
| 3838 | Arthroscopic anterior cruciate ligament reconstruction and meniscal repair  | No                    |                       | 1 Night Only  |
| 3839 | Arthroscopy of knee with meniscus repair by suture fixation (medial and/ or lateral)  | No                    | Day Care              | 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 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. |
| 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                    |                       |   |

## KNEE AND LOWER LEG

| CODE | DESCRIPTION   | PRE-APPROVAL REQUIRED | PAYMENT INDICATORS    | PAYMENT RULES |
|------|---|-----------------------|-----------------------|---------------|
| 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 |               |
| 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                    |                       |               |

## KNEE AND LOWER LEG

| CODE | DESCRIPTION   | PRE-APPROVAL REQUIRED | PAYMENT INDICATORS    | PAYMENT RULES |
|------|---|-----------------------|-----------------------|---------------|
| 3950 | Transplant of tibial tubercle   | No                    |                       |               |
| 3951 | Decompression fasciotomy, leg   | No                    |                       |               |
| 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 |               |

## MUSCLE

| CODE | DESCRIPTION   | PRE-APPROVAL REQUIRED | PAYMENT INDICATORS    | PAYMENT RULES |
|------|---|-----------------------|-----------------------|---------------|
| 1380 | Muscle, repair and suture of  | No                    |                       |               |
| 1385 | Muscle biopsy   | No                    | Diagnostic, Side Room |               |
| 4263 | Chemodenervation of muscle(s); extremity(ies) and/ or trunk muscle(s) (e.g. for dystonia, cerebral palsy, multiple sclerosis) | No                    | Side Room             |               |

## NERVES

| CODE | DESCRIPTION  | PRE-APPROVAL REQUIRED | PAYMENT INDICATORS    | PAYMENT RULES |
|------|--|-----------------------|-----------------------|---------------|
| 1390 | Nerve biopsy   | 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              |               |

## SACRO ILIAC JOINT

| CODE | DESCRIPTION                           | PRE-APPROVAL REQUIRED | PAYMENT INDICATORS    | PAYMENT RULES |
|------|---------------------------------------|-----------------------|-----------------------|---------------|
| 3605 | Arthrodesis, sacro iliac joint (I.P.) | No                    | Independent Procedure |               |
| 3610 | Aspiration, sacro iliac joint         | No                    | Side Room             |               |

## SACRO ILIAC JOINT

| CODE | DESCRIPTION                                  | PRE-APPROVAL REQUIRED | PAYMENT INDICATORS               | PAYMENT RULES |
|------|--|-----------------------|----------------------------------|---------------|
| 3615 | Biopsy of sacro iliac joint region           | No                    | Diagnostic                       |               |
| 3620 | Injection of sacro iliac joint region (I.P.) | No                    | Independent Procedure, Side Room |               |
| 3625 | Pelvic osteotomy bilateral in ectopia vesica | No                    |                                  |               |

## TENDONS

| CODE | DESCRIPTION                        | 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                           | No                    | Day Care                        |               |
| 1426 | Tenolysis (I.P.)                   | No                    | Independent Procedure, Day Care |               |

## WRIST

| CODE | DESCRIPTION  | PRE-APPROVAL REQUIRED | PAYMENT INDICATORS                          | PAYMENT RULES |
|------|--|-----------------------|---|---------------|
| 3159 | Arthroscopy of the wrist (I.P.)  | No                    | Independent Procedure, Diagnostic, Day Care |               |
| 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                       |               |
| 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.) | No                    | Independent Procedure, Side Room            |               |

## WRIST

| CODE | DESCRIPTION  | PRE-APPROVAL<br>REQUIRED | PAYMENT INDICATORS              | PAYMENT RULES |
|------|--|--------------------------|---------------------------------|---------------|
| 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  | 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  | 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                       |                                 |               |
| 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 | Smith's or Barton's fractures, internal fixation of  | No                       |                                 |               |
| 3277 | Manipulation of wrist under general anaesthetic (to regain motion lost following a surgical procedure or due to scar tissue) | No                       | Day Care                        |               |

## OTHER ORTHOPAEDIC PROCEDURES

| CODE | DESCRIPTION  | 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.)  | 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                          |               |
| 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 (includes removal of sternum wire) (I.P.)   | No                    | Independent Procedure, Day Care   |               |
| 4325 | Removal of plates, pins, screws; deep dissection through muscle into bone requiring layered repair of incision (I.P.)  | No                    | Independent Procedure, Day Care   |               |