

Orthopaedics

Schedule of Benefits
for Professional Fees

AMPUTATION

CODE	DESCRIPTION	PRE-APPROVAL REQUIRED	PAYMENT INDICATORS	PAYMENT RULES
3136	Tendon repair, flexor-double (hand)	No		
3140	Amputation, finger or thumb, primary or secondary, any joint or phalanx, single, including neurectomies; with direct closure (use also for traumatic amputations)	No		
3277	Manipulation of wrist under general anaesthetic (to gain loss of motion following a surgical procedure or due to scar tissue)	No	Day Care	
3414	Arthroscopy, shoulder, surgical; biceps tenodesis	No		Not claimable with code 3401, 3416 - see code 238072
3457	Open shoulder stabilisation (labral/ capsular repair) for multidirectional instability including examination under anaesthesia (EUA) and arthroscopy (I.P.)	No	Independent Procedure	
3640	Acute dislocation or fracture dislocation, open reduction, hip/ femur	No		
3680	Curettage of greater trochanter and bursectomy	No		
3785	Transplantation of psoas muscle to greater trochanter (Mustard's or Sherrard's operation)	No		
4250	Tendon transplantation, flexor and extensor all toes, bilateral	No		
4255	Trans metatarsal amputation of foot	No		
4260	Trans metatarsal amputation of one toe	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.)	No	Independent Procedure, Day Care	

ANKLE

CODE	DESCRIPTION	PRE-APPROVAL REQUIRED	PAYMENT INDICATORS	PAYMENT RULES
3951	Decompression fasciotomy, leg	No		
3955	Arthrodesis of ankle joint	No		
3959	Arthroplasty, ankle revision, total ankle (I.P.)	No	Independent Procedure	
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		

ANKLE

CODE	DESCRIPTION	PRE-APPROVAL REQUIRED	PAYMENT INDICATORS	PAYMENT RULES
3971	Open treatment of bimalleolar ankle fracture, with or without internal fixation	No		
3972	Fracture of trimalleolar ankle fracture with or without internal or external fixation, medial and/or lateral malleolus; with fixation of posterior lip	No		
3975	Fracture, Pott's, closed reduction of	No		
3976	Closed reduction manipulation of dislocated ankle joint, with or without percutaneous skeletal fixation such as pins	No		
3980	Synovectomy and debridement	No	Day Care	
3985	Synovial biopsy, ankle	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		

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		

AMPUTATION

CODE	DESCRIPTION	PRE-APPROVAL REQUIRED	PAYMENT INDICATORS	PAYMENT RULES
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		

ARTHROCENTESIS/ INJECTIONS

CODE	DESCRIPTION	PRE-APPROVAL REQUIRED	PAYMENT INDICATORS	PAYMENT RULES
4320	Removal of plates, pins, screws; superficial (includes removal of sternum wire) (I.P.)	No	Independent Procedure, Day Care	
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	
4325	Removal of plates, pins, screws; deep dissection through muscle into bone requiring layered repair of incision (I.P.)	No	Independent Procedure, Day Care	
4330	Trimming of stump following amputation of limb	No		

ARTHRODESIS

CODE	DESCRIPTION	PRE-APPROVAL REQUIRED	PAYMENT INDICATORS	PAYMENT RULES
3040	Arthrodesis of joint (I.P.)	No	Independent Procedure, Day Care	
3041	Arthrodesis of the carpometacarpal joint of the thumb using bone graft	No		
3160	Arthrodesis, using bone graft	No		
3295	Arthrodesis of elbow joint (I.P.)	No	Independent Procedure	
3420	Arthrodesis, humerus/ shoulder	No		
3605	Arthrodesis, sacro iliac joint (I.P.)	No	Independent Procedure	
3650	Arthrodesis, hip/ femur	No		

ARTHRODESIS

CODE	DESCRIPTION	PRE-APPROVAL REQUIRED	PAYMENT INDICATORS	PAYMENT RULES
3795	Arthrodesis, knee	No		
3955	Arthrodesis of ankle joint	No		
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		

ARTHROPLASTIES

CODE	DESCRIPTION	PRE-APPROVAL REQUIRED	PAYMENT INDICATORS	PAYMENT RULES
3041	Arthrodesis of the carpometacarpal joint of the thumb using bone graft	No		
3045	Arthroplasty, using joint prosthesis, single (I.P.)	No	Independent Procedure	
3050	Arthroplasty, using joint prosthesis, two joints (I.P.)	No	Independent Procedure	
3164	Arthroscopy, wrist, surgical; excision and/ or repair of triangular fibrocartilage and/ or joint debridement (I.P.)	No	Independent Procedure, Day Care	
3180	Carpal bone (lunate scaphoid trapezium), excision of	No		
3297	Arthroscopy, elbow, surgical; includes extensive debridement to all parts of the elbow joint, with complete synovectomy (osteocapsular arthroplasty) (I.P.)	No	Independent Procedure	
3408	Arthroscopy, shoulder, surgical; with rotator cuff repair	No		1 Night Only. Not claimable with codes 3401, 3402, 3411, 3414 or 3416 - see code 238069
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
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
3660	Arthroplasty of hip using prosthesis, unilateral (I.P.)	No	Independent Procedure	
3905	Plication of vastii, etc.	No		

ARTHROPLASTIES

CODE	DESCRIPTION	PRE-APPROVAL REQUIRED	PAYMENT INDICATORS	PAYMENT RULES
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	
3912	Reconstruction of knee, (anterior cruciate)	No		
3913	Bilateral patellofemoral arthroplasty of knee joint; condyle and plateau medial or lateral compartment (I.P.)	No	Independent Procedure	
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	
3957	Arthroplasty (ankle) (I.P.)	No	Independent Procedure	
3958	Arthroplasty, ankle with implant (total ankle) (I.P.)	No	Independent Procedure	
4180	Metatarsal heads, excision of all, and plastic correction of sole, bilateral, (Hoffman's)	No		
5891	Ligament reconstruction of the knee joint using autogenous graft (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		
238072	Arthroscopy, shoulder, surgical; with rotator cuff repair, biceps tenodesis and decompression of subacromial space by bursectomy and/ or acromioplasty (I.P.)	No	Independent Procedure	Cannot be charged in combination with codes 3414 or 3416
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
275821	Unicompartmental knee arthroplasty Unilateral (I.P.)	No	Independent Procedure	
275822	Unicompartmental knee arthroplasty Bilateral (I.P.)	No	Independent Procedure	
275850	Extraction and reinfusion autologous (platelet rich plasma) anti-inflammatory injection for early knee mild to moderate osteoarthritis - Zimmer NStride	No	Side Room	

CONGENITAL TALIPES EQUINOVARUS

CODE	DESCRIPTION	PRE-APPROVAL REQUIRED	PAYMENT INDICATORS	PAYMENT RULES
4015	Unstable ankle, Watson Jones operation for	No		
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		

CONSULTATION

CODE	DESCRIPTION	PRE-APPROVAL REQUIRED	PAYMENT INDICATORS	PAYMENT RULES
275901	Metatarsal Bilateral joint replacement with prosthesis (I.P.)	No	Independent Procedure	

EPIDURAL

CODE	DESCRIPTION	PRE-APPROVAL REQUIRED	PAYMENT INDICATORS	PAYMENT RULES
276699	Consultant Orthopaedic Surgeon Private Rooms Technical Fee	No		An all-inclusive technical fee to the consultant, to be charged in conjunction with specified Schedule of Benefits procedure professional fee - payable at 100% of the stated amount in addition to procedure professional fee. Applicable only where a procedure is performed in the consultants own rooms and no invoice for a hospital/ scan centre/ approved ILH facility (as listed in the members handbook) is received. Payable in conjunction with procedure codes outlined in the ground rules

EXTERNAL FIXATION

CODE	DESCRIPTION	PRE-APPROVAL REQUIRED	PAYMENT INDICATORS	PAYMENT RULES
4301	Limb lengthening (upper or lower limb) including osteotomy procedure and application of fixator devices	No		
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		

FOOT

CODE	DESCRIPTION	PRE-APPROVAL REQUIRED	PAYMENT INDICATORS	PAYMENT RULES
4051	Tendon transplant, multiple	No		
4063	Arthroscopic repair of displaced MCP ulnar collateral ligament (e.g. Stener lesion) (I.P.)	No	Independent Procedure	
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		

FOOT

CODE	DESCRIPTION	PRE-APPROVAL REQUIRED	PAYMENT INDICATORS	PAYMENT RULES
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	
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		
4181	Metatarsal joint replacement with prosthesis (I.P.)	No	Independent Procedure	
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. This code cannot be charged in conjunction with code 4090, 4095, 4182

FOOT

CODE	DESCRIPTION	PRE-APPROVAL REQUIRED	PAYMENT INDICATORS	PAYMENT RULES
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		

FOREARM AND ELBOW

CODE	DESCRIPTION	PRE-APPROVAL REQUIRED	PAYMENT INDICATORS	PAYMENT RULES
3280	Amputation through forearm	No		
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	
3300	Arthroplasty (forearm & elbow) (I.P.)	No	Independent Procedure	
3315	Drainage of elbow joint	No		
3316	External fixation, upper limb	No		

FOREARM AND ELBOW

CODE	DESCRIPTION	PRE-APPROVAL REQUIRED	PAYMENT INDICATORS	PAYMENT RULES
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	
3405	Open acromio-clavicular joint, excision of	No		

HAND

CODE	DESCRIPTION	PRE-APPROVAL REQUIRED	PAYMENT INDICATORS	PAYMENT RULES
1410	Tendon repairs (primary), single	No		

HAND

CODE	DESCRIPTION	PRE-APPROVAL REQUIRED	PAYMENT INDICATORS	PAYMENT RULES
3035	Abscess or infected tendon sheath of palmar spaces, drainage of	No		
3039	Debridement/ synovectomy of metacarpophalangeal and/ or proximal interphalangeal joints, more than two joints	No		
3040	Arthrodesis of joint (I.P.)	No	Independent Procedure, Day Care	
3055	Arthroplasty, using joint prosthesis, more than two joints (I.P.)	No	Independent Procedure	
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
3130	Application of plaster of paris casts as a separate procedure not associated with concurrent surgery (I.P.)	No	Independent Procedure, Day Care	
3135	Synovioma, excision of	No	Day Care	
3145	Amputation of two or more fingers	No		
4060	Arthrodesis of all inter phalangeal joints (Lambrinudi), unilateral	No		
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

HIP AND FEMUR

CODE	DESCRIPTION	PRE-APPROVAL REQUIRED	PAYMENT INDICATORS	PAYMENT RULES
3625	Pelvic osteotomy bilateral in ectopia vesica	No		
3630	Acetabuloplasty, shelf operation	No		
3631	Internal fixation of acetabular fractures	No		
3635	Acute dislocation, manipulation for	No		
3636	Congenital dislocation of hip, examination under anaesthetic (EUA) and plaster of paris (POP) (I.P.)	No	Independent Procedure, Day Care	
3645	Above knee amputation	No		
3650	Arthrodesis, hip/ femur	No		
3655	Arthroplasty of hip using prosthesis, bilateral (I.P.)	No	Independent Procedure	
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
3661	Revision of total hip arthroplasty, acetabular and femoral components with or without autograft or allograft (I.P.)	No	Independent Procedure	
3665	Arthrotomy for loose body	No		
3675	Corrective osteotomy with or without internal fixation	No		
3690	Hind-quarter amputation	No		
3695	Drainage of hip joint for acute infection (I.P.)	No	Independent Procedure	
3700	Exostosis of femoral neck in slipped femoral epiphysis, excision of (I.P.)	No	Independent Procedure	For patients < 18 years only
3705	Femoral condyle, osteotomy of (I.P.)	No	Independent Procedure	
3709	Fractured femur, hemiarthroplasty	No		
3710	Fractured shaft of femur, open reduction, with internal fixation	No		
3715	Fractured shaft of femur, closed reduction, with traction	No		
3720	Fractured femur (supracondylar) open reduction of	No		
3723	Fractured shaft of femur, closed intramedullary nailing	No		
3724	Fractured shaft of femur closed intramedullary, interlocking nail	No		

HIP AND FEMUR

CODE	DESCRIPTION	PRE-APPROVAL REQUIRED	PAYMENT INDICATORS	PAYMENT RULES
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	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	

HUMERUS AND SHOULDER

CODE	DESCRIPTION	PRE-APPROVAL REQUIRED	PAYMENT INDICATORS	PAYMENT RULES
3400	Tennis elbow, advancement of extensor muscles	No	Day Care	
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

HUMERUS AND SHOULDER

CODE	DESCRIPTION	PRE-APPROVAL REQUIRED	PAYMENT INDICATORS	PAYMENT RULES
3402	Arthroscopic suture capsulorrhaphy for anterior shoulder instability	No		Not claimable with codes 3401, 3408, 3411, 3415 - see code 238069
3403	Arthroscopy, shoulder, diagnostic with or without synovial biopsy (I.P.)	No	Independent Procedure, Day Care, Diagnostic	
3404	Acromioplasty	No		
3406	Decompression fasciotomy, forearm and/ or wrist flexor or extensor compartment; with or without debridement of non-viable muscle and/ or nerve	No		
3407	Arthroscopy, shoulder, surgical; repair of SLAP lesion (I.P.)	No	Independent Procedure	
3409	Shoulder replacement, total includes reverse total shoulder arthroplasty (I.P.)	No	Independent Procedure	
3410	Acromio-clavicular joint, open reduction of	No		
3411	Arthroscopic subacromial decompression, includes diagnostic arthroscopy (code 3403)	No		1 Night Only. 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. Not claimable with codes 3403, 3408, 3411, 3412, 3416 or 238067
3415	Amputation through arm	No		
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	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	
3464	Fore quarter amputation	No		

HUMERUS AND SHOULDER

CODE	DESCRIPTION	PRE-APPROVAL REQUIRED	PAYMENT INDICATORS	PAYMENT RULES
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	
234706	Shoulder replacement, hemiarthroplasty (humeral head prosthesis) (I.P.)	No	Independent Procedure	
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 combination with codes 3402, 3403 or 3411

KNEE AND LOWER LEG

CODE	DESCRIPTION	PRE-APPROVAL REQUIRED	PAYMENT INDICATORS	PAYMENT RULES
3790	Below knee amputation	No		
3795	Arthrodesis, knee	No		
3815	Baker's cyst, excision of	No	Day Care	
3816	Bone transportation	No		
3817	Removal of fixator device, tibia	No	Day Care	

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, Day Care, Diagnostic	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 (confirmation form in appendix) is to be provided and submitted with the claim form to support payment. Diagnostic arthroscopy is only indicated in symptomatic patients with persistent diagnostic uncertainty following MRI and clinical examination. For patient suffering with osteoarthritis, lavage is not payable and arthroscopy and debridement is only payable for those with definite significant mechanical symptoms (e.g. locking) AND still symptomatic following optimal conservative treatment. In the majority of cases, this entails the HIQA recommendations of a course of physiotherapy. Alternatively surgical rationale must be stated on the claim form
3822	Arthroscopy of the knee for removal of loose body or foreign body, synovectomy, debridement (I.P.)	No	Independent Procedure, Day Care	Immediate surgery is only reimbursed for patients with significant meniscal pathology, with symptoms or examination findings of acute locking or entrapment. In all cases confirmation is to be provided and submitted with the claim form to support payment. Diagnostic arthroscopy is only reimbursed in symptomatic patients with persistent diagnostic uncertainty following clinical examination and MRI if appropriate. For patients suffering with osteoarthritis, lavage is not payable and arthroscopy and debridement is only payable for those with definite significant mechanical symptoms (e.g. locking) and who are still symptomatic following optimal conservative treatment. In the majority of cases, this encompasses the HIQA recommendations of a course of physiotherapy. Alternatively surgical rationale must be stated on the claim form.
3825	Corrective osteotomy of tibia in region of knee	No		
3830	Corrective osteotomy of tibia in region of ankle	No		
3831	Arthroscopy, knee, surgical; osteochondral autograft(s) (e.g. mosaicplasty) (includes harvesting of the autograft(s)) (I.P.)	No	Independent Procedure	Immediate surgery is only reimbursed for patients with significant meniscal pathology, with symptoms or examination findings of acute locking or entrapment. In all cases confirmation is to be provided and submitted with the claim form to support payment. Diagnostic arthroscopy is only reimbursed in symptomatic patients with persistent diagnostic uncertainty following clinical examination and MRI if appropriate. For patients suffering with osteoarthritis, lavage is not payable and arthroscopy and debridement is only payable for those with definite significant mechanical symptoms (e.g. locking) and who are still symptomatic following optimal conservative treatment. In the majority of cases, this encompasses the HIQA recommendations of a course of physiotherapy. An ILH Checklist must be completed and attached to the claim
3832	Arthroscopy, knee, surgical; osteochondral allograft(s) (e.g. mosaicplasty) (includes harvesting of the autograft(s)) (I.P.)	No	Independent Procedure	Immediate surgery is only reimbursed for patients with significant meniscal pathology, with symptoms or examination findings of acute locking or entrapment. In all cases confirmation is to be provided and submitted with the claim form to support payment. Diagnostic arthroscopy is only reimbursed in symptomatic patients with persistent diagnostic uncertainty following clinical examination and MRI if appropriate. For patients suffering with osteoarthritis, lavage is not payable and arthroscopy and debridement is only payable for those with definite significant mechanical symptoms (e.g. locking) and who are still symptomatic following optimal conservative treatment. In the majority of cases, this encompasses the HIQA recommendations of a course of physiotherapy. Alternatively surgical rationale must be stated on the claim form.
3833	Arthroscopy, knee, surgical; meniscal transplantation (includes arthrotomy for meniscal insertion) medical or lateral) (I.P.). Patient must have undergone a 6 weeks course of Physiotherapy	No	Independent Procedure	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 (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

KNEE AND LOWER LEG

CODE	DESCRIPTION	PRE-APPROVAL REQUIRED	PAYMENT INDICATORS	PAYMENT RULES
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 (confirmation form in appendix) is to be provided and submitted with the claim form to support payment. Diagnostic arthroscopy is only indicated in symptomatic patients with persistent diagnostic uncertainty following MRI and clinical examination. For patient suffering with osteoarthritis, lavage is not payable and arthroscopy and debridement is only payable for those with definite significant mechanical symptoms (e.g. locking) AND still symptomatic following optimal conservative treatment. In the majority of cases, this entails the HIQA recommendations of a course of physiotherapy. Alternatively surgical rationale must be stated on the claim form
3840	Drainage of joint in acute infection	No		
3845	Exploration of joint, knee/ lower leg	No		
3850	Fixed flexion of knee, soft tissue operations for	No		
3855	Fracture dislocation of knee joint, operations for	No		
3860	Fracture of tibia (condylar) open reduction of	No		
3865	Fracture of tibial shaft, open reduction and internal fixation	No		
3870	Fracture of tibial shaft, closed reduction of	No		
3871	Fracture of tibial shaft, closed intra-medullary, interlocking nail	No		
3872	Arthroscopically aided treatment of intercondylar spine(s) and/ or tuberosity fracture(s) of the knee, with or without manipulation; without external fixation (includes arthroscopy) (I.P.)	No	Independent Procedure	
3873	Arthroscopically aided treatment of intercondylar spine(s) and/ or tuberosity fracture(s) of the knee, with or without manipulation; with internal or external fixation (includes arthroscopy) (I.P.)	No	Independent Procedure	

KNEE AND LOWER LEG

CODE	DESCRIPTION	PRE-APPROVAL REQUIRED	PAYMENT INDICATORS	PAYMENT RULES
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	
3911	Revision of arthroplasty of knee joint, with or without allograft, one or more components (I.P.)	No	Independent Procedure	
3914	Patellofemoral arthroplasty of knee joint; condyle and plateau medial or lateral compartment (I.P.)	No	Independent Procedure	
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		

KNEE AND LOWER LEG

CODE	DESCRIPTION	PRE-APPROVAL REQUIRED	PAYMENT INDICATORS	PAYMENT RULES
3945	Tendon transplants about knee joint	No		
3950	Transplant of tibial tubercle	No		
5605	Peripheral nerve tumour, excision of	No	Day Care	
5890	Ligament reconstruction at the knee joint (I.P.)	No	Independent Procedure	

MUSCLE

CODE	DESCRIPTION	PRE-APPROVAL REQUIRED	PAYMENT INDICATORS	PAYMENT RULES
1380	Muscle, repair and suture of	No		
4261	Trans metatarsal amputation of two or more toes	No		

NERVES

CODE	DESCRIPTION	PRE-APPROVAL REQUIRED	PAYMENT INDICATORS	PAYMENT RULES
1385	Muscle biopsy	No	Diagnostic, Side Room	
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	
4331	Injection, tendon sheath, ligament, or ganglion cyst (I.P.)	No	Independent Procedure, Side Room	
5600	Peripheral nerve repairs	No		

OTHER ORTHOPAEDIC PROCEDURES

CODE	DESCRIPTION	PRE-APPROVAL REQUIRED	PAYMENT INDICATORS	PAYMENT RULES
3126	Debridement and repair of nail bed, for simple crush injuries	No	Side Room	
4263	Chemodeneration of muscle(s); extremity(ies) and/ or trunk muscle(s) (e.g. for dystonia, cerebral palsy, multiple sclerosis)	No	Side Room	
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		
4309	External fixation system (uniplane or multiplane as in procedure codes 4306 and 4307) removal under general anaesthetic	No	Day Care	
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	
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	

SACRO ILIAC JOINT

CODE	DESCRIPTION	PRE-APPROVAL REQUIRED	PAYMENT INDICATORS	PAYMENT RULES
3515	Tendon transplant about shoulder	No		
3605	Arthrodesis, sacro iliac joint (I.P.)	No	Independent Procedure	
3610	Aspiration, sacro iliac joint	No	Side Room	
3615	Biopsy of sacro iliac joint region	No	Diagnostic	

SACRO ILIAC JOINT

CODE	DESCRIPTION	PRE-APPROVAL REQUIRED	PAYMENT INDICATORS	PAYMENT RULES
3620	Injection of sacro iliac joint region (I.P.)	No	Independent Procedure, Side Room	

TENDONS

CODE	DESCRIPTION	PRE-APPROVAL REQUIRED	PAYMENT INDICATORS	PAYMENT RULES
1407	Neurectomy	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
3150	Trigger finger, correction of	No	Day Care	
3159	Arthroscopy of the wrist (I.P.)	No	Independent Procedure, Day Care, Diagnostic	
3160	Arthrodesis, using bone graft	No		
3161	Arthroscopy, wrist, surgical; for infection, lavage and drainage (I.P.)	No	Independent Procedure, Day Care	
3162	Arthroscopy, wrist, surgical; synovectomy, partial (I.P.)	No	Independent Procedure, Day Care	
3163	Arthroscopy, wrist, surgical; synovectomy, complete (I.P.)	No	Independent Procedure, Day Care	
3165	Arthroplasty (I.P.)	No	Independent Procedure	
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		

WRIST

CODE	DESCRIPTION	PRE-APPROVAL REQUIRED	PAYMENT INDICATORS	PAYMENT RULES
3181	Trapezial joint replacement	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	
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		

WRIST

CODE	DESCRIPTION	PRE-APPROVAL REQUIRED	PAYMENT INDICATORS	PAYMENT RULES
3275	Ulna, lower end of (malunited Colles'), excision of	No		
3276	Tendon transfer about the wrist, multiple	No		