

Western Australian Coding Rule

0719/33 Follow-up infected joint prostheses by arthroscopic biopsy

Q.

What codes should be assigned for follow-up of infected shoulder joint prostheses by arthroscopic biopsy?

A.

Patients with infected shoulder joint prostheses may undergo a two-stage revision arthroplasty:

At first surgery patients have removal of prosthesis plus: debridement, tissue biopsy, sampling of joint fluid, +/- insertion of antibiotic loaded cement spacer.

At second surgery patients have revision arthroplasty plus: tissue biopsy, sampling of joint fluid; and removal of antibiotic loaded cement spacer (if present). Second surgery may occur many months after first surgery.

Between first and second surgeries, patients receive antibiotic treatment with repeat investigations such as: arthroscopic tissue biopsy, radiologic scanning and testing of WCC/ESR/CRP to confirm cleared or on-going infection. Antibiotic treatment is ceased several weeks prior to an arthroscopic tissue biopsy, so that any residual infection can be detected.

For patients admitted specifically for arthroscopic tissue biopsy, to confirm cleared or on-going infection following removal of infected joint prosthesis, follow ACS 0052 Same-day endoscopy – Surveillance, and assign:

If biopsy confirms cleared infection:

Z09.7 Follow-up examination after combined treatment for other conditions

Z87.8 Personal history of other specified conditions (conditions classifiable to S00-T98)

If biopsy indicates residual infection:

T84.5 Infection and inflammatory reaction due to internal joint prosthesis

ADx For specific pathogen

Y83.1 Surgical operation with implant of artificial internal device

Y92.2x Place of occurrence, health service area

U73.8 Other specified activity

As per ACS 0052 Same-day Endoscopy – Surveillance, it is not appropriate to assign Z09 Follow-up examination after treatment for conditions other than malignant neoplasms as an additional diagnosis in this instance.



DECISION

For patients admitted specifically for arthroscopic tissue biopsy to confirm cleared or ongoing infection following removal of infected joint prosthesis, follow ACS 0052 Same-day endoscopy – Surveillance.

This WA Coding Rule 0719/33 Follow-up infected shoulder joint prostheses by arthroscopic biopsy supersedes WA Coding Rule 0318/45 Follow-up infected shoulder joint prostheses by arthroscopic biopsy.

This Rule has been modified to correspond with an update in ICD-10-AM/ACHI/ACS Eleventh Edition.

[Effective 01 Jul 2019, ICD-10-AM/ACHI/ACS 11th Ed.]



Western Australian Coding Rule

0318/45 Follow-up infected shoulder joint prostheses by arthroscopic biopsy

Q.

What codes should be assigned for follow-up of infected shoulder joint prostheses by arthroscopic biopsy?

A.

Patients with infected shoulder joint prostheses may undergo a two stage revision arthroplasty:

At first surgery patients have removal of prosthesis plus: debridement, tissue biopsy, sampling of joint fluid, +/- insertion of antibiotic loaded cement spacer.

At second surgery patients have revision arthroplasty plus: tissue biopsy, sampling of joint fluid; and removal of antibiotic loaded cement spacer (if present). Second surgery may occur many months after first surgery.

Between first and second surgeries, patients receive antibiotic treatment with repeat investigations such as: arthroscopic tissue biopsy, radiologic scanning and testing of WCC/ESR/CRP to confirm cleared or on-going infection. Antibiotic treatment is ceased several weeks prior to an arthroscopic tissue biopsy, so that any residual infection can be detected.

For patients admitted specifically for arthroscopic tissue biopsy, to confirm cleared or on-going infection, following removal of infected shoulder joint prosthesis, follow ACS 0052 Same-day endoscopy – Surveillance, and assign:

If biopsy confirms cleared infection:

Z09.7	Follow-up	examination	after	combined	treatment for	r other conditions
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Z87.8 Personal history of other specified conditions (conditions classifiable to S00-T98)

If biopsy indicates residual infection:

T84.5	Infection and inflammatory reaction due to internal joint prosthesis
ADx	For specific pathogen
Y83.1	Surgical operation with implant of artificial internal device
Y92.2x	Place of occurrence, health service area
U73.8	Other specified activity
Z09.7	Follow-up examination after combined treatment for other conditions



Assign Z09.7 as an additional diagnosis as appropriate, noting the WACC has submitted a coding query to the ACCD for clarification on this statement in ACS 0052.

DECISION

For patients admitted specifically for arthroscopic tissue biopsy, to confirm cleared or ongoing infection, following removal of infected shoulder joint prosthesis, follow ACS 0052 Same-day endoscopy – Surveillance.

This WA Coding Rule 0318/45 Follow-up infected shoulder joint prostheses by arthroscopic biopsy supersedes WA Coding Rule 1014/02 Follow-up infected shoulder joint prostheses by arthroscopic biopsy.

This advice has a minor modification to correspond with an update in ICD-10-AM/ACHICS Tenth Edition.

[Effective 01 Jul 2017, ICD-10-AM/ACHI/ACS 10th Ed.]



Western Australian Coding Rule

1014/02 Follow-up infected shoulder joint prostheses by arthroscopic biopsy

Q.

What codes should be assigned for follow-up of infected shoulder joint prostheses by arthroscopic biopsy?

Α.

Patients with infected shoulder joint prostheses may undergo a two-stage revision arthroplasty:

At first surgery patients have removal of prosthesis plus: debridement, tissue biopsy, sampling of joint fluid, +/- insertion of antibiotic loaded cement spacer.

At second surgery patients have revision arthroplasty plus: tissue biopsy, sampling of joint fluid; and removal or antibiotic loaded cement spacer (if present). Second surgery may occur many months after first surgery.

Between first and second surgeries, patients receive antibiotic treatment with repeat investigations such as: arthroscopic tissue biopsy, radiologic scanning and testing of WCC/ESR/CRP to confirm cleared or on-going infection. Antibiotic treatment is ceased several weeks prior to an arthroscopic tissue biopsy, so that any residual infection can be detected.

For patients admitted specifically for arthroscopic tissue biopsy, to confirm cleared or on-going infection, following removal of infected shoulder joint prosthesis, follow ACS 2113 Follow-up examinations for specific disorders, and assign:

If biopsy confirms cleared infection:

Z09.7 Follow-up examination after combined treatment for other conditions

Z87.8 Personal history of other specified conditions (conditions classifiable to S00-T98)

If biopsy indicates residual infection:

T84.5	Infection and inflammatory reaction due to internal joint prosthesis
ADx	For specific pathogen
Y83.1	Surgical operation with implant of artificial internal device
Y92.22	Health service area
U73.8	Other specified activity
Z09.7	Follow-up examination after combined treatment for other conditions



DECISION

For patients admitted specifically for arthroscopic tissue biopsy, to confirm cleared or ongoing infection, following removal of infected shoulder joint prosthesis, follow ACS 2113 Follow-up examinations for specific disorders.

[Effective 01 Oct 2014, ICD-10-AM/ACHI/ACS 8th Ed.]

