



Western Australian Coding Rule

0725/04 Follow-up of 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, assign:

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

Codes for specific type of infection and/or specific pathogen, as applicable

Y83.17 *Surgical operation with implant of orthopaedic internal device*

Y92.2x *Place of occurrence, health service area*

U73.89 *Other specified activity, not elsewhere classified*



DECISION

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*.

This WA Coding Rule 0725/04 *Follow-up infected shoulder joint prostheses by arthroscopic biopsy* supersedes WA Coding Rule 0719/33 *Follow-up infected shoulder joint prostheses by arthroscopic biopsy*.

This Rule has a minor modification to correspond with an update in ICD-10-AM/ACHI/ACS Thirteenth Edition.

Effective 1 July 2025, ICD-10-AM/ACHI/ACS 13th Ed.

As per the Patient Activity Data Policy (MP 0164/21) Western Australian Coding Rules must be followed.



Western Australian Coding Rule

0719/03 Follow-up of 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:

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- 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, assign:

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

Code for specific pathogen, as applicable

Y83.1 *Surgical operation with implant of artificial internal device*

Y92.2x *Place of occurrence, health service area*

U73.8 *Other specified activity*



DECISION

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*.

This WA Coding Rule 0719/33 *Follow-up of infected shoulder joint prostheses by arthroscopic biopsy* supersedes WA Coding Rule 0318/45 *Follow-up of 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 1 July 2019, ICD-10-AM/ACHI/ACS 11th Ed.

SUPERSEDED



Western Australian Coding Rule

0318/45 Follow-up of 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*

Code 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, noting that a coding query has been submitted to the ACCD for clarification of the statement: “as appropriate” in ACS 0052.

DECISION

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*.

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

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

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

SUPERSEDED



Western Australian Coding Rule

1014/02 Follow-up of 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 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*

Code for specific pathogen

Y83.1 *Surgical operation with implant of artificial internal device*

Y92.22 *Place of occurrence, 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 on-going 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.]

SUPERSEDED