



# Western Australian Coding Rule

## 0512/05 Endometrial ablation

### Q.

If a hysteroscopy is performed in the same operative episode as endometrial ablation, should it be coded as well as the ablation code?

### A.

There has been some inconsistency in the coding of endometrial ablation with hysteroscopy. Documentation may indicate that endometrial ablation has been performed in the same operative episode as a hysteroscopy but not necessarily that the ablation was performed via hysteroscopy. We have in the past made a decision that if a scope has already been captured previously and further procedures are performed at the same time you do not need to code it again. (WA Coding Committee 7 July 2009, 7.9 Laparoscopic procedures performed with another laparoscopic procedure).

When looking up endometrial ablation in the ACHI index, endoscopy is a non-essential modifier, so it is only if the documentation shows that the ablation was performed as an open procedure would we code 90443-00 [1270] *Other excision of uterus*. In this case, if a separate hysteroscopy procedure was performed, it should be coded in addition.

In MBS billing the hysteroscopy is included when performed with endoscopic endometrial ablation.

If the endometrial ablation is performed via the scope (endoscopic/hysteroscopy) there is no requirement to code a separate code for hysteroscopy as it is already captured in the code title for 35622-00 [1263] *Endoscopic destruction procedures on uterus*.

### DECISION

**Endometrial ablation performed with or via hysteroscopy should be coded to 35622-00 [1263] *Endoscopic destruction procedures on uterus*.**

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

[Effective 04 May 2012, ICD-10-AM/ACHI/ACS 7<sup>th</sup> Ed.]