



Western Australian Coding Rule

0725/02 Post endometrial ablation syndrome

Q.

What codes are assigned for post endometrial ablation syndrome with pelvic pain and dysmenorrhea?

A.

Post endometrial ablation syndrome is a known complication of endometrial ablation, and is also known as:

- Post ablation syndrome (PAS); and
- Post ablation tubal sterilisation syndrome (PATS) (occurs in patients who have had tubal sterilisation followed by endometrial ablation)

Following endometrial ablation, uterine contracture and scar tissue may obstruct the cornual areas and prevent normal antegrade passage of menstrual material or result in retrograde menstruation. Retrograde bleeding into the proximal tubal segment causes recurrent painful tubal distension with patients experiencing sudden-onset severe cramp like lower abdominal pain (unilateral or bilateral). The pain is often cyclic and frequently associated with vaginal spotting, even if the patient is amenorrheic.

*Conventions used in the ICD-10-AM Tabular List/Convention 9.5.3 is applicable i.e. the clinical diagnosis 'post endometrial ablation syndrome' clearly infers an exclusive causation relationship and is coded as a clinical intervention complication (see also ACS 1904 *Complications of surgical or medical care*).*

Signs and symptoms of post endometrial ablation syndrome may vary between patients. As per ACS 0005 *Syndromes*, when there is no single ICD-10-AM code to classify all the elements of a syndrome, assign codes for the patient's manifestations. ACS 0001 *Principal diagnosis* and ACS 00002 are applied to determine which manifestations are coded.

For pelvic pain in post endometrial ablation syndrome, assign:

T81.83 *Pain due to a procedure, NEC* via Alphabetic Index:

Pain(s)

- postprocedural – see *Complication(s)/postprocedural/pain*

Complication(s)

- postprocedural
- - pain NEC T81.83



For dysmenorrhea in post endometrial ablation syndrome, assign:
T81.88 *Genitourinary system complications due to a procedure, NEC* and apply the *Use additional code* note at T81.88 to also assign: N94.5 *Secondary dysmenorrhoea*

via Alphabetic Index:

Complication(s)

- female genital (tract)
- - intervention NEC T81.88

Dysmenorrhoea

- secondary N94.5

Assign also:

- U91 *Syndrome, not elsewhere classified*
- Y83.86 *Surgical procedure, gynaecological*
- Y92.2x *Place of occurrence, health service area*
- U73.89 *Other specified activity, NEC*

DECISION

**For post endometrial ablation syndrome with multiple manifestations, assign:
Codes for the patient's manifestations (that meet ACS 0001 and ACS 0002)**

- U91 *Syndrome, not elsewhere classified***
- Y83.86 *Surgical procedure, gynaecological***
- Y92.2x *Place of occurrence, health service area***
- U73.89 *Other specified activity, NEC***

For SMART syndrome with a single manifestation, assign:

A code for the patient's manifestation (that meets ACS 0001 or 0002)

- Y83.86 *Surgical procedure, gynaecological***
- Y92.2x *Place of occurrence, health service area***
- U73.89 *Other specified activity, NEC***

It is not necessary to assign U91 *Syndrome, not elsewhere classified* in accordance with ACS 0005 *Syndromes/Directive 1*, as this only applies when there are multiple manifestations.

This WA Coding Rule 0725/02 *Post endometrial ablation syndrome* supersedes WA Coding Rule 0719/60 *Post endometrial ablation syndrome*.

This Rule has been modified 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

0719/60 Post endometrial ablation syndrome

Q.

What codes should be assigned for 'post endometrial ablation syndrome'? The symptoms in this case are pelvic pain and dysmenorrhea for which the patient had a hysterectomy

A.

Post endometrial ablation syndrome is also known as:

- Post ablation syndrome (PAS) and
- Post ablation tubal sterilisation syndrome (PATS) (occurs in patients who have had tubal sterilisation followed by endometrial ablation)

Following endometrial ablation, uterine contracture and scar tissue may obstruct the cornual areas and prevent normal antegrade passage of menstrual material or result in retrograde menstruation. Retrograde bleeding into the proximal tubal segment causes recurrent painful tubal distension with patients experiencing sudden-onset severe cramp like lower abdominal pain (unilateral or bilateral). The pain is often cyclic and frequently associated with vaginal spotting, even if the patient is amenorrheic.

Following ACS 1904 *Procedural complications*:

Where a condition is not related to a prosthetic device, implant or graft and:

- it is **related** to a body system, assign an appropriate code from the body system chapter.

Assign N99.89 *Other intraoperative and postprocedural disorder of genitourinary system* following the Alphabetic Index pathway:

Complication(s)

- genitourinary

-- intraoperative or postprocedural

--- specified NEC

ACS 1904 instructs the assignment of an additional code from Chapters 1 – 19 where it provides further specificity. Signs and symptoms of post endometrial ablation syndrome may vary between patients. As per ACS 0005 *Syndromes* when there is no single ICD-10-AM code to classify all the elements of a syndrome, assign codes for the manifestations that are relevant for the patient and meet the criteria in ACS 0001 *Principal diagnosis* and ACS 0002 *Additional diagnoses*.

For the manifestations pelvic pain and dysmenorrhoea, assign:



N94.8 *Other specified conditions associated with female genital organs and menstrual cycle* following Alphabetic Index pathway:

Pain(s)

- female genital organs NEC

and

N94.5 *Secondary dysmenorrhoea* following Alphabetic Index pathway:

Dysmenorrhoea

-secondary

(secondary dysmenorrhoea is dysmenorrhoea due to an abnormality of pelvic organs)

Assign also U91 *Syndrome, not elsewhere classified* followed by external cause codes:

Y83.8 *Other surgical procedures*

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

U73.8 *Other specified activity*

Note: Coding Rule TN1504 *Eleventh Edition ACS 1904 Procedural complications – additional code to add specificity* states that the instruction ‘an additional code from Chapters 1 to 19 may be assigned where it provides further specificity’ is intended to provide further specificity of the condition, not an anatomical site. Although N94.8 *Other specified conditions associated with female genital organs and menstrual cycle* provides little specificity, it should be assigned to meet the requirements of ACS 0005 *Syndromes*.

DECISION

Post endometrial ablation syndrome should be coded:

N99.89 *Other intraoperative and postprocedural disorder of genitourinary system*

Codes for manifestations that are relevant to the patient and meet criteria for coding as per ACS 0005 *Syndromes*.

U91 *Syndrome, not elsewhere classified*

Y83.8 *Other surgical procedures*

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

U73.8 *Other specified activity*.

This WA Coding Rule 0719/60 *Post endometrial ablation syndrome* supersedes WA Coding Rule 0318/65 *Post endometrial ablation syndrome*.

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

[Effective 1 Jul 2019, ICD-10-AM/ACHI/ASC 11th Ed.]



Western Australian Coding Rule

0318/65 Post endometrial ablation syndrome

Q.

What codes should be assigned for 'post endometrial ablation syndrome'? The symptoms in this case are pelvic pain and dysmenorrhea for which the patient had a hysterectomy

A.

Post endometrial ablation syndrome is also known as:

- Post ablation syndrome (PAS) and
- Post ablation tubal sterilisation syndrome (PATS) (occurs in patients who have had tubal sterilisation followed by endometrial ablation)

Following endometrial ablation, uterine contracture and scar tissue may obstruct the cornual areas and prevent normal antegrade passage of menstrual material or result in retrograde menstruation. Retrograde bleeding into the proximal tubal segment causes recurrent painful tubal distension with patients experiencing sudden-onset severe cramp like lower abdominal pain (unilateral or bilateral). The pain is often cyclic and frequently associated with vaginal spotting, even if the patient is amenorrheic.

Following ACS 1904 *Procedural complications*:

Where a condition is not related to a prosthetic device, implant or graft and:

- **it is related** to a body system, assign an appropriate code from the body system chapter.

Assign N99.89 *Other intraoperative and postprocedural disorder of genitourinary system* following the Alphabetic Index pathway:

Complication(s)

- genitourinary
- intraoperative or postprocedural
- specified NEC

ACS 1904 instructs the assignment of an additional code from Chapters 1 – 19 where it provides further specificity. Signs and symptoms of post endometrial ablation syndrome may vary between patients, so additional chapter codes can only be assigned based on the documentation unique to each patient. For the scenario described, i.e. pelvic pain and dysmenorrhoea due to post endometrial ablation syndrome, assign:

N94.8 *Other specified conditions associated with female genital organs and menstrual cycle* following Alphabetic Index pathway:



Pain(s)

- female genital organs NEC

and

N94.5 *Secondary dysmenorrhoea* following Alphabetic Index pathway:

Dysmenorrhoea

-secondary

(secondary dysmenorrhoea is dysmenorrhoea due to an abnormality of pelvic organs).

Assign also, the following external cause codes:

Y83.8 *Other surgical procedures*
Y92.2x *Place of occurrence, health service area*
U73.8 *Other specified activity*

DECISION

Post endometrial ablation syndrome should be coded:

N99.89 *Other intraoperative and postprocedural disorder of genitourinary system*
Additional diagnosis code/s where it provides further specificity of any documented symptoms

Y83.8 *Other surgical procedures*
Y92.2x *Place of occurrence, health service area*
U73.8 *Other specified activity.*

This WA Coding Rule 0318/65 *Post endometrial ablation syndrome* supersedes WA Coding Rule 1215/01 *Post endometrial ablation syndrome.*

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

[Effective 1 Jul 2017, ICD-10-AM/ACHI/ASC 10th Ed.]



Western Australian Coding Rule

1215/01 Post endometrial ablation syndrome

Q.

What codes should be assigned for 'post endometrial ablation syndrome'? The symptoms in this case are pelvic pain and dysmenorrhea for which the patient had a hysterectomy

A.

Post endometrial ablation syndrome is also known as:

- Post ablation syndrome (PAS) and
- Post ablation tubal sterilisation syndrome (PATS) (occurs in patients who've had tubal sterilisation followed by endometrial ablation)

Following endometrial ablation, uterine contracture and scar tissue may obstruct the cornual areas and prevent normal antegrade passage of menstrual material or result in retrograde menstruation. Retrograde bleeding into the proximal tubal segment causes recurrent painful tubal distension with patients experiencing sudden-onset severe cramp like lower abdominal pain (unilateral or bilateral). The pain is often cyclic and frequently associated with vaginal spotting, even if the patient is amenorrheic.

Post endometrial ablation syndrome is not specifically Indexed, so follow ACS 1904 *Procedural complications* to code this condition.

As per ACS 1904, there is no Index entry for 'postprocedural' under the terms: pain; pelvic pain; female genital organ pain; or dysmenorrhoea, so follow the Index pathway:

Complication(s)

- genitourinary

-- postprocedural

--- specified NEC N99.8

and assign N99.8 *Other postprocedural disorders of genitourinary system*.

ACS 1904 instructs the assignment of additional chapter codes where they provide further specificity. Signs and symptoms of post endometrial ablation syndrome may vary between patients, so additional chapter codes can only be assigned based on the documentation unique to each patient. For the scenario described, i.e. pelvic pain and dysmenorrhoea due to post endometrial ablation syndrome, assign:

N94.8 *Other specified conditions associated with female genital organs and menstrual cycle* following Index pathway:



Pain(s)

- female genital organs NEC

and

N94.5 *Secondary dysmenorrhoea* following Index pathway:

Dysmenorrhoea

-secondary

(secondary dysmenorrhoea is dysmenorrhoea due to an abnormality of pelvic organs).

Assign also, the following external cause codes: Y83.8, Y92.22 and U73.8.

DECISION

Post endometrial ablation syndrome should be coded to N99.8 *Other postprocedural disorders of genitourinary system*, along with the relevant codes for any documented symptoms and the external cause codes Y83.8 *Other surgical procedures*, Y92.22 *Place of occurrence, health service area* and U73.8 *Other specified activity*.

[Effective 2 Dec 2015, ICD-10-AM/ACHI/ASC 9th Ed.]