



# Western Australian Coding Rule

## 0210/01 Vaginal hysterectomy converted to abdominal hysterectomy

### Q.

Patient underwent "vaginal hysterectomy with conversion to abdominal hysterectomy (uterus too big to deliver vaginally)." No laparoscopy involved. Am I correct by coding the vaginal hysterectomy code and also the abdominal hysterectomy as the decision was not made to do the abdominal until after the surgeon proceeded to do the vaginal but was then unable to remove it vaginally because of large fibroids?

### A.

To assign both codes reads back as two hysterectomies being performed. The patient isn't hysterectomised until the uterus has been removed. If the hysterectomy can only be achieved by opening the abdomen, then the most invasive approach would take precedence for coding. The fact that the vaginal attempt cannot be captured in this instance is beyond the scope of what ACHI can currently deliver. If there is documentation of vaginal incision as part of the attempted vaginal hysterectomy, add code 35572-01 [1280] *Vaginotomy*.

## DECISION

**Assign 35653-01 [1268] *Total abdominal hysterectomy for vaginal hysterectomy converted to abdominal hysterectomy.***

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

[Effective 17 Feb 2010, ICD-10-AM/ACHI/ACS 6<sup>th</sup> Ed.]