Government of Western Australia
Department of Health

Western Australian Coding Rule

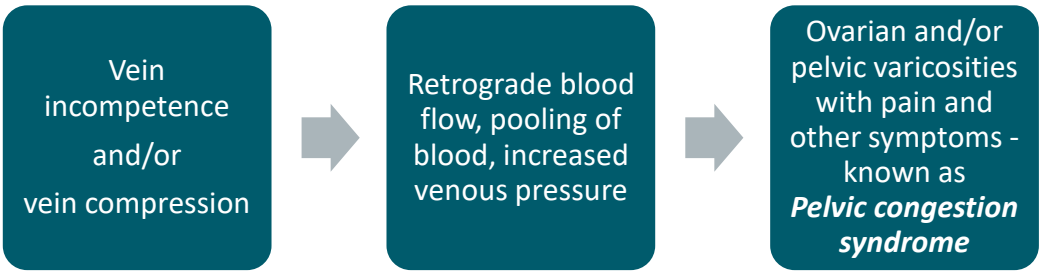
1023/01 Pelvic congestion syndrome / pelvic venous hypertension

Q.
Which ICD-10-AM code(s) should be assigned for pelvic congestion syndrome with identified underlying cause/s:

- vein incompetence/insufficiency and/or
- vein compression e.g., May-Thurner Syndrome?

A.
Pelvic congestion syndrome is a chronic pain syndrome caused by reflux and retrograde flow in the ovarian veins and iliac vein tributaries manifesting in painful pelvic varicosities.

The underlying cause of the varicosities/syndrome is usually vein incompetence and/or vein compression. The pain is thought to be a direct result of ovarian and pelvic varicosities, much like leg pain from varicosities in the legs.



The following terms are all considered synonymous:

- pelvic congestion syndrome (the most current terminology)
- pelvic venous congestion
- pelvic venous congestion syndrome
- pelvic venous hypertension
- pelvic hypertension syndrome
- pelvic congestion-fibrosis syndrome (outdated term from 1949)

Clinical understanding of pelvic congestion syndrome pathophysiology has evolved over time, but the ICD-10-AM classification has not kept pace. The Alphabetic Index still contains the outdated diagnostic term: “female pelvic congestion-fibrosis syndrome”, which is synonymous with pelvic congestion syndrome, and is classified to N94.8 *Other specified conditions associated with female genital organs and menstrual cycle*.

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Clinical input was sought and confirmed that I86.2 *Female pelvic varices* better reflects pelvic congestion syndrome, as it classifies the primary manifestation: painful varicosities. However, the existing ICD-10-AM Alphabetic Index entry *Syndrome/pelvic congestion-fibrosis, female* cannot be ignored, and a public submission will be submitted to IHACPA to consider whether a classification update is appropriate.

Contrast venogram remains the gold standard to demonstrate reflux in the ovarian veins and tributaries of the internal iliac veins, as well as the extent of the pelvic varicosities fed by these refluxing veins. There is usually a high degree of suspicion prior to admission for venogram and vascular intervention, based on clinical assessment and outpatient imaging.

Vascular interventions include:

- embolisation to mechanically obstruct the vein i.e., stop reflux (for vein incompetence)
- stenting (for vein compression)

These interventions directly treat the **underlying cause** but are also more broadly treating the **problem** (varicosities/pelvic congestion syndrome) with the aim to reduce pain and other symptoms.

These interventions are usually performed on a same-day basis, hence a discharge summary or typed accompanying letter may not be generated. The operation report documented indication/s or diagnosis/es necessitating same-day venogram +/- embolisation and +/- stenting may include:

a) the syndrome (problem); or
b) vein incompetence and/or vein compression (underlying cause/s); or
c) both a) and b); or
d) both b) and a).

For classification purposes, vein incompetence and/or vein compression identified on venogram may be inferred as the underlying causes of pelvic congestion syndrome even in the absence of a documented causal relationship (except if an alternative cause is specified).

Codes are assigned to classify both the problem and the underlying cause(s) as per logic in ACS 0002 *Additional diagnoses, OTHER GUIDELINES RELATED TO ADDITIONAL DIAGNOSIS CRITERIA, Problems and underlying conditions:*

> *'If a condition (problem) (pelvic congestion syndrome) with a known underlying cause (vein incompetence and/or vein compression) is treated in an episode…then assign codes for both conditions (pelvic congestion syndrome **and** vein incompetence/compression)'.*

Principal diagnosis sequencing is based on the condition **chiefly** responsible for occasioning the episode of care. Vein incompetence and/or vein compression which are identified or confirmed on venogram and managed with a vascular intervention are deemed to have chiefly occasioned the episode of care, because the intervention is **directly** managing that condition. As the intervention is also more broadly managing the problem (pelvic congestion syndrome), the problem is coded as an additional diagnosis.

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Assign:
Principal diagnosis: the underlying cause identified or confirmed on venogram and receiving vascular intervention e.g., ovarian vein incompetence (I87.2 *Venous insufficiency*).

Code also any underlying cause (e.g. May-Thurner syndrome) identified but not receiving vascular intervention in the episode.

Code also the problem i.e. pelvic congestion syndrome/varicosities (N94.8 *Other specified conditions associated with female genital organs and menstrual cycle*).

If there is lack of documentation of the condition identified or confirmed on venogram, and embolisation or stenting occurs, seek clinician clarification to ascertain the condition receiving vascular intervention.

DECISION

For pelvic congestion syndrome (or synonym) with underlying cause/s identified or confirmed on venogram:

- **vein incompetence/insufficiency (usually managed with embolisation); and/or**
- **vein compression e.g., May-Thurner Syndrome (usually managed with stenting)**

assign:

Principal diagnosis: the underlying cause identified or confirmed on venogram and receiving vascular intervention e.g., ovarian vein incompetence (I87.2 *Venous insufficiency*).

Code also any underlying cause (e.g. May-Thurner syndrome) identified or confirmed, but not receiving intervention this episode.

Code also the problem i.e. pelvic congestion syndrome/varicosities (N94.8 *Other specified conditions associated with female genital organs and menstrual cycle*).

This rule (including instruction to infer a causal link) is applicable only to pelvic congestion syndrome. Other instances of surgical intervention involving problem(s) and underlying condition(s) are to be assessed on a case-by-case basis.

[Effective 1 October 2023, ICD-10-AM/ACHI/ACS 12th Ed.]

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