Please be aware the information below is for guidance only. Each provider will apply changes to the tariff to account for their institutions’ Market Forces Factor adjustment and patient co-morbidities. This may make the tariff lower, or higher. This information is provided to help coders achieve the correct coding for procedures actually performed and providers charge the correct tariff. The BSGE takes no responsibility for individual coding and this information does not confer any sort of agreement between the BSGE and the health care provider.

CLINICAL CODING QUERY RESOLUTION

<table>
<thead>
<tr>
<th>CLINICAL CODING QUERY DETAILS</th>
</tr>
</thead>
<tbody>
<tr>
<td>HELPDESK QUERY REF NO:</td>
</tr>
<tr>
<td>SUMMARY KEY TERM:</td>
</tr>
</tbody>
</table>

IMPORTANT INFORMATION

Helpdesk resolutions are provided for an individual query based on the information provided by the submitter in the coding query form. Resolutions are solely related to the case presented by the submitter and should not be considered transferable across all situations. The NHS Classifications Service cannot accept responsibility when resolutions have been shared or used as a source of a national standard during audit.

The NHS Classifications Service provides the classification standards (OPCS-4 and ICD-10) and the official national clinical coding standards and guidance for application in the NHS.

RESOLUTION TO QUERY

Thank you for your query.

Thank you for responding with clarification to the points we requested. Based on the information in the scenarios provided, we recommend the following codes:

Level 1 – Small superficial areas in the pelvis

References include:

- OPCS Classification of Surgical Operations and Procedures Version 4.6, Volume 1 and 2
- OPCS-4Clinical Coding Instruction Manual (V4.0)
- Coding Clinic guidance
• Laparoscopic excision of lesion of peritoneum
  
  **T42.1 Endoscopic resection of lesion of peritoneum**

With a primary diagnosis of N80.3 Endometriosis of pelvic peritoneum, and no secondary diagnoses
  - LP2013/14 HRG: FZ27C Endoscopic or Intermediate General Abdominal Procedures 19 years and over without CC – DC/EI Tariff = £1,061
  - RC2012/13 HRG: MA30Z Intermediate Female Pelvic Peritoneum Adhesion Procedures – Estimated Average DC/EI Cost = £1,475

• Laparoscopic ablation of lesion of peritoneum
  
  **T42.2 Endoscopic destruction of lesion of peritoneum**

Please note, if the method of destruction was specified, a subsidiary code may be assigned to specify the method of destruction.

With a primary diagnosis of N80.3 Endometriosis of pelvic peritoneum, and no secondary diagnoses
  - LP2013/14 HRG: FZ27C Endoscopic or Intermediate General Abdominal Procedures 19 years and over without CC – DC/EI Tariff = £1,061
  - RC2012/13 HRG: MA30Z Intermediate Female Pelvic Peritoneum Adhesion Procedures – Estimated Average DC/EI Cost = £1,475

**Level 2:**

**Endometriosis involving the bladder**

• Laparoscopic excision of utero-vesical endometriotic lesions (confirmed to be excision of lesions of bladder)
  
  **M42.1 Endoscopic resection of lesion of bladder**

With a primary diagnosis of N80.8 Other endometriosis, and no secondary diagnoses
  - LP2013/14 HRG: LB13B Bladder Major Endoscopic Procedure without CC – DC/EI Tariff = £1,422
- RC2012/13 HRG: LB13F Major Endoscopic Bladder Procedures with CC Score 0-1 – Estimated Average DC/EI Cost = £1,649

- Laparoscopic excision including a bit of the bladder (confirmed to be a partial cystectomy)
  - M35.9 Unspecified partial excision of bladder
  - Y75.2 Laparoscopic approach to abdominal cavity NEC

With a primary diagnosis of N80.8 Other endometriosis, and no secondary diagnoses
- LP2013/14 HRG: LB10Z Bladder Major Open Procedures / Reconstruction – EI Tariff = £5,579
- RC2012/13 HRG: LB10D Major Open Bladder Procedures or Reconstruction, 19 years and over, with CC Score 0-1 – Estimated Average EI Cost = £5,847

**Level 3:**

**Involving the side wall of the pelvis**

- Laparoscopic excision of side wall endometriosis to include bilateral ureterolysis
  - T42.1 Endoscopic resection of lesion of peritoneum
  - M25.3 Ureterolysis
  - Y75.2 Laparoscopic approach to abdominal cavity NEC
  - Z94.1 Bilateral operation

With a primary diagnosis of N80.3 Endometriosis of pelvic peritoneum, and no secondary diagnoses
- LP2013/14 HRG: LB03Z Laparoscopic Operations on Kidney and Ureter – EI Tariff = £4,355
- RC2012/13 HRG: LB60F Complex Open or Laparoscopic, Kidney or Ureter Procedures, with CC Score 0-1 – Estimated Average EI Cost = £5,272

- Laparoscopic excision of side wall endometriosis to include unilateral ureterolysis
  - T42.1 Endoscopic resection of lesion of peritoneum

References include:

- OPCS Classification of Surgical Operations and Procedures Version 4.6, Volume 1 and 2
- OPCS-4Clinical Coding Instruction Manual (V4.0)
- Coding Clinic guidance
NHS Classifications Service
National Clinical Classifications Helpdesk

**M25.3 Ureterolysis**
**Y75.2 Laparoscopic approach to abdominal cavity NEC**
**Z94.- Laterality of operation**

With a primary diagnosis of N80.3 Endometriosis of pelvic peritoneum, and no secondary diagnoses

- LP2013/14 HRG: LB03Z Laparoscopic Operations on Kidney and Ureter – EI Tariff = £4,355
- RC2012/13 HRG: LB62D Major Laparoscopic Kidney or Ureter Procedures, 19 years and over, with CC Score 0-2 1 – Estimated Average EI Cost = £4,680

- If unilateral ureterolysis but also excision of utero-vesical endometriotic lesions (we have understood that this is excision of vesical lesion)

  **T42.1 Endoscopic resection of lesion of peritoneum**
  **M25.3 Ureterolysis**
  **Y75.2 Laparoscopic approach to abdominal cavity NEC**
  **Z94.- Laterality of operation**
  **M42.1 Endoscopic resection of lesion of bladder**

With a primary diagnosis of N80.3 Endometriosis of pelvic peritoneum, and a secondary diagnosis of N80.8 Other endometriosis

- LP2013/14 HRG: LB03Z Laparoscopic Operations on Kidney and Ureter – EI Tariff = £4,355
- RC2012/13 HRG: LB60F Complex Open or Laparoscopic, Kidney or Ureter Procedures, with CC Score 0-1 – Estimated Average EI Cost = £5,272

**Level 4:**

**Involving the recto-vaginal septum**

- Laparoscopic excision which involves dissecting rectum off the vagina and removing the lesion.

  **H34.1 Open excision of lesion of rectum**

References include:

- OPCS Classification of Surgical Operations and Procedures Version 4.6, Volume 1 and 2
- OPCS-4Clinical Coding Instruction Manual (V4.0)
- Billing Clinic guidance
Y75.2 Laparoscopic approach to abdominal cavity NEC
P20.1 Excision of lesion of vagina
Y75.2 Laparoscopic approach to abdominal cavity NEC

With a primary diagnosis of N80.4 Endometriosis of rectovaginal septum and vagina and no secondary diagnoses
- LP2013/14 HRG: FZ11B Large Intestine - Major Procedures without Major CC – EI Tariff = £2,620
- RC2012/13 HRG: FZ77E Major Large Intestine Procedures, 19 years and over with CC Score 0 – Estimated Average EI Cost = £3,264

- Laparoscopic excision which involves dissecting rectum off the vagina and removing the lesion with bilateral ureterolysis and also shaving lesion off surface of the rectum

H34.1 Open excision of lesion of rectum
Y75.2 Laparoscopic approach to abdominal cavity NEC
P20.1 Excision of lesion of vagina
Y75.2 Laparoscopic approach to abdominal cavity NEC
M25.3 Ureterolysis
Y75.2 Laparoscopic approach to abdominal cavity NEC
Z94.1 Bilateral operation

With a primary diagnosis of N80.4 Endometriosis of rectovaginal septum and vagina and no secondary diagnoses
- LP2013/14 HRG: LB03Z Laparoscopic Operations on Kidney and Ureter – EI Tariff = £4,355
- RC2012/13 HRG: FZ74F Complex Large Intestine Procedures, 19 years and over with CC Score 0-2 – Estimated Average EI Cost = £6,128

- Laparoscopic excision which involves dissecting rectum off the vagina and removing the lesion with bilateral ureterolysis and disc resection of the rectum

H34.1 Open excision of lesion of rectum
Y75.2 Laparoscopic approach to abdominal cavity NEC
P20.1 Excision of lesion of vagina

References include:
OPCS Classification of Surgical Operations and Procedures Version 4.6, Volume 1 and 2
OPCS-4Clinical Coding Instruction Manual (V4.0)
Coding Clinic guidance
Y75.2 Laparoscopic approach to abdominal cavity NEC
M25.3 Ureterolysis
Y75.2 Laparoscopic approach to abdominal cavity NEC
Z94.1 Bilateral operation

With a primary diagnosis of N80.4 Endometriosis of rectovaginal septum and vagina and no secondary diagnoses

- LP2013/14 HRG: LB03Z Laparoscopic Operations on Kidney and Ureter – EI Tariff = £4,355
- RC2012/13 HRG: FZ74F Complex Large Intestine Procedures, 19 years and over with CC Score 0-2 – Estimated Average EI Cost = £6,128

- Laparoscopic excision which involves dissecting rectum off the vagina and removing the lesion with bilateral ureterolysis and disc resection of the rectum with creation of ileostomy

H34.1 Open excision of lesion of rectum
Y75.2 Laparoscopic approach to abdominal cavity NEC
G74.2 Creation of temporary ileostomy
Y75.2 Laparoscopic approach to abdominal cavity NEC
P20.1 Excision of lesion of vagina
Y75.2 Laparoscopic approach to abdominal cavity NEC
M25.3 Ureterolysis
Y75.2 Laparoscopic approach to abdominal cavity NEC
Z94.1 Bilateral operation

With a primary diagnosis of N80.4 Endometriosis of rectovaginal septum and a secondary diagnosis of N80.5 Endometriosis of intestine

- LP2013/14 HRG: LB03Z Laparoscopic Operations on Kidney and Ureter – EI Tariff = £4,355
- RC2012/13 HRG: FZ69E Complex Small Intestine Procedures, 19 years and over with CC Score 0-2 – Estimated Average EI Cost = £10,335

- Laparoscopic excision which involves dissecting rectum off the vagina and removing the lesion with bilateral ureterolysis and anterior resection of the...
rectum
H33.4 Anterior resection of rectum and anastomosis NEC
Y75.2 Laparoscopic approach to abdominal cavity NEC
P20.1 Excision of lesion of vagina
Y75.2 Laparoscopic approach to abdominal cavity NEC
M25.3 Ureterolysis
Y75.2 Laparoscopic approach to abdominal cavity NEC
Z94.1 Bilateral operation

With a primary diagnosis of N80.4 Endometriosis of rectovaginal septum and vagina and no secondary diagnoses
- LP2013/14 HRG: LB03Z Laparoscopic Operations on Kidney and Ureter – EI Tariff = £4,355
- RC2012/13 HRG: FZ74F Complex Large Intestine Procedures, 19 years and over with CC Score 0-2 – Estimated Average EI Cost = £6,128

- Laparoscopic excision which involves dissecting rectum off the vagina and removing the lesion with bilateral ureterolysis and anterior resection of the rectum with creation of an ileostomy
  H33.4 Anterior resection of rectum and anastomosis NEC
  Y75.2 Laparoscopic approach to abdominal cavity NEC
  G74.2 Creation of temporary ileostomy
  Y75.2 Laparoscopic approach to abdominal cavity NEC
  P20.1 Excision of lesion of vagina
  Y75.2 Laparoscopic approach to abdominal cavity NEC
  M25.3 Ureterolysis
  Y75.2 Laparoscopic approach to abdominal cavity NEC
  Z94.1 Bilateral operation

In the absence of documentation, we have understood the anterior resection to have been performed in conjunction with an anastomosis, and the ileostomy to have been performed to defunction the bowel.

With a primary diagnosis of N80.4 Endometriosis of rectovaginal septum and vagina
and no secondary diagnoses

- LP2013/14 HRG: LB03Z Laparoscopic Operations on Kidney and Ureter – EI Tariff = £4,355
- RC2012/13 HRG: FZ73F Very Complex Large Intestine Procedures with CC Score 0-2 – Estimated Average EI Cost = £7,619

In the code sequences above, the code **Z94.- Laterality of operation** would be substituted for a 4 character code from the following list to identify the type of laterality of the operation performed:

**Z94.2 Right sided operation**
**Z94.3 Left sided operation**
**Z94.4 Unilateral operation** (where the operation was only stated to be “unilateral”)

Please note that this resolution should not be used to inform the wider coding community, as NHS Classifications Service (NCS) Helpdesk resolutions are provided in response to specific queries, and are individual to the circumstances described in the query forms. Similarly, the OPCS-4.6 codes assigned to individual episodes of care will vary depending on what is documented by the responsible consultant. As surgical procedures often vary from the standard technique, it is not possible to endorse guidance for use in complex endometriosis centres as the range of procedures and multiple techniques used require specific, case by case, coding advice. Rather, we recommend that clinicians liaise with clinical coders, and vice versa, to ensure that clinical practice is understood by clinical coding teams, and that coders are able to query or otherwise seek clarification of points within the patient medical record which are unclear or are hard to classify.

National Clinical Classifications Helpdesk
NHS Classifications Service