High Cost Drugs Clinical Coding Standards OPCS-4

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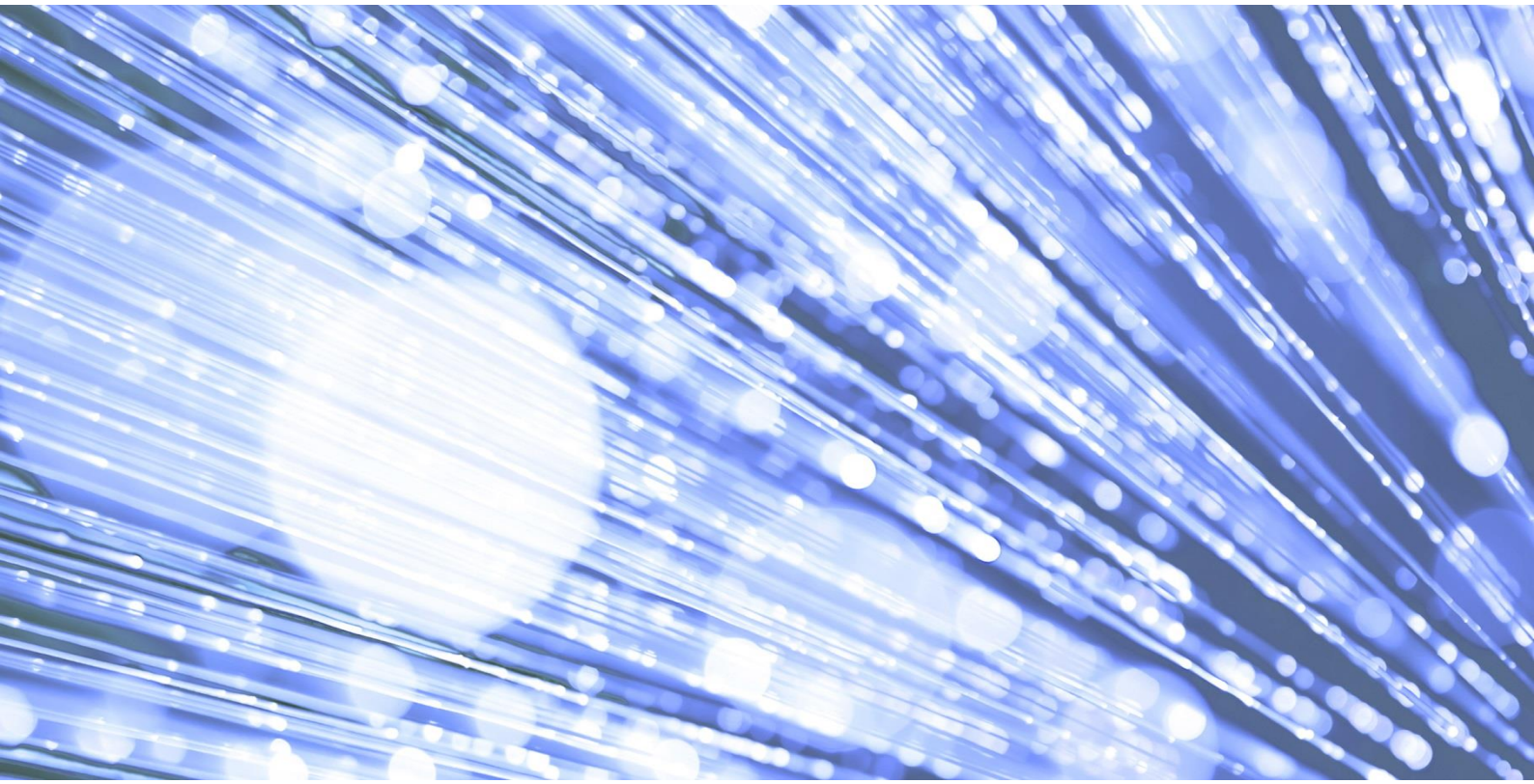

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Contents

Introduction

The National Tariff High Cost Drugs List contains the High Cost Drugs which are not covered by national prices under the National Tariff Payment System. These drugs are typically used in a relatively small number of specialist centres rather than across all Trusts. Commissioners and providers are required to agree prices locally.

The Terminology and Classifications Delivery Service is responsible for the maintenance and development of OPCS-4 and associated national clinical coding standards. The clinical coding standards and guidance are updated, where necessaryto align with the High Cost Drugs List.

Purpose of Document

This document provides the clinical coding standards and guidance relating to the coding of High Cost Drugs using the National Tariff High Cost Drugs List and mapping table to ensure consistent application of the OPCS-4 classification.

This document is principally intended for clinical coding professionals that undertake clinical coding in secondary care. It can also be used as a reference document by clinicians, data analysts and other healthcare professionals.

Background

NHS England (NHSE) and NHS Improvement (NHSI) have joint responsibility for the NHS payment system from the Department of Health under the rules set out in the Health and Social Care Act 2012 (the 2012 Act).

The two fundamental features of the National Tariff Payment System are nationally determined currencies and tariffs. Currencies are the unit of healthcare for which a payment is made. Tariffs are the set prices for a given currency.

The high cost drugs have been mapped to:

a. OPCS Classification of Interventions and Procedures version 4 codes (commonly referred to as OPCS-4) to support data collection for secondary uses, and

b. Healthcare Resource Groups (HRG) are the unit of currency used in England to support Payment by Results. OPCS-4 codes are grouped to an HRG.

The Terminology and Classifications Delivery Service publishes the list on behalf of the NHSE and NHSI via Delen. Delen is NHS Digital's specialist collaboration and information sharing platform for our national terminology and classifications standards.

Requests for additions to the list are received through the High Cost Drugs Request Portal. Information about this can be found at: https://www.england.nhs.uk/resources/pay-syst/future-payment-systems/drugs-and-devices/

All queries regarding The National Tariff Payment System and the High Cost Drugs List should be sent to: enquiries@improvement.nhs.uk

Enquiries

Information Standards Service Desk
Telephone: 0300 30 34 777
Information.standards@nhs.net

For Information about the Clinical Classifications Service visit website:
https://hscic.kahootz.com/connect.ti/t_c_home/grouphome

The OPCS-4 data files are available via the Technology Reference data Update Distribution (TRUD) website at: https://isd.hscic.gov.uk/trud3/user/guest/group/61/pack/10

High Cost Drugs Clinical Coding Standards and Guidance OPCS-4

The National Clinical Coding Standards OPCS-4 reference book (available from Delen) contains the clinical coding standards that must be applied when assigning OPCS-4 codes, this document provides the clinical coding standards and guidance specifically relating to the coding of high cost drugs which must be applied when using the National Tariff High Cost Drugs List and mapping table to ensure consistent application of the OPCS-4 classification. The standards and guidance will assist clinical coders to identify the relevant high cost drug(s) recorded in the medical record and select the correct OPCS-4 code(s).

Only the generic drug name should appear in the list of high cost drugs. The onus is therefore on the responsible consultant to follow NHS Trust policy to prescribe and record generically whenever and wherever possible. It is **not** the responsibility of the clinical coder to identify the generic drug if a brand name is used by the responsible consultant.

The responsible consultant should ensure that when the trust policy is to prescribe using the generic name that the drug data in the medical record contains the generic name(s) otherwise the coder will be unable to assign a code. Where there is a lack of information, or discrepancies, in the medical record these should be addressed through local information governance and clinical governance mechanisms.

The High Cost Drugs list spreadsheet consists four parts as follows:

- Introduction containing general information
- Alphabetical list of all drugs effective for all Hospital Provider Spells finishing on or after **1 April 2015**,
- Alphabetical list of new drugs added
- List of amended/deleted drugs (the deleted drugs are included for information purposes only and must not be used for coding purposes).

The High Cost Drugs Clinical Coding Standards and Guidance must be used in combination with the standards and guidance contained within the National Clinical Coding Standards OPCS-4 reference book to ensure that the fundamental Rules, Conventions and Coding Standards are always applied.

The format applied within the reference book is replicated in the High Cost Drugs Coding Standards and Guidance. See the National Clinical Coding Standards OPCS-4 Reference book for further details regarding the format used within the national standards publications.

The unique identifiers for High Cost Drugs Coding Standards begin with 'HCDCS' and the number of the standard followed by the title (e.g. ***HCDCS1: Coding high cost drugs (X81-X98)***).

High Cost Drugs Clinical Coding Standards and Guidance

HCDCS1: Coding high cost drugs (X81-X98)
Categories **X81–X98** must only be used for the coding of High Cost Drugs (HCD), when directed to one of these codes using the High Cost Drugs List. High cost drugs must only be coded once per Hospital Provider Spell. If a high cost drug is administered during a number of Consultant Episodes during the same Hospital Provider Spell the high cost drug must only be coded on one of these episodes, usually the first consultant episode in which the drug was administered. Where different high cost drugs are prescribed during the same hospital provider spell, both drugs must be coded. This includes when a patient is prescribed more than one of the same type of high cost drug and/or when the code listed in the High Cost Drugs List is the same for both drugs; both drugs must be coded even though this will result in the use of the same OPCS-4 code. All high cost drugs have been allocated an OPCS-4 code within a category. Some of these drugs may be used to treat a different condition or indication to that described at the OPCS-4 category or code description, where this is the case the OPCS-4 code directed to in the High Cost Drugs List must still be assigned. The **.8** and **.9** subcategories at **X81**-**X98** must **NOT** be used to code high cost drugs.
A Hospital Provider Spell starts when a Consultant, Nurse or Midwife assumes responsibility for the care following a decision to admit the patient. This may be before formal admission procedures have been completed and the patient is transferred to a ward. The spell ends when the patient is discharged. A spell may contain any number of Consultant Episodes.

More information is available at:
http://www.datadictionary.nhs.uk/data_dictionary/nhs_business_definitions/h/hospital_provider_spell_de.asp?shownav=1

Where different high cost drugs are prescribed during a hospital provider spell This hospital provider spell will be grouped to two high cost drug HRGs.

Examples:

During a hospital provider spell consisting of three consultant episodes a patient with HIV is given Darunavir during all three episodes.

X86.6 Antiretroviral drugs Band 1

X86.6 is assigned on the first consultant episode only.

Patient prescribed Caspofungin and Alisporivir.

X86.1 Antifungal drugs Band 1
X86.4 Respiratory synctial virus treatment and Hepatitis C treatment drugs Band 1

Patient prescribed Infliximab and Adalimumab.

X92.1 Cytokine inhibitor drugs Band 1
X92.1 Cytokine inhibitor drugs Band 1

X92.1 is assigned twice because these two different drugs are classified by the same OPCS-4 code.

HCDCS2: Method of administration

Where a body system chapter code is available which classifies the site of injection of a high cost drug the body system chapter code must be sequenced before the high cost drug code.

Where a body system chapter code that classified the site of injection is not available only the high cost drug code is assigned. The method of administration codes from **Chapter X Miscellaneous operations** must not be assigned when coding high cost drugs.

Examples:

Ranibizumab (Lucentis) injection into vitreous body of left eye.

C79.4 Injection into vitreous body NEC
X93.1 Subfoveal choroidal neovascularisation drugs Band 1
Z94.3 Left sided operation

Intravenous infusion of Eculizumab.

X90.2 Hypoplastic haemolytic and renal anaemia drugs Band 2

Code **X29.2 Continuous intravenous infusion of therapeutic substance NEC** must NOT be assigned**.**

Botulinum toxin injection into lower oesophageal sphincter using fibreoptic endoscope

G44.8 Other specified other therapeutic fibreoptic endoscopic operations on upper gastrointestinal tract
X85.1 Torsion dystonias and other involuntary movements drugs Band 1
Z27.1 Oseophagus

The injection is classified to OPCS-4 code **G44.8** as the oesophageal sphincter is not specific to the oesophagus or stomach.

Injection of Botulinum Toxin (Botox) into sweat glands of right axilla

S53.2 Injection of therapeutic substance into skin
X85.1 Torsion dystonias and other involuntary movements drugs Band 1
Z49.2 Skin of axilla
Z94.2 Right sided operation

Injection of Botulinum toxin into anal sphincter

H56.8 Other specified operations on anus
X85.1 Torsion dystonias and other involuntary movements drugs Band 1

Injection of Botulinum toxin into muscle

X85.1 Torsion dystonias and other involuntary movements drugs Band 1

An additional code from **Chapter Z Subsidiary classification of sites of operation** can be assigned in addition to the code **X85.1** if known to further specify the muscle injected.

Endoscopic Injection of Botulinum toxin into the bladder wall/detrusor muscle

M43.4 Endoscopic injection of neurolytic substance into nerve of Bladder
X85.1 Torsion dystonias and other involuntary movements drugs Band 1

HCDCS3: High cost drugs administered in theatre
High cost drugs administered in theatre must be recorded in addition to the code(s) classifying the intervention(s).
The names of these high cost drugs may appear on the patient's drug chart or be documented in the theatre notes. Therefore, it is imperative that all the necessary source documentation held manually or electronically is reviewed to support the coding process**.**

HCDCS4: Neoplastic conditions
The high cost drugs codes must **only** be assigned if they are being used specifically for non-neoplastic/non-malignant diseases and conditions. High cost drugs used for systemic anti-cancer therapy for the treatment of malignant/insitu neoplasms must be coded where applicable using the National Tariff Chemotherapy Regimens list. ***For full standards for coding chemotherapy regimens refer to the National Tariff Chemotherapy Regimens List and Chemotherapy regimens Clinical Coding Standards and Guidance which can be downloaded from Delen.***
There are a number of drugs which appear in both the National Tariff High Cost Drugs List and the National Tariff Chemotherapy Regimens List because they are used for systemic anti- cancer therapy for the treatment of malignant and in-situ neoplasms in addition to a range of other non-neoplastic/non-malignant diseases and conditions. Examples include: **Rituximab** **Thalidomide** **Bevacizumab**

HCDCS5: Sildenafil and Tadalafil (X82.1)
The high cost drugs **Sildenafil** and **Tadalafil** must only be coded (using **X82.1 Pulmonary arterial hypertension drugs Band 1**) when used in the treatment of pulmonary arterial hypertension and for no other condition.

HCDCS6: Amikacin, Aztreonam Lysine, Colistimethate sodium, Tobramycin, Levofloxacin (X98.1) Mannitol (X84.3)

The high cost drugs **Amikacin**, **Aztreonam Lysine, Colistimethate sodium, Tobramycin**, and Levofloxacin and Mannitol must only be coded (using **X98.1 Antibacterial drugs Band 1** and **X84.3 Mucolytic drugs Band 1**) when delivered via nebulisation/inhalation.

HCDCS7: Co-careldopa internal tube intestinal gel (X85.5)

The high cost drug **Co-careldopa internal tube intestinal gel** must only be coded (using **X85.5 Neurodegenerative condition drugs Band 1**) when the drug has been used as an intestinal gel with internal tube.

HCDCS8: Desferrioxamine, Deferasirox and Deferiprone (X90.2)

The high cost drugs **Desferrioxamine, Deferasirox** and **Deferiprone** must not be coded (using **X90.2 Hypoplastic haemolytic and renal anaemia drugs Band 2**) when used in the acute treatment of poisoning.

They must only be coded if there is a diagnosis of haemochromatosis, (where venesection is contraindicated), haemosiderosis (transfusion siderosis) and rare spontaneous iron loading anaemias.

HCDCS9: Parenteral nutrition (X90.4)

Parenteral nutrition must only be coded (using **X90.4 Intravenous nutrition Band 1**) when administered for a period of more than 14 days including when the patient has received parenteral nutrition prior to admission. This includes both those patients receiving parenteral nutrition at a different organisation and those patients receiving parenteral nutrition at home.

In addition, if a patient receives parenteral nutrition for a period of time and stops receiving it during that period for a few days (for example 2 days) during the same admission (for example the patient develops an IV line infection and as a result requires re-siting of the line) then the counting of the activity is held until the administration is restarted. Once the administration is restarted, the counting of the activity resumes at the same point at which it was paused.

HCDC10: Ataluren (X85.6)
The high cost drug Ataluren must only be coded using **X85.6 Neuromuscular disorder drugs Band 1** for non-cyctic fibrosis indications only.

Index of Standards

Table of changes

Location of change	Description of change
HCDCS6	The drug **Amikacin** has been added, this was previously included in the Coding Clinic Ref 111.
Throughout the document	References and links to TRUD have been replaced to include links to Delen where appropriate. All references to Monitor have been replaced with NHS Improvement.