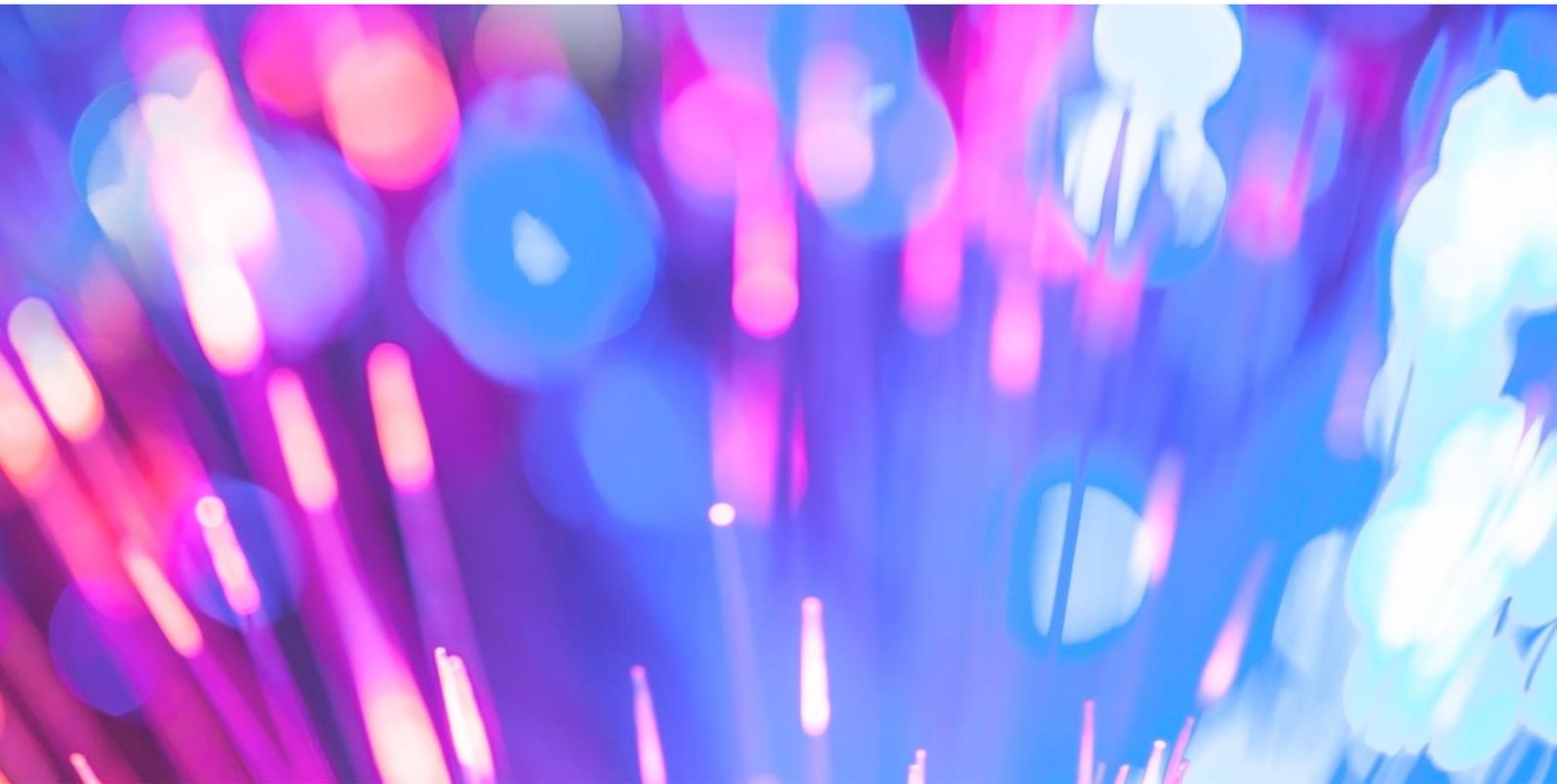# OPCS-4.9 Key Learning Points

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Information and technology
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Contents

OPCS-4.9 Key Learning Points

The change to the existing standard OPCS Classification of Interventions and Procedures Fourth Revision to create Version 4.9 (OPCS-4.9) was approved by the Data Coordination Board (DCB), acting under delegated authority from the Secretary of State for Health and Social Care, for publication under Section 250 of the Health and Social Care Act 2012.   The Information Standards Notice (ISN) published on 8 October 2019 describes the mandate for NHS implementation on 1 April 2020 and is available at http://www.digital.nhs.uk/isce/publication/dcb0084

This latest update to create OPCS-4.9 is based on requirements received via the OPCS-4 Request Submissions Portal to reflect current clinical practice which fall within the scope of the classification and which will enable clinical coders to better reflect the intervention or procedure carried out due to the availability of more precise codes.

The main changes in the OPCS-4.9 classification. are summarised as Key Learning Points. The full list of changes within Volume 1 Tabular list and Volume 2 Alphabetical Index between OPCS-4.8 and OPCS-4.9 are contained within the Summary of changes from OPCS-4.8 to OPCS-4.9.

In addition, the most significant new or changed national clinical coding standards are summarised below. Clinical coding standards are developed to complement the official conventions and instructions provided within OPCS-4. The full clinical coding standards must be viewed in the National Clinical Coding Standards OPCS-4 Reference Book 2020. Not all new codes or changes to codes require a clinical coding standard because they can be easily indexed and assigned by applying the four-step coding process.

The Summary of Changes section within the Reference Book lists all the changes that have been made in the document. Coders should review all of the changes to the standards and guidance in order to ensure they are up to date with the current standards and that they are aware of all of the updates that have been made to the Reference Book.

The OPCS-4 Supplementary Information document has been updated with information about some of the new procedures. Both the Reference Book and the Supplementary Information are available for download from Delen.

Changes to the Format of the Reference Book

In order to identify where supplementary information relevant to a procedure within a standard exists a book icon has been added to the headings of relevant standards and guidance.

For example:

PCSA4: Cortical mapping (A11.4)

V02.1 Posterior calvarial release is usually performed as the first stage of a staged procedure and a more substantial remodelling procedure will be performed at a later date. *See PGCS18: Staged procedures*.

Changes to the Sex (absolute) Metadata check

The format of the OPCS-4.9 metadata file, included within the OPCS-4 System Data Files available from TRUD, has not changed. However, the Sex (absolute) field is no longer populated; it is left blank. This is in order to comply with the Equality Act 2010 to ensure equal treatment of patients regardless of a chosen gender.

Where a code in OPCS-4.8 had a Sex (absolute) flag assigned in the Metadata file this has been changed to a Sex (scrutiny) flag in OPCS-4.9.

This will ensure that a record will not be rejected where a procedure that is appropriate to the anatomy of the patient but doesn't match with their chosen gender. E.g. orchidectomy in a patient who has chosen to have a female gender.

This should not impact data quality because the Sex (scrutiny) flag will still provide a warning to coders check the correct record is being coded for that episode of care, if appropriate.

Chapter A

Standard **PCSA7: Repair of spinal dura (A51.8)** has been deleted as this procedure is now coded using new OPCS-4.9 code **A51.5 Repair of dura of spinal cord.**

Neurostimulator code descriptions in Chapter A have been updated to reflect correct terminology and more accurately describe the procedures. Further information can be found in the Summary of changes from OPCS-4.8 to OPCS-4.9.

Code **A84.4 Evoked potential recording** includes types of individual evoked potentials such as Visual Evoked Potentials (VEP), Auditory Evoked Potentials (AEP), Brainstem Auditory Evoked Potentials (BAEP), Sensory Evoked Potentials (SEP) Somatosensory Evoked Potentials (SSEP) and Motor Evoked Potentials (MEP), so additional entries have been added to the Alphabetical Index to clarify this.

Chapter B

There are new instructional notes at categories **B29 Reconstruction of breast**, **B38 Reconstruction of breast using flap of skin of buttock** and **B39 Reconstruction of breast using abdominal flap** to ensure a subsidiary code from **S48 Insertion of skin expander into subcutaneous tissue** or **S49 Attention to skin expander in subcutaneous tissue** is used as a supplementary code to classify a skin expander when used as part of breast reconstruction, depending on the nature of the operation.

Chapter C

Chapter standard **PChSC1: Minimally invasive glaucoma surgery (MIGS)** has been added to classify MIGS procedures. The Royal College of Ophthalmologists intend to publish advice to clinicians and coding departments on how to correctly identify MIGS procedures in the medical record.

Chapter D

Standard **DCSD1: Attachment of bone anchored hearing prosthesis (D13)** has been deleted because codes **D13.1 First stage insertion of fixtures for bone anchored hearing prosthesis**, **D13.2 Second stage insertion of fixtures for bone anchored hearing prosthesis** and **D13.5 One stage insertion of fixtures for bone anchored hearing prosthesis** now contain an instructional note to instruct the coder to assign an additional code for the fitting of a bone anchored hearing aid.

Chapter E

Continuous Positive Airway Pressure (CPAP) is no longer an inclusion term at **E85.2 Non-invasive ventilation NEC** and has a dedicated code at **E85.6 Continuous positive airway pressure** which includes High flow continuous positive airway pressure. This is not the same as High flow nasal oxygen (HFNO) which is classified at **X52.8 Other specified oxygen therapy** as described in **PCSX23: High flow nasal oxygen (X52.8).**

Chapter F

There has been amendment to the inclusion note at **F36.6 Excision of lesion of tonsil** to ensure correct sequencing. Corresponding notes have been added at **E20.1 Total adenoidectomy** and **E20.4 Suction diathermy adenoidectomy**.

Chapter G

Codes **G20.1 Fibreoptic endoscopic coagulation of bleeding lesion of oesophagus** and **G46.2 Fibreoptic endoscopic coagulation of bleeding lesion of upper gastrointestinal tract** must now only be assigned to classify haemostatic spray coagulation as described in **PCSG5: Coagulation of bleeding lesion(s) of upper gastrointestinal tract (G20.1 and G46.2)**.

Code **G60.4** classifies **Attention to jejunostomy tube**; supplementary codes from Chapter Y can be assigned in addition to specify the type of attention.

Codes have been added at **G47.5 Insertion of nasogastric tube** and **G67.5 Insertion of nasojejunal tube,** therefore standard **PCSG3: Insertion of nasogastric feeding tube (G47.8)** has been deleted as it is no longer required. This also removes the requirement to only code NG tubes when the patent is admitted solely for the purpose of the procedure. The new coding standard **PCSG6: Endoscopic insertion of nasogastric or nasojejunal feeding tube (G47.5 and G67.5)** instructs on the use of the codes when an endoscope is used to aid the introduction of the NG/NJ tube.

Chapter K

The new chapter standard **PChSK1: Percutaneous transluminal operations that do not have a specific code** has been added to instruct how to code a procedure performed using a percutaneous transluminal approach when no specific 4th character procedure code exists that classifies the procedure at a percutaneous transluminal category. In these cases, the open code for the procedure should be applied, where one exists.

The inclusion notes at **K17.3 Aortopulmonary reconstruction with systemic to pulmonary arterial shunt** and **K17.4 Aortopulmonary reconstruction with right ventricle to pulmonary arterial valveless conduit for primary palliation of hypoplastic left heart syndrome** have been removed as they are essentially identical and unhelpful for coders. Primary palliation of hypoplastic left heart syndrome continues to be classified at either **K17.3** or **K17.4** and can be reached by indexing the actual procedure performed. An explanation of these procedures is included in the supplementary information.

New standard **PCSK9: Coronary lithotripsy (K50.8 and K75.-)** covers situations where coronary lithotripsy has been performed together with and without the insertion of coronary stent(s).

Chapter L

New standard **PChSL5: Angioplasty and drug-eluting balloons** instructs that when a drug-eluting balloon is used during an angioplasty, the code **Y37.2 Introduction of**

substance into organ using drug-eluting balloon NOC must be assigned in addition to the code for the angioplasty.

Inclusion notes have been added to codes in Chapter L at infrarenal abdominal aorta procedures to include the juxtarenal abdominal aorta. Therefore, the instruction to assign codes for the replacement/repair of a suprarenal aortic aneurysm/dissection for replacement/repair of juxtarenal abdominal aortic aneurysm/dissection has been removed from **PCSL8: Replacement/repair of aorta for aortic aneurysm and aortic dissection (L18-L21, L27-L28)**. The site code **O45.2 Juxtarenal abdominal aorta** has also been added in OPCS-4.9.

Code **L99.1 Percutaneous transluminal angioplasty of vein NEC** has been retired. Code **L94.6 Percutaneous transluminal venoplasty** should be used to classify 'percutaneous transluminal angioplasty of vein NEC'. Further information can be found in the Summary of changes from OPCS-4.8 to OPCS-4.9.

Chapter M

There are new excludes notes at categories **M09 Therapeutic endoscopic operations on calculus of kidney** and **M10 Other therapeutic endoscopic operations on kidney** for therapeutic ureteroscopic operations on kidney which are now classified at the new category **M07 Therapeutic ureteroscopic operations on kidney**.

Code **M16.4 Percutaneous nephrolithotomy NEC** has been retired. Percutaneous nephrolithotomy (PCNL) is now classified at **M09.4 Endoscopic extraction of calculus of kidney.** Percutaneous nephroscopic operations on calculi of the kidney are classified to category **M09**.

Further information can be found in the Summary of changes from OPCS-4.8 to OPCS-4.9.

There are new codes to classify Mitrofanoff and neobladder procedures at category **M19 Urinary diversion.** Descriptions of the procedures are provided in the supplementary information.

Category **M27 Therapeutic ureteroscopic operations on ureter** includes endoscopic removal of calculus from ureter NEC.

Codes **M28.1 Endoscopic laser fragmentation of calculus of ureter**, **M28.2 Endoscopic fragmentation of calculus of ureter NEC** and **M28.3 Endoscopic extraction of calculus of ureter NEC** have been retired. Ureteric calculus procedures are now classified at codes **M27.1 Ureteroscopic laser fragmentation of calculus of ureter**, **M27.2 Ureteroscopic fragmentation of calculus of ureter NEC** and **M27.3 Ureteroscopic extraction of calculus of ureter**.

Further information can be found in the Summary of changes from OPCS-4.8 to OPCS-4.9.

PCSM2: Insertion and change of ureteric stent has been deleted because, as described in the guidance in Chapter M, Ureteric stents are mainly inserted cystoscopically, however, they can also be inserted using other methods, for example, percutaneously and in a few cases ureteroscopically where it has not been possible to pass a guidewire cystoscopically.

Ureteric stent insertions (and change of stents) are therefore classified according to the method used.

Code **M65.6** classifies **Endoscopic ablation of prostate using steam**, steam vapour ablation is used to treat disorders such as benign prostatic hyperplasia (BPH). New codes have also been added in Chapter Y that can be used as supplementary codes with other body system chapter ablation codes to indicate stem ablation; **Y10.3 Steam ablation of organ NOC** and **Y17.5 Steam ablation of lesion of organ NOC**.

Chapter P

PCSP3: Episiotomy to facilitate delivery of terminated fetus and subsequent repair (P14.9, P13.2, P25.5) has been added to cover situations where an episiotomy has been carried out to facilitate delivery of a terminated fetus, and its subsequent repair.

Colporrhaphy performed with perineorrhaphy (colpoperineorrhaphy) is now classified by using a code from **P23 Other repair of prolapse of vagina** together with **P13.2 Female perineorrhaphy**, to specify the type of colporrhaphy which has been used. Paired codes **Use notes** have been added to **P13.2 Female perineorrhaphy** and **P23 Other repair of prolapse of vagina** to clarify this, and previous references to colpoperineorrhaphy have been removed from the classification.

Chapter Q

New codes have been created in Chapter Q to classify procedures performed in the delivery of terminated fetus (**Q58**). These codes were developed following consultation with the service. Codes in category **Q58 Delivery of terminated fetus** are for use when it is documented in the medical record that the responsible consultant (for example a midwife) has 'delivered' a medically terminated fetus (which may be liveborn or showing no signs of life).

Procedures with abortive outcome are excluded from chapter R, therefore several exclusion notes for procedures on terminated fetus have been added to codes in Chapter R to clarify this.

Chapter R

New codes are available at **R01.3 Fetoscopic removal of tracheal plug** and **R11.1 Percutaneous removal of fetal tracheal plug**. The diagnostic term congenital diaphragmatic hernia has been removed from the existing insertion codes **R01.2 Fetoscopic insertion of tracheal plug** and **R04.6 Percutaneous insertion of fetal tracheal plug** as the diagnostic information is captured using ICD-10 codes. A full explanation can be found in Summary of changes from OPCS-4.8 to OPCS-4.9.

Code **R06.3 Percutaneous selective feticide by vascular occlusion of umbilical cord** classifies the occlusion of fetal circulation in a non-heart-beating or malformed monochorionic twin. The procedure can be performed by laser ablation, radiothermal/radiofrequency ablation or bipolar coagulation and supplemented with a code from **Chapter Y Subsidiary classification of methods of operation** to identify the method.

Chapter S

Codes have been added in Categories **S17 Distant flap of skin and muscle**, **S18 Distant flap of skin and fascia** and **S20 Other distant flap of skin** and new categories **S29 Distant flap of skin and bone** and **S32 Distant flap of skin and multiple tissues** that classify free flap procedures.

Categories **S48 Insertion of skin expander into subcutaneous tissue** and **S49 Attention to skin expander in subcutaneous tissue** have new inclusion terms for insertion of skin expander into submuscular tissue and attention to skin expander in submuscular tissue.

Guidance has been added to **PCSS3: Coding skin grafts and harvests** advising how to use the new code **S53.7 Application of dermal substitute to skin** when performed with skin grafts.

Chapter U

New standard **PCSU8: Cardiac computed tomography for calcium scoring and cardiac computed tomography angiography (U10.2)** instructs the use of code **U10.2 Cardiac computed tomography angiography**, **Y97.- Radiology with contrast** and **Y98.1 Radiology procedures** when cardiac/coronary computed tomography for calcium scoring and cardiac/coronary computed tomography angiography (CTA) are carried out during the same visit to the radiology scanner. Note that this is an exception to **PCSU1: Diagnostic imaging procedures (U01–U21 and U34–U37)**.

Chapter W

New standard **PCSW14: Implantation of stem cells into joint** describes the use of new codes **W71.5 Open stem cell implantation into articular structure** and **W89.3 Endoscopic stem cell implantation into articular cartilage**. These are different procedures to blood stem cell harvest and transplantation described in **PCSX8: Bone marrow transplantation and peripheral blood stem cell transplantation**.

There are new codes in Chapter W for reverse polarity shoulder joint replacements. The 'conversion to' codes in categories **O37 Reverse polarity total prosthetic replacement of shoulder joint using cement**, **O38 Reverse polarity total prosthetic replacement of shoulder joint not using cement** and **O39 Reverse polarity total prosthetic replacement of shoulder joint** are at the **.1** rather than the usual **.2** as there are existing codes for the primary replacements in other categories.

Chapter X

PRule 10: National Tariff High Cost Drugs List and **PCSX22: High Cost Drugs (X81-X98)** have been deleted. New standard **PCSX24: High Cost Drugs (X81-X98)** states that from April 2020 High Cost Drugs OPCS-4 codes are no longer required for National Cost Collection or the NHS National Tariff Payment System, with the exception of High Cost Drugs OPCS-4 codes **X83.3 Fibrinolytic drugs Band 1** and **X90.4 Intravenous nutrition Band 1**.

The National Tariff High Cost Drugs List and associated High Cost Drugs Clinical Coding Standards and Guidance will no longer be issued from April 2020. The previous National Tariff High Cost Drugs List will remain available on the Publications & Resources page on Delen, should Trusts wish to collect this data for local purposes. All OPCS-4 codes in the range **X81-X98** will be retired in the next release of OPCS-4.

Codes from elsewhere within OPCS-4 can be used to capture the method and site of administration of drugs.

As a result of the deletion of **PCSX22** standard **PCSX3: Administration of Streptokinase** has also been deleted and replaced by **PCSX25: Administration of thrombolytic/fibrinolytic drugs and alteplase.** When a thrombolytic/fibrinolytic drug (with the exception of alteplase for acute stroke) has been administered they must be coded according to the method of administration.

When alteplase has been administered in the treatment of acute stroke code **X83.3 Fibrinolytic drugs Band 1** must be assigned. If administered for any other condition, this must be coded according to the method of administration. This is an exception to **PCSX2: Intravenous infusions and intravenous injections.**

Code **X14.4 Pelvic side wall clearance** classifies a procedure used to treat locally advanced and recurrent cancers which have invaded the deep retroperitoneal tissues of the pelvic side wall and require a far greater and more involved surgical operation than simply resecting the originating organ.

PCSX14: Advanced cardiac pulmonary resuscitation (X50.3) has been deleted because there is no definitive definition for this procedure meaning it is difficult for coders to code the procedure every time it is performed.

Chapter Y

Category **Y28 Insertion of other material into organ NOC** has been added for use in addition to a body system code where 'mesh' is not explicitly stated within the body system code description and in order to specify the type of mesh used. Information on the different types of mesh can be found in the supplementary information.

Code **Y68.1 Approach to organ under contrast enhanced ultrasonic control** classifies the use of microbubble contrast agents when used with ultrasound as a method of approach.

Guidance has been added for the coding of new codes **Y37.3 Insertion of wire marker into organ NOC and Y37.4 Insertion of marker into organ NOC** which are used to identify a lesion for later treatment**.**

Code **Y73.7 Ex utero intrapartum approach to fetus** is used in addition to Chapter R codes for caesarean delivery when ex utero intrapartum treatment (EXIT) procedure takes place. A description of the procedure can be found in the supplementary information.

Functional endoscopic nasal surgery and endoscopic nasal surgery are classified using the code **Y76.2 Functional endoscopic nasal surgery**, functional endoscopic nasal <u>sinus</u> surgery is classified using the code **Y76.1 Functional endoscopic sinus surgery**.

Guidance has been added to describe the use of codes in category **Y79 Approach to organ through artery.** These codes can be assigned as an additional code(s) with percutaneous transluminal procedure codes in Chapters J, K and L when the artery used for a transluminal approach has been specified in the medical record. Multiple different codes from **Y79** can be assigned if multiple arteries have been used to approach an organ.

Chapter Z

In order to reflect correct human anatomy, the innominate artery inclusion has been moved from **Z36.2 Subclavian artery** to **Z36.7 Brachiocephalic artery.**

Juxtarenal abdominal aorta is classified at code **O45.2**.