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1 Introduction

1.1 Background

The Chemotherapy Regimens List is owned by the Department of Health (DH) Payment by Results (PbR) team and is produced by the NHS Information Centre with its Oncology Regimens Steering Group (ORSG). The list is updated by members of the ORSG, pharmacists, paediatric oncologists and cost accountants to ensure it is accurate and fit for purpose. The chemotherapy regimens, also referred to as Systemic Anti-Cancer Therapy (SACT), are mapped to OPCS-4.6 codes to support data collection for secondary uses. The OPCS-4 codes are utilised in Healthcare Resource Groups (HRGs) - the unit of currency used in England to support PbR.

1.2 Purpose

The purpose of this document is to provide clinical coding guidance on the use of the DH Chemotherapy Regimens List and mapping table to ensure consistent application of OPCS-4.6 codes in line with national coding standards.

The NHS Classifications Service (NCS) issue the Chemotherapy Regimen Clinical Coding Guidance - OPCS-4.6 as the national organisation responsible for clinical coding guidance and setting the national classifications standards in use in the NHS.

1.3 Audience

This document is intended for clinical coding professionals that undertake clinical coding in secondary care

1.4 Distribution

The DH Chemotherapy Regimens List and Chemotherapy Regimen Clinical Coding Guidance - OPCS-4.6 are artefacts made available alongside the OPCS-4.6 data files for implementation on 1 April 2011.

The OPCS-4.6 data files are supplied via the Technology Reference data Update Distribution Service (TRUD) which provides a mechanism to licence and distribute reference data to interested parties. Registered users of this service will be granted access to download reference data for which they are licensed. For information about TRUD visit website: https://www.uktcregistration.nss.cfh.nhs.uk/trud/

In addition, the DH Chemotherapy Regimens List and the Chemotherapy Regimen Clinical Coding Guidance - OPCS-4.6 is also available for download on the NHS Classifications Service website. For more information about the NHS Classifications Service visit website: http://www.connectingforhealth.nhs.uk/clinicalcoding/

The Department of Health (DH) manages the requests for change to the chemotherapy regimens list at:

2 DH Chemotherapy Regimens List 2011/12

The DH Chemotherapy Regimens list has undergone a considerable update for the year 2011/12 - in total there are 336 new Regimens that have been added to the list. The layout of the list has changed improvements include the addition of component drugs of a regimen along with a column which identifies whether the regimen is adult or paediatric. The new and existing regimens are specified as such in the status column of DH Chemotherapy Regimens list.

2.1 Inclusion of new Paediatric Regimens

Paediatric Regimens have been updated and added to the list using protocol information provided by Oncology Pharmacists - Regimens and their component drugs were identified, costed and reviewed by Specialist Oncology Pharmacists and costing experts. A total of 186 Paediatric Regimens have been added to the list.

2.2 New Adult Regimens and Review of current list

In addition to the introduction of new Paediatric Regimens, 150 new Adult Regimens have also been added to the Chemotherapy Regimen list for 2011/12. The Adult Regimens that have been added to the list were identified from requests made by the NHS via the New Chemotherapy Regimens portal (http://www.dh.gov.uk/en/Managingyourorganisation/NHSFinancialReforms/DH_109534).

An exercise was also undertaken to review all of the Regimens on the 2010/11 Chemotherapy Regimens list, to identify if they are still current and their cost banding still appropriate. All of the necessary changes have been included in the 2011/12 Chemotherapy Regimens list.

3 Coding guidance for clinical coders

The following rules and guidance will assist clinical coders to identify the relevant medical record and select the correct OPCS-4.6 code(s). In addition to this guidance, clinical coders will have to meet with the relevant clinicians (oncologists, haematologists and pharmacists) to gain local agreement on how regimens are documented. These tables cannot be used alone without clinical consensus.

The main challenges are to agree regimen names, cycle length for all regimens, and the correct use of code X72.4 Delivery of subsequent element of cycle of chemotherapy for neoplasm.

3.1 Structure of chemotherapy regimens list

The list of chemotherapy regimens is alphabetical by common regimen abbreviation. There are two parts; a list containing new and existing regimens and a list of regimens deleted from use from the 1st April 2011, which are either regimens that are considered to be no longer in use, or could not be validated by the Oncology Regimen Steering Group (ORSG). These deleted from use regimens and codes
should therefore not be used. If it is identified by the clinician that one of these regimens is used, then this should be coded using the guidance on ‘missing regimens’ described in section 3.10.

The DH Chemotherapy Regimens List includes all of the regimens that are in common use in the UK. Regimens containing a drug which does not have a current UK marketing authorisation have been excluded. Adult cancer research is in general excluded from HRGs and PbR. However standard treatment arms and standard components of experimental regimens are included. Where a trial consists of a listed regimen with added trial drug(s) then the existing regimen would be coded. For example, for the regimen CVP plus an additional experimental drug, CVP alone should be coded, as listed in the regimens list; the additional component will be paid for by the drug company or research organisation. Clinical trial drugs must not be coded using OPCS-4 codes at categories X70-X73 and consequently they must not be classified as missing chemotherapy regimens. If the patient attends solely for the purpose of receiving the trial drugs then the ICD-10 diagnosis code and Z51.1 Chemotherapy for neoplasm would be assigned and the IV injection or infusion must be coded using the relevant OPCS-4.6 code. This document should be given to clinicians to help them decide what regimen names they use locally, to enable the coders to apply the corresponding codes. The paediatric regimens however do include cancer research trials, and now specify the drugs in the regimen.

3.2 Adult regimen name

There is variability among names of adult regimens in the UK, so expect there to be variations to the names of regimens and drugs at different sites across the UK. Check under both letters when two drugs are named, e.g. Carboplatin +Vinorelbine is listed under Vinorelbine + Carboplatin. Where an adult trial is commonly known by its clinical trial arm name, even when used for a non-trial use, it is listed by the regimen name and its drug names. Spanish treatment course 1 is therefore listed as Spanish treatment course 1 and as Idarubicin + ATRA (Spanish course 1).

3.3 Paediatric regimen name

Paediatric regimens have more complex names than adult regimens and require extra caution. Paediatric regimens also tend to have a larger number of cycles over a longer period of time. The regimen name is listed after the trial name, e.g. FLAG + IDA is an adult regimen and AML15: AML patients, other than APL: Course 2: FLAG-Ida is a paediatric regimen.

3.4 What is a regimen?

A regimen describes in full the name, drugs, doses, route and time of delivery of a specified systemic anti-cancer therapy. Sometimes the regimen specifies that the treatment should be repeated a number of times, each of these repetitions is called a cycle. The cycle could last from a few days in duration to months so this should be verified locally for each regimen. An attendance describes each time the patient visits the hospital as an inpatient, outpatient or day case.
Each regimen has a code for procurement and a code for delivery (administration) of the chemotherapy. It is vital to accurately identify when a new treatment cycle is starting and when a subsequent element code applies. In this version of the list, the column “usual cycle length in days” refers to the total number of days in a cycle, including the rest days. There are examples listed on subsequent pages to illustrate chemotherapy coding.

3.5 Inpatient chemotherapy

Inpatient chemotherapy will require a procurement code (X70, X71) but not a delivery code (X72, X73) for every new cycle of chemotherapy given on an inpatient episode. Go to the DH Chemotherapy Regimens List and assign a code from the procurement column. You will notice that all regimens have a delivery code. This is because some hospitals deliver regimens as inpatients and some do them as day cases or outpatients. **Do not assign a delivery code for inpatients** for first or subsequent attendances.

3.6 Outpatient and day case chemotherapy

Outpatient and day case chemotherapy will require a procurement code (X70, X71) and a delivery code (X72, X73). Go to the DH Chemotherapy Regimen List and assign codes from both the procurement column and the delivery column.

3.7 Assigning OPCS-4.6 codes

For the first day of any cycle of a chemotherapy regimen, the coder must code the procurement code (for inpatients, day cases and outpatients) and the corresponding delivery code (for day cases and outpatients only). (See Examples 5.1-3)

On subsequent days or attendances for the same cycle, the coder must code the delivery code (for day cases and outpatients only) which will be code X72.4 *Delivery of subsequent element of cycle of chemotherapy for neoplasm*. This is a generic code that applies to all subsequent deliveries of chemotherapy within a cycle at each day case or outpatient attendance only. **NB:** This must only not be used on inpatient episodes.

When a cycle of the same regimen is repeated, the coder must code the procurement code (for inpatients, day cases and outpatients) and the delivery code (for day cases and outpatients only) again. Subsequent attendances for a repeated cycle for day case or outpatient attendances only will be coded at **X72.4 Delivery of subsequent element of cycle of chemotherapy for neoplasm**, just as in the first cycle. (See Examples 5.4 & 5.5)

Some regimens are very similar and may only differ in the dose of drug or in the number of days in the cycle therefore, any regimen in the medical record that differs from the Regimen Name in this list should be queried with the clinician and clarified in the medical record by the clinician.

All chemotherapy regimens have a number of days listed for the usual cycle length. It is important to remember that usual cycle length is an indicative figure showing when the procurement and delivery codes should next be coded. Sometimes the clinicians decide to change the cycle length in the interests of the patient. This is
especially the case with haematology cancers as the cycle lengths often depend on white blood cell levels (blood count) recovering. The procurement and delivery code will remain the same but should not be coded until the clinician confirms commencement of a new cycle.

### 3.8 Non-neoplastic conditions

Certain drugs appear in both the DH High Cost Drugs List and the DH Chemotherapy Regimens List because they can be used to treat neoplasms in addition to a range of other non-neoplastic conditions. The chemotherapy regimens codes should be used only if they are being used specifically for the treatment of malignant or in-situ neoplasms. High Cost Drugs used for the treatment of non-neoplastic conditions should be coded using the DH High Cost Drugs List.

Examples include:

- **Rituximab**
- **Thalidomide**

*Note: The drugs named above are examples only, and are not considered to be an exhaustive list of drugs which may appear in both the DH High Costs Drugs and Chemotherapy Regimens List publications.*

### 3.9 No usual cycle length

Where a chemotherapy regimen does not follow a cycle ie no usual cycle length is stated but continues in the same regimen for a long time, i.e. the patient receives the treatment every day without stopping, then the procurement code (for inpatients, day cases and outpatients) must be coded every 28 days.

It is not intended for oral therapies that may have a duration of treatment longer than 28 days. The price bands for long term regimens (e.g. those that are 12 months) have been calculated per month, e.g. Hydroxycarbamide. There are few chemotherapy regimens that last for months and are not cyclical. If unsure, the coder must check with their clinicians.

### 3.10 Missing regimens

If the regimen name does not appear on the DH Chemotherapy Regimens List, check with the clinician. It may be that they recognise the drugs used and call them by a different regimen name, or it may be that it is an adult clinical trial. You can check the drug names yourself, but do not code a different regimen from the one in the medical notes unless a clinician has verified it is the same regimen. (Refer to section 3.1 above)

In order for Trusts to be able to code a “missing chemotherapy regimen” that has been approved for local use but which is not currently on the DH Chemotherapy Regimens List, it was agreed by the Oncology Regimens Steering Group and the NHS Classifications Service to allow the use of the “.8 other specified” and “.9 unspecified” subcategories at codes X70-X72 for the procurement and delivery of missing chemotherapy regimens.
If a regimen is identified as missing from the most current DH Chemotherapy Regimens List, the clinical coder will assign the procurement to code

**X70.8 Other specified procurement of drugs for chemotherapy for neoplasm in Bands 1–5** (for inpatients, day cases and outpatients)

The delivery for a missing regimen will always be assigned to code:

**X72.9 Unspecified delivery of chemotherapy for neoplasm** (for day cases and outpatients only).

In summary any missing chemotherapy regimens must be coded as:

- **Procurement**: X70.8 Other specified procurement of drugs for chemotherapy for neoplasm in Bands 1–5
- **Delivery**: X72.9 Unspecified delivery of chemotherapy for neoplasm

On subsequent days or attendances for the same cycle of a missing chemotherapy regimen the coder must code the delivery code (for day cases and outpatients only) which will be code **X72.4 Delivery of subsequent element of cycle of chemotherapy for neoplasm**.

All requests for missing regimens must be submitted to the Department of Health at:


### 3.11 Supplementary drug to regimen

The addition of a supplementary drug to the regimen, such as Rituximab, is always listed either at the end, or the beginning, of the regimen name, e.g. CHOP becomes CHOP R, CVP becomes CVP R, ICE becomes ICER. These same regimens may therefore be found in the medical record as RCHOP, RCVP and RICE.

### 3.12 Oral and parenteral administration

If a regimen includes both oral and parenteral administration, the parenteral administration will determine the delivery code. The code **X73.1 Delivery of exclusively oral chemotherapy for neoplasm** must only be used when all of the drugs in the regimen are delivered orally. The procurement and delivery code must be assigned on the attendance where the patient receives the drug and is given counselling and advice on taking the drug at home by a clinician, a pharmacist or a specialist chemotherapy practitioner, this will usually be within the chemotherapy unit.

### 3.13 Granulocyte-colony stimulating factor (G-CSF)

There were originally a number of regimens listed that were in fact supportive care therapies related to the cancer treatment. Examples included Bisphosphonates and G-CSFs. These care therapies have been removed from the list, except where they
are included as a component of a regimen, for example FLAG which contains G-CSF as a component.

G-CSF (granulocyte-colony stimulating factor) is a haematopoietic growth factor that stimulates bone marrow to produce more white blood cells.

One of the main side effects in patients undergoing chemotherapy treatment for neoplasm is a reduction in the number of white blood cells. The reduction in white blood cells reduces the body’s ability to fight infection, increasing the likelihood of developing an infection. If an infection develops, then chemotherapy may have to be reduced or delayed, compromising the patient’s treatment, which can result in progression of their condition.

G-CSF therapy is given to patients undergoing chemotherapy for malignant or insitu neoplasm to stimulate the bone marrow to produce white blood cells more quickly, decreasing the risk of the patient developing an infection.

G-CSF therapy is also used in the treatment of patients with non-neoplastic diseases who have an infection, such as neutropenic patients with sepsis. They may also be administered to patients with non-neoplastic conditions as a prophylactic measure to reduce the risk of infection, such as in patients with advanced HIV with persistent neutropenia. Another use of G-CSF is to stimulate the production of stem cells before harvesting them for use in peripheral blood stem cell transplants.

Filgrastim, Lenograstim and Pegfilgrastim are three different types of G-CSF.

G-CSF therapy is administered via subcutaneous injection or as an intravenous infusion.

When a patient receives a G-CSF in addition to a chemotherapy regimen in the treatment of a malignant or insitu neoplasm (and it is confirmed that the G-CSF is not a component drug of the patient’s chemotherapy regimen), and attends solely for the purpose of receiving G-CSF then one of the following two codes must be assigned depending on the method of delivery:

X38.7 Subcutaneous injection of haematological growth factor
X29.2 Continuous intravenous infusion of therapeutic substance NEC

Where the G-CSF is a component drug of the patient’s chemotherapy regimen the G-CSF must not be coded separately as it is included in the OPCS-4 codes for the chemotherapy regimen.

G-CSF administered or supplied to the patient in the treatment of non-neoplastic conditions must be coded if applicable using the DH High Cost Drugs List.

Zoledronic acid is a bisphosphonate and is therefore also a supportive therapy, so is also not included on the chemotherapy regimens list. The code X29.2 Continuous intravenous infusion of therapeutic substance NEC must be used for day cases and inpatients when the patient has been admitted solely for the purpose of an intravenous infusion of Zoledronic acid, Pamidronate or Ibandronate.

3.14 Route of administration

The route of administration of chemotherapy must be classified using OPCS-4 codes for intravesical, intrathecal regimens, and be sequenced before the codes at X70-
X72. Similarly, body system chapter codes which classify the introduction/injection of a substance into a cavity (intracavitary), such as codes Q15.2 Introduction of therapeutic substance into uterine cavity NEC, T48.2 Introduction of cytotoxic substance into peritoneal cavity and T13.3 Introduction of cytotoxic substance into pleural cavity, would also be followed by codes from X70-X72 to specify the chemotherapy regimen used. Where a patient receives a chemotherapy regimen that contains a component drug which is administered via intrathecal injection this is coded in addition to the codes for the main regimen itself. This may be on the same day as the IV drugs or at a separate attendance (see example 5.8).

3.15 Chemo-radiation

There are a number of regimens listed that have a component of radiotherapy; these are sometimes referred to as chemo-radiation. These can be given concurrently to the chemotherapy on the same day or at a separate attendance. The radiotherapy element must be coded separately using the OPCS-4.6 codes at the radiotherapy categories X65-X67-X68. There is no national guidance on the sequencing of these codes therefore this would usually be the first type of treatment mentioned within the patients care record.

3.16 Combinations of regimens

There are occasions when a combination of regimens can be prescribed. Combinations of regimens are not included on the list and all regimens are listed separately. An example of this is the regimen FEC-T, this consists of FEC (Fluorouracil, Epirubicin and Cyclophosphamide) and T (Docetaxel). The FEC and the T are delivered on separate cycles and so must be coded separately (see example 5.9).
4 Glossary of terms

4.1 Continuous Infusion

This is the administration of a fluid other than blood for therapeutic purposes. The person administering the fluid can leave the patient whilst the infusion is taking place.

4.2 Cycle

If a regimen specifies the treatment should be repeated a number of times, the repetition is called a cycle and can last from a few days to months.

4.3 Procurement

The term ‘procurement’ in relation to chemotherapy refers to the cost of the drug, the transportation of the drug and the cost of storing the drug and pharmacy preparation resource at a site.

4.4 Parenteral

This is a therapy introduced usually by a needle through any route other than the alimentary canal.

4.5 Regimen

This describes, in full, the name, drugs, doses, routes and time of delivery of a specified cancer therapy.
5 Coding examples

5.1 Inpatient treatment

A sarcoma patient receives Doxorubicin + Ifosfamide chemotherapy as an inpatient. This consists of Doxorubicin treatment on day one followed by 24 hours of Ifosfamide+Mesna continuous infusion. This is repeated every 21 days.

Index trail for Doxorubicin + Ifosfamide:

X70.3 Procurement

Tabular List entry:

X70.3 Procurement of drugs for chemotherapy for neoplasm for regimens in Band 3

The correct codes and sequence for this example are X70.3

Rationale: No delivery code is required as this is an inpatient episode.
5.2 Day case treatment

<table>
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<th>A lymphoma patient is receiving ABVD chemotherapy. This consists of four drugs (Doxorubicin, Vinblastine, Bleomycin and Dacarbazine) and is given every 14 days.</th>
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<tr>
<td>X70.2 Procurement of drugs for chemotherapy for neoplasm for regimens in Band 2</td>
</tr>
<tr>
<td>X72.2 Delivery of complex parenteral chemotherapy for neoplasm at first attendance</td>
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The correct codes and sequencing for this example are X70.2 and X72.2

**Rationale**: A day case attendance requires the assignment of both procurement and delivery codes. These codes must be repeated for the first attendance of each new cycle, i.e. every 14 days as this is the cycle length stated in the table even when for this regimen the second attendance may locally be sometimes referred to as a subsequent or labelled 1b.
5.3 Outpatient treatment

A breast cancer patient is receiving Trastuzumab (Herceptin) 7 loading dose followed by Trastuzumab 7 maintenance dose on a weekly basis. This is repeated every seven days.

**Cycle 1 (Trastuzumab (Herceptin) 7 loading dose)**

📖 Index trail for Trastuzumab 7 loading dose:

- X70.5 Procurement
- X72.1 Delivery

Tabular List entry:

- X70.5 Procurement of drugs for chemotherapy for neoplasm for regimens in Band 5
- X72.1 Delivery of complex chemotherapy for neoplasm including prolonged infusional treatment at first attendance

The correct codes and sequencing: **X70.5** and **X72.1**

**Cycle 2 (Trastuzumab (Herceptin) 7 maintenance dose)**

📖 Index trail for Trastuzumab 7 maintence dose:

- X70.3 Procurement
- X72.3 Delivery

Tabular List entry:

- X70.3 Procurement of drugs for chemotherapy for neoplasm for regimens in Band 3
- X72.3 Delivery of simple parenteral chemotherapy for neoplasm at first attendance

The correct codes and sequencing for this example are **X70.3** and **X72.3**

**Rationale:** The loading and maintenance doses are two different chemotherapy regimens, so both require coding. Code **X72.4 Delivery of subsequent element of cycle of chemotherapy for neoplasm** must **not** be used because each attendance
is the start of a new cycle, and they are each given at seven day cycle intervals as specified in the regimen table.

5.4 A regimen with inpatient and outpatient components

An inpatient receives BEP 5 day chemotherapy for a testicular solid tumour. The chemotherapy consists of three different drugs (Etoposide, Cisplatin and Bleomycin) given over inpatient days, and the two consecutive outpatient treatments are given at seven day intervals. The whole cycle is repeated every 21 days.

Index trail for BEP 5:

X70.2 Procurement

Tabular List entry:

X70.2 Procurement of drugs for chemotherapy for neoplasm for regimens in Band 2

The correct codes and sequencing for this example is X70.2

Rationale: No delivery code required as this is an inpatient episode

Day 8 (Cycle 1)

Index trail for chemotherapy:

X72.- Chemotherapy Delivery Neoplasm

Tabular List entry:

X72.4 Delivery of subsequent element of cycle of chemotherapy for neoplasm

The correct code for this example is X72.4

Rationale: This is the first subsequent outpatient attendance within the cycle, therefore the X72.4 delivery code is assigned because the element is delivered as an outpatient.
Day 15 (Cycle 1) the index would be repeated as day 8

X72.4 Delivery of subsequent element of cycle of chemotherapy for neoplasm

**Rationale:** This is the second subsequent outpatient attendance within the cycle, therefore the **X72.4** delivery code is assigned because the element is delivered as an outpatient.

Days 16 to 21 = rest days

Day 1 (Cycle 2) the index would be repeated as day 1 of the first cycle.

X70.2 Procurement of drugs for chemotherapy for neoplasm for regimens Band 2

**Rationale:** No delivery code is required as this is Day 1 of the 2nd cycle is given as an inpatient.

Days 8 and 15 of the 2nd cycle would be coded the same as Days 8 and 15 of the 1st cycle.
5.5 Outpatient treatment with a subsequent element

A Hodgkins Lymphoma patient is receiving the CHLVPP regimen as an outpatient. This consists of one day of treatment with Vinblastine, intravenously with a saline infusion. The patient is also given a two-week course of Chlorambucil, Procarbazine and Prednisolone, all taken as tablets at home. On Day 8 of each cycle, the patient returns as an outpatient to receive a second treatment with Vinblastine.

**Day 1**

Index trail for **CHLVPP**:

- X70.2  Procurement
- X72.3  Delivery

Tabular List entry:

- X70.2  Procurement of drugs for chemotherapy for neoplasm regimens in Band 2
- X72.3  Delivery of simple parenteral chemotherapy for neoplasm at first attendance

The correct codes and sequencing for this example are **X70.2** and **X72.3**

**Rationale**: On day one the oral component of the regimen is not coded, where a regimen includes oral and parenteral administration, the parenteral administration will determine the delivery code.

**Day 8**

Index trail for **chemotherapy**:

- X72.-  Chemotherapy Delivery Neoplasm

Tabular List entry:

- X72.4  Delivery of subsequent element of cycle of chemotherapy for neoplasm

The correct code for this example is **X72.4**
**Rationale:** Day 8 is a subsequent element of treatment within the cycle and is administered as an outpatient.

### 5.6 Day case intravesical treatment

<table>
<thead>
<tr>
<th>Patient with transitional cell carcinoma (TCC) of bladder admitted as a day case for the first day of the first cycle of Mitomycin bladder instillation chemotherapy</th>
</tr>
</thead>
</table>

- **Index trail for introduction:**
  - M49.4 Introduction Bladder Substance Therapeutic

  **Tabular List entry:**
  - M49.4 Introduction of therapeutic substance into bladder
    - *Includes:* Instillation of therapeutic substance into bladder

- **Index trail for MITOMYCIN INTRAVESICAL:**
  - X70.1 Procurement
  - X72.3 Delivery

  **Tabular List entry:**
  - X70.1 Procurement of drugs for chemotherapy for neoplasm for regimens in Band 1
  - X72.3 Delivery of simple parenteral chemotherapy for neoplasm at first attendance

The correct codes and sequence for this example are M49.4, X70.1 and X72.3

**Rationale:** The route of administration must be classified for intravesical, intrathecal or intracavitary regimens and would be followed by supplementary codes at X70-X72.
5.7 Outpatient oral chemotherapy

A patient attends the outpatient haemato-oncology clinic and is prescribed 3 cycles of Hydroxycarbamide, the patient receives counselling and advice by a specialist haemato-oncologist and is given a 3 month supply of the drugs to take at home.

Index trail for Hydroxycarbamide:

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>X70.1</td>
<td>Procurement</td>
</tr>
<tr>
<td>X73.1</td>
<td>Delivery</td>
</tr>
</tbody>
</table>

Tabular List entry:

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>X70.1</td>
<td>Procurement of drugs for chemotherapy for neoplasm for regimens in Band 1</td>
</tr>
<tr>
<td>X73.1</td>
<td>Delivery of exclusively oral chemotherapy for neoplasm</td>
</tr>
</tbody>
</table>

The correct codes and sequence for this example are X70.1, X70.1, X70.1 and X73.1

**Rationale:** The procurement codes are required 3 times as oral chemotherapy prescriptions may be given for up to three months before the patient needs reviewing. In this instance for Hydroxycarbamide a cycle is limited to 28 days of a drug as specified in the regimens table.
5.8 A regimen with an Intrathecal component

A patient is given eight cycles of CHOP-R 21 as a day case and on day 2 of each cycle the patient also receives intrathecal methotrexate as a day case.

Day one cycle 1

Index trail for CHOP-R 21:
- X71.4 Procurement
- X72.1 Delivery

Tabular List entry:
- X71.4 Procurement of drugs for chemotherapy for neoplasm for regimens in Band 9
- X72.1 Delivery of complex chemotherapy for neoplasm including prolonged infusional treatment at first attendance

The correct codes and sequence are X71.4 and X72.1

Day 2 cycle 1 Methotrexate IT

Index trail for injection
- A54.- Injection Intrathecal

Tabular List entry:
- A54.2 Injection of therapeutic substance into cerebrospinal fluid

Index trail for Methotrexate IT
- X70.1 Procurement
- X72.1 Delivery

Tabular List entry:
- X70.1 Procurement of drugs for chemotherapy for neoplasm for regimens in Band 1
- X72.1 Delivery of complex chemotherapy for neoplasm including prolonged infusional treatment at first attendance

The correct codes and sequence are A54.2, X70.1 and X72.1
Rationale: **A54.2** must be assigned to classify an intrathecal injection followed by the appropriate chemotherapy regimen codes from **X70-X72**. Both procurement and delivery codes are assigned as this is the first day of the cycle of methotrexate IT.

### 5.9 Combined regimen

A breast cancer patient is prescribed FEC-T, this consists of 3 cycles of FEC 100 followed by 3 cycles of Docetaxel 100MG all given as day case attendances.

#### Day one cycle 1 FEC

- **Index trail for FEC:**
  - X70.3  Procurement
  - X72.3  Delivery

- **Tabular List entry:**
  - X70.3  Procurement of drugs for chemotherapy for neoplasm for regimens in Band 3
  - X72.3  Delivery of simple parenteral chemotherapy for neoplasm at first attendance

The correct codes and sequencing for this example is **X70.3** and **X72.3**

Rationale: A day case attendance requires the assignment of both procurement and a delivery code. These codes must be repeated for the first attendance of each new cycle, i.e every 21 days as this is the cycle length stated in the table.
**Day one cycle 1 T Docetaxal**

- **Index trail for Docetaxel**:
  - X71.3 Procurement
  - X72.3 Delivery

- **Tabular List entry**:
  - X71.3 Procurement of drugs for chemotherapy for neoplasm for regimens in Band 8
  - X72.3 Delivery of simple parenteral chemotherapy for neoplasm at first attendance

The correct codes and sequence: **X71.3 and X72.3**

**Rationale**: Combinations of regimens are not included on the list and all regimens are listed separately. The FEC and the T are delivered on separate cycles and so should be coded separately. A day case attendance requires the assignment of both procurement and a delivery code. These codes must be repeated for the first attendance of each new cycle, i.e every 21 days as this is the cycle length stated in the table.
6 Enquiries

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For details on how to register for OPCS-4 data files go to the Technology Reference-data Update Distribution (TRUD) website at:
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