OPCS Classification of Interventions and Procedures Version 4.6 (April 2011)

High Cost Drugs Clinical Coding Guidance – OPCS-4.6 Version 1.1
Amendment History:

<table>
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<th>Version</th>
<th>Date</th>
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<tr>
<td>1.0</td>
<td>17-03-2009</td>
<td>Final in PDF and Excel OPCS-4.5 High Cost Drugs List and Guidance for Clinical Coders Version 1.0 (April 2009) updated as described below.</td>
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<tr>
<td>1.1</td>
<td>02-02-2010</td>
<td>First draft update of new drug additions and deletions to the list and additional new guidance for coders produced with collaboration from DH and High Cost Drugs Steering group</td>
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<tr>
<td>1.2</td>
<td>22-02-2010</td>
<td>Second draft update of new drug additions and deletions to the list and additional new guidance for coders produced with collaboration from DH and High Cost Drugs Steering group. Minor amendments by NCS</td>
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<tr>
<td>1.3</td>
<td>01-03-2010</td>
<td>Minor draft update by NCS</td>
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<tr>
<td>1.4</td>
<td>09-03-2010</td>
<td>Minor draft update following feedback from DH/NCS</td>
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<tr>
<td>2.0</td>
<td>11-03-2010</td>
<td>Final version for publication</td>
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<td>12-01-2011</td>
<td>First draft update of guidance for clinical coders</td>
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<td>0.2</td>
<td>26-01-2011</td>
<td>Further amendments by NCS</td>
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<td>02-02-2011</td>
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<td>10-02-2011</td>
<td>Minor amendments by NCS</td>
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<tr>
<td>1.0</td>
<td>23-02-2011</td>
<td>Final version for publication</td>
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<td>1.1</td>
<td>23-03-2011</td>
<td>Minor amendment to example at 5.2</td>
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1 Introduction

1.1 Background

The DH High Cost Drugs List (HCD) is controlled and owned by the Department of Health (DH) Payment by Results team (PbR). The HCD List is reviewed and updated annually by the DH PbR team in collaboration with The NHS Information Centre and its High Cost Drugs Steering Group. Members of HCDSG include operational NHS pharmacists and clinicians. The maps to OPCS-4.6 categories X81 to X97 and their subcategories are provided to produce the DH High Cost Drugs List. The NHS Classification Service (NCS) works with the DH to ensure the OPCS-4 codes are valid and to develop / release new OPCS-4 categories or subcategories where required.

The listed drugs are excluded from PbR and therefore the National Tariff. Consequently, Trusts are required to negotiate reimbursement through local funding arrangements.

1.2 Purpose

The purpose of this document is to provide clinical coding guidance on the use of the DH High Cost Drugs List to ensure consistent application of OPCS-4.6 codes in line with national coding standards.

The NHS Classifications Service (NCS) issue the High Cost Drugs 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 coding in secondary care.

1.4 Distribution

The DH High Cost Drugs List and High Cost Drugs 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: www.uktcregistration.nss.cfh.nhs.uk/trud/

In addition, the DH High Cost Drugs List and the High Cost Drugs 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) hosts requests for change to the High Cost Drugs list and provide a dedicated portal at: www.dh.gov.uk/pbr
2 DH High Cost Drugs List 2011-12

The DH High Cost Drugs list has been updated for the year 2011-12. These updates have been reviewed by members of the High Cost Drugs Steering Group which includes operational NHS pharmacists and clinicians. There are 16 new, and 4 deleted, high cost drugs in total.

2.1 New OPCS-4.6 subcategories

In addition to the introduction of new drugs, several new subcategory codes have been added to OPCS-4.6. These new subcategories are:

- X85.5 Neurodegenerative condition drugs Band 1
- X87.4 Vasopressin antagonist drugs Band 1
- X89.5 Allergic emergency drugs Band 1
- X90.7 Myelodysplastic syndrome drugs Band 1
- X96.2 Allergen immunotherapy drugs Band 1
- X96.3 Poison management drugs Band 1

3 Coding guidance for clinical coders

The following rules and guidance will assist clinical coders to identify the relevant high cost drugs in the medical notes and select the right OPCS-4.6 code(s).

3.1 Structure of the list

The list of drugs is alphabetical and is the full list of drugs effective for all Hospital Provider Spells finishing on or after 1 April 2011. This also contains a table showing the new drugs added and those drugs which have been deleted from the 2011-12 DH High Cost Drugs List.

3.2 Drugs names

Only the generic name should appear in the list of high cost drugs. The onus is therefore on the clinician 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 clinician. The clinician should ensure the data is presented to the coder as a generic name otherwise the coding will be omitted.
3.3 Coding of high cost drugs

The coding of high cost drugs is per Hospital Provider Spell and not Finished Consultant Episode (FCE). The 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 FCEs.

3.4 Assignment of high cost drugs codes

The OPCS-4 code representing the high cost drug must be assigned in preference to the method of administration codes from Chapter X. For example an intravenous infusion of Eculizumab would only require code X90.2 to be assigned. Code X29.2 Continuous intravenous infusion of therapeutic substance NEC would NOT be required. However, refer to point 3.10 for further details regarding the coding of high cost drug Botulinum toxin.

3.5 Different high cost drugs

There may be instances where it is legitimate for different high cost drugs to be prescribed during the same spell, e.g. a patient could be prescribed both a high cost antifungal and a high cost Hepatitis C drug. In these circumstances, both drugs must be coded (one code for the antifungal and another for the Hepatitis C drug). This spell will be grouped to two high cost drug HRGs. It is also possible for a patient to be prescribed more than one of the same type of high cost drug, for example ‘Infliximab’ and ‘Adalimumab’, both of which belong to the same high cost drug band of X92.1 Cytokine inhibitor drugs Band 1. In these instances, both drugs would be coded even though this will result in the use of the same OPCS-4.6 code. The spell will also group to two high cost drug HRGs.

3.6 Other specified and unspecified subcategories

The .8 and .9 subcategories at X81 to X97 must NOT be used to code high cost drugs.

3.7 Drugs used for other conditions

All of the high cost drugs have been allocated an OPCS-4.6 code within a category. Some of these drugs may be used to treat conditions not listed on the HCD list. If a drug is prescribed for any other indication, the coder must still assign the given OPCS-4.6 code.
3.8 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.

3.9 Neoplastic conditions

Certain drugs appear in both the DH High Cost Drugs and DH Chemotherapy Regimens Lists because they can be used to treat neoplasms in addition to a range of other non-neoplastic conditions. High Cost Drugs used for the treatment of neoplasms must be coded using the DH Chemotherapy regimens 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 High Costs Drugs and Chemotherapy Regimens publications.

3.10 Botulinum toxin (Botox)

Code X85.1 Torsion dystonias and other involuntary movements drugs Band 1 is used to classify Botulinum toxin (Botox).

This code may be assigned in addition to a number of body system chapter codes depending on the site of injection. Some of the more common sites of injection are shown in the coding examples 4.1-4.5.

3.11 Haemochromatosis (chronic iron overload)

The following high cost drugs must only be assigned if there is a diagnosis of haemochromatosis (prevention and treatment of chronic iron overload) and not acute treatment for poisoning.

- Desferrioxamine
- Deferasirox
- Deferiprone

3.12 Pulmonary arterial hypertension

The OPCS-4.6 code representing Sildenafil and Tadalafil must only be assigned for a diagnosis of pulmonary arterial hypertension and for no other condition.
3.13 Intestinal gel with internal tube

The OPCS-4.6 code representing Co-careldopa internal tube intestinal gel must only be assigned when the drug has been used as an intestinal gel with internal tube and for no other preparation, formulation or delivery of the drug.

3.14 Parenteral nutrition

Parenteral nutrition (X90.4 Intravenous nutrition Band 1) must only be assigned 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 (e.g. 2 days) during the same admission (for example the patient develops a 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.

4 Updates

The DH High Cost Drugs List is reviewed annually and new additions are considered by the High Cost Drugs Steering Group. A new release of the list may or may not coincide with an update to OPCS-4. For this reason the DH High Cost Drugs List and High Cost Drugs Clinical Coding guidance is no longer included in the published OPCS-4.6.Alphabetical Index and Clinical Coding Instruction Manual.

5 Coding examples

5.1 Botulinum toxin injection into eyelid

| Botulinum toxin injection into left eyelid |

- Index trail for injection:
  - C22.4 Injection Eyelid

- Tabular List entry:
  - C22.4 Injection into eyelid
5.2 Botulinum toxin injection into lower oesophageal sphincter

The correct codes and sequence for this example are **C22.4, X85.1** and **Z94.3**
**Index trail for Oesophagus:**

- Z27.1 Oesophagus site

Tabular List entry:

- Z27.1 Oesophagus

The correct codes and sequence for this example are **G44.8, X85.1** and **Z94.3**

### 5.3 Botulinum toxin into sweat glands of axilla

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

**Index trail for injection:**

- S53.- Injection Skin NEC

Tabular List entry:

- S53.2 Injection of therapeutic substance into skin

**Index trail for botulinum toxin:**

- Botulinum toxin X85.1 Torsion dystonias and other involuntary movements drugs band 1

Tabular List entry:

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

**Index trail for skin of axilla:**

- Z49.2 Skin Axilla site

Tabular List entry:

- Z49.2 Skin of axilla

The correct codes and sequence for this example are **S53.2, X85.1** and **Z49.2**

**NOTE** The laterality would also be coded, if known.
Botulinum toxin injection into anal sphincter

Injection of Botulinum toxin into anal sphincter

Index trail for Anus Operations:

H56.- Anus Operations NEC

Tabular List entry:

H56.8 Other specified operations on anus

Index trail for Botulinum toxin:

Botulinum toxin X85.1 Torsion dystonias and other involuntary movements drugs band 1

Tabular List entry:

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

The correct codes and sequence for this example are H56.8 and X85.1

5.4 Botulinum toxin injection into muscle

Injection of Botulinum toxin into muscle

Index trail for Botulinum toxin:

Botulinum toxin X85.1 Torsion dystonias and other involuntary movements drugs band 1

Tabular List entry:

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

The correct codes and sequence for this example are X85.1 plus a site code for the muscle injected
5.5 Botulinum toxin injection into the bladder wall/detrusor muscle

Injection of Botulinum toxin into the bladder wall/detrusor muscle

📖 Index trail for **Injection**:  
M43.4 Injection Bladder Nerve Neurolytic Endoscopic

Tabular List entry: 
M43.4 Endoscopic injection of neurolytic substance into nerve of bladder

📖 Index trail for **Botulinum toxin**:  
Botulinum toxin X85.1 Torsion dystonias and other involuntary movements drugs band 1

Tabular List entry:  
X85.1 Torsion dystonias and other involuntary movements drugs Band 1

The correct codes and sequence for this example are **M43.4** and **X85.1**

6 Enquires

Data Standards and Products Helpdesk: 
Tel: 01392 206 248  
Email: datastandards@nhs.net

For information about the NHS Classifications Service visit website:  
http://www.connectingforhealth.nhs.uk/clinicalcoding/

The Department of Health hosts requests for change to the High Cost Drugs list and provide a dedicated portal at:  
www.dh.gov.uk/pbr