

Evidence-Based Interventions (EBI)

Clinical Coding Engagement & Consultation Pack – List 1

28th May 2023

Purpose

This slide pack sets out the proposed changes to the clinical coding used for the 17 interventions published in 2018 by the Evidence-Based Interventions (EBI) programme, following a detailed review.

Background

The EBI programme began as an NHS England (NHSE) initiative in 2018/19 – at its heart, it is a programme designed to tackle over-medicalisation by not offering, or reducing the number of tests, treatments and procedures which are of no or little clinical value.

NHSE and the Academy of Medical Royal Colleges lead the programme, with other partners including NICE, The Patients Association and NHS Confed.

The programme uses the best available evidence to provide guidance on when it is and is not appropriate to carry out specific interventions.

- By not carrying out tests, treatments and procedures which are not clinically effective, the EBI programme improves the quality-of-care patients receive.
- It also helps us tackle the backlog by making sure patients aren't waiting for treatments that we know are unlikely to improve their condition or where other treatments are likely to have a better outcome.
- And crucially it enables us to make the best use of clinical time and NHS resources by ensuring those who most need care are seen and treated sooner.

The programme has published a suite of 58 interventions in total. This slide pack focuses on the initial 17 which were introduced.

Coding Review

The EBI programme has commissioned a review of the current clinical codes used for the first 2 published lists together with the development of codes for release 3. This work was undertaken by specialist clinical coders in MIAA who have provided clinical coding attached to each policy, including diagnoses and procedures related to the commissioning of a procedure, and any exceptions. This has been done using the International Statistical Classifications of Diseases and Related Health Problems, Tenth Revision, Fifth Edition (ICD-10 5th Edition) and the OPCS Classification of Interventions and Procedures, Fourth Revision, Tenth Edition (OPCS-4.10). It also includes adhering to the national clinical coding standards published in the National Clinical Coding Standards ICD-10 5th Edition (2022) reference book and the National Clinical Coding Standards OPCS-4 (2022) reference book.

This slide pack sets out the proposed coding changes by intervention, the rationale for recommending the change, and the impact of the change on data analysis.

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The following information is provided for each intervention:

- Summary of the EBI recommendation
- The current code script
- The current code figures (baseline and rolling 12 month activity)

- The proposed changes. Including:
 - The proposed code script
 - The proposed code definitions

- The impact of the change
 - The revised code figures (baseline and revised rolling 12 month activity)
 - The impact on figures between current and proposed codes

- Rationale
 - Brief description of the code changes

Exclusion

For all interventions there is an exclusion for cancer diagnosis code mentions. The code for this is:

```
apcs.der_diagnosis_all not like '%C[0-9][0-9]%' and  
apcs.der_diagnosis_all not like '%D0%' and  
apcs.der_diagnosis_all not like '%D3[789]%' and  
apcs.der_diagnosis_all not like '%D4[012345678]%'
```

This code captures code in the ranges C00-C99, D00-D09 and D37-D48.

Age range: the codes use the following age ranges 0-18 for children and 19-120 for adults

A: Adult Snoring Surgery (in the absence of OSA)



EBI recommendation

Snoring surgery should not be offered for snoring (in people who don't have obstructive sleep apnoea (OSA)) as it does not provide any additional benefit compared to non-surgical treatments and has severe complications

Current Code Script

1A - Snoring Surgery

```
WHEN (left(der.Spell_Dominant_Procedure,4) IN ('F324','F325','F326')
      OR (left(der.Spell_Dominant_Procedure,4) = 'F328'
      AND der.Spell_Primary_Diagnosis like '%R065%'))
      AND der.Spell_Primary_Diagnosis not like '%G473%'
      AND ISNULL(APCS.Age_At_Start_of_Spell_SUS,APCS.Der_Age_at_CDS_Activity_Date) between 19 AND 120
      AND APCS.Admission_Method not like ('2%')
      THEN 'A_snoring'
```

Current baseline activity 17/18	Rolling 12 month activity (up to & including Dec 2022)
827	424

Proposed Code Script

```
WHEN (LEFT(der.Spell_Dominant_Procedure,4) in ('F324','F325','F326')
      AND der.Spell_Primary_Diagnosis like '%R065%')
      AND apcs.der_diagnosis_all not like '%G473%'
      AND isnull(APCS.Age_At_Start_of_Spell_SUS,APCS.Der_Age_at_CDS_Activity_Date) between 19 and 120
      AND APCS.Admission_Method not like ('2%')
      THEN 'A_snoring'
```

Revised baseline activity 17/18	Revised rolling 12 month activity (up to & including Dec 2022) & impact
219	20 (-404)

A: Adult Snoring Surgery (in the absence of OSA)



Proposed Code Definitions

Procedure codes (OPCS):

Main	
F324	Operations on uvula NEC
F325	Uvulopalatopharyngoplasty
F326	Uvulopalatoplasty
Potential	
F328	Other specified other operations on palate
Y067	<i>Radiofrequency excision of lesion of organ NOC (Secondary to F328)</i>
Y081	<i>Laser excision of organ NOC (Secondary to F328)</i>

Diagnosis codes (ICD):

Includes	
R065	Mouth breathing
Exclusion	
G473	Sleep apnoea

Description and rationale for change

Added proposed procedure codes of F328 + Y067 +/- Y081 as a potential other method used for excising uvula/palate tissue.

B: Dilatation and curettage for heavy menstrual bleeding

EBI recommendation

Dilatation and curettage (D&C) should not be used for diagnosis or treatment for heavy menstrual bleeding in women because it is clinically ineffective

Current Code Script

1B - D&C for Heavy Menstrual

```
WHEN left(der.Spell_Dominant_Procedure,4) IN ('Q103')
      AND apcs.der_diagnosis_all not like '%O0[0-8]%'
      AND apcs.der_diagnosis_all not like '%O6[0-9]%'
      AND apcs.der_diagnosis_all not like '%O7[0-5]%'
      AND APCS.Admission_Method not like ('2%')
      THEN 'B_menstr_D&C'
```

Current baseline activity 17/18	Rolling 12 month activity (up to & including Dec 2022)
231	155

Proposed Code Script

```
WHEN LEFT(der.Spell_Dominant_Procedure,4) in ('Q108', 'Q103')
      AND (der.Spell_Primary_Diagnosis like '%N920%'
           OR der.Spell_Primary_Diagnosis like '%N921%'
           OR der.Spell_Primary_Diagnosis like '%N922%'
           OR der.Spell_Primary_Diagnosis like '%N924%'
           OR der.Spell_Primary_Diagnosis like '%N950%')
      AND APCS.Admission_Method not like ('2%')
      THEN 'B_menstr_D&C'
```

Revised baseline activity 17/18	Revised rolling 12 month activity (up to & including Dec 2022) & impact
139	102 (-53)

B: Dilatation and curettage for heavy menstrual bleeding

Proposed Code Definitions

Procedure codes (OPCS):

Q108 Other specified curettage of uterus

Q188 Other specified diagnostic endoscopic examination of uterus (included this here, rather than the exclusions, as it is unlikely to be used for anything else, but there is the potential for it to be)

Q103 Dilation of cervix uteri and curettage of uterus NEC

Diagnosis codes (ICD):

N920 Excessive and frequent menstruation with regular cycle

N921 Excessive and frequent menstruation with irregular cycle

N922 Excessive menstruation at puberty

N924 Excessive bleeding in the premenopausal period

N950 Postmenopausal bleeding (trials from menorrhagia, postmenopausal - unlikely to be found on search)

Description and rationale for change

Added procedure codes Q108 to correspond with clinical coding standards.

Added diagnosis codes for heavy menstrual bleeding and removed the exception of O0, O6 and O7, as these are not related to menstrual bleeding.

C: Knee arthroscopy with osteoarthritis



EBI recommendation

Arthroscopic knee washout (lavage and debridement) should not be used as a treatment for osteoarthritis because it is clinically ineffective.

Current Code Script

1C - Knee Arthroscopy for Osteoarthritis

```
WHEN      (der.Spell_Dominant_Procedure IN
           ('W821','W822','W823','W828','W829','W851','W852','W853','W858','W859','W861+KNEE','W831+KNEE','W832+KNEE','W833+KNEE','W834+KNEE','W835+KNEE','W836+KNEE',
           ',','W837+KNEE','W838+KNEE','W839+KNEE','W841+KNEE','W842+KNEE','W843+KNEE','W844+KNEE','W879') OR (der.Spell_Dominant_Procedure = 'W901' AND
           (apcs.der_procedure_all like '%O132%'
            OR apcs.der_procedure_all like '%Z12[123]%'
            OR apcs.der_procedure_all like '%Z504%'
            OR apcs.der_procedure_all like '%Z577%'
            OR apcs.der_procedure_all like '%Z58%'
            OR apcs.der_procedure_all like '%Z77[12489]%'
            OR apcs.der_procedure_all like '%Z78[1236789]%'
            OR apcs.der_procedure_all like '%Z84[456]%'
            OR apcs.der_procedure_all like '%Z851%'
            OR apcs.der_procedure_all like '%Z904%'))))
           AND (ISNULL(APCS.Age_At_Start_of_Spell_SUS,APCS.Der_Age_at_CDS_Activity_Date) between 19
           AND 120) AND der.Spell_Primary_Diagnosis like 'M1[57]%'
           AND APCS.Admission_Method not like ('2%')
           THEN 'C_knee_arth'
```

Current baseline activity 17/18	Rolling 12 month activity (up to & including Dec 2022)
4,942	1,713

Proposed Code Script

```
WHEN      ( LEFT(der.Spell_Dominant_Procedure,4) in ('W851','W852')
           OR (LEFT(der.Spell_Dominant_Procedure,4) = 'W802'
           AND apcs.der_procedure_all like '%Y767%'
           AND apcs.der_procedure_all like '%Z846%' ) )
           AND isnull(APCS.Age_At_Start_of_Spell_SUS,APCS.Der_Age_at_CDS_Activity_Date) between 19 AND 120
           AND (der.Spell_Primary_Diagnosis like 'M17[0123459]'
           OR der.Spell_Primary_Diagnosis like 'M15[0123489]')
           AND apcs.der_diagnosis_all not like '%M238%'
           AND APCS.Admission_Method not like ('2%')
           THEN 'C_knee_arth'
```

Revised baseline activity 17/18	Revised rolling 12 month activity (up to & including Dec 2022) & impact
823	150 (-1,563)

C: Knee arthroscopy with osteoarthritis

Proposed Code Definitions

Procedure codes (OPCS):

Main

W852	Endoscopic irrigation of knee joint
W802	Open debridement of joint NEC
Y767	<i>Arthroscopic approach to joint</i> (only when supplementary to W802)
Z846	<i>Knee joint</i> (only when supplementary to W802)
W851	Endoscopic removal of loose body from of knee joint

Potential

W821	Endoscopic total excision meniscus of knee joint
W822	Endoscopic resection of meniscus of knee joint
W823	Endoscopic repair of meniscus of knee joint
W824	Endoscopic total replacement of meniscus of knee joint
W825	Endoscopic partial replacement of meniscus of knee joint
W861	Endoscopic removal of loose body from joint NEC (plus, <i>Z846 Knee joint</i>)

Diagnosis codes (ICD):

Includes

M170	Primary gonarthrosis, bilateral
M171	Other primary gonarthrosis
M172	Post-traumatic gonarthrosis, bilateral
M173	Other post-traumatic gonarthrosis
M174	Other secondary gonarthrosis, bilateral
M175	Other secondary gonarthrosis
M179	Gonarthrosis, unspecified
M150	Primary generalized (osteo)arthrosis (if patient has OA of the knee and another joint - not a reason for arthroscopy without locking)
M151	Heberden nodes (with arthropathy) (if patient has OA of the knee and another joint - not a reason for arthroscopy without locking)
M152	Bouchard nodes (with arthropathy) (if patient has OA of the knee and another joint - not a reason for arthroscopy without locking)
M153	Secondary multiple arthrosis(if patient has OA of the knee and another joint - not a reason for arthroscopy without locking)
M154	Erosive (osteo)arthrosis(if patient has OA of the knee and another joint - not a reason for arthroscopy without locking)
M158	Other polyarthrosis(if patient has OA of the knee and another joint - not a reason for arthroscopy without locking)
M159	Polyarthrosis, unspecified(if patient has OA of the knee and another joint - not a reason for arthroscopy without locking)

Exclusion

M238	Other internal derangements of knee (locking of knee, but code is not dedicated to this description)
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Description and rationale for change

Removed procedure code W83, as policy only mentions washout and debridement and these codes don't include this.

Moved W821-5 and W861 to codes that could be used, as this wouldn't be correct coding.

Added W802 (with Y767 and Z846) for arthroscopic debridement of knee joint.

In diagnosis, refined the codes for osteoarthritis and added M238 as an exception, which is used to classify locking.

D: Injection for non-specific low back pain without sciatica



EBI recommendation

Spinal injections of local anaesthetic and steroid should not be offered for patients with non-specific low back pain.

Current Code Script

```
1D - Injections for Non-specific Low Back Pain Without Sciatica
WHEN left(der.Spell_Dominant_Procedure,4) IN ('A521','A522','A528','A529','A577','A735','V544')
      AND left(der.spell_primary_diagnosis,4) IN ('M518','M519','M545','M549')
      AND (apcs.der_procedure_all like '%Z67[567]%'
           OR apcs.der_procedure_all like '%Z993%')
      AND APCS.Admission_Method not like ('2%')
      THEN 'D_low_back_pain_inj'
```

Current baseline activity 17/18	Rolling 12 month activity (up to & including Dec 2022)
19,445	6,793

Proposed Code Script

```
WHEN LEFT(der.Spell_Dominant_Procedure,4) in ('A521','A522','A528','A529','A577','A735','V544')
      AND LEFT(der.spell_primary_diagnosis,4) in ('M545')
      AND APCS.Admission_Method not like ('2%')
      THEN 'D_low_back_pain_inj'
```

Revised baseline activity 17/18	Revised rolling 12 month activity (up to & including Dec 2022) & impact
36,800	20,773 (+13,980)

D: Injection for non-specific low back pain without sciatica

Proposed Code Definitions

Procedure codes (OPCS):

Main

A521	Therapeutic lumbar epidural injection
A522	Therapeutic sacral epidural injection

Potential

W903	Injection of therapeutic substance into joint (shouldn't be used but may be as workaround with <i>Z66 Vertebra</i> or <i>Z67 Intervertebral joint</i>)
V528	Other specified other operations on intervertebral disc (plus <i>Y388 Other specified injection of therapeutic substance into organ NOC</i> or <i>Y389 Unspecified injection of therapeutic substance into organ NOC</i>)
V484	Denervation of spinal facet joint of thoracic vertebra NEC
V486	Denervation of spinal facet joint of lumbar vertebra NEC
V488	Other specified denervation of spinal facet joint of vertebra
V489	Unspecified denervation of spinal facet joint of vertebra

Diagnosis codes (ICD):

Includes

M545	Low back pain
------	---------------

Potential

M546	Pain in thoracic spine
M548	Other dorsalgia
M549	Dorsalgia, unspecified

Description and rationale for change

For procedures, moved code W903 to the 'might be used' section, as this would be incorrect coding, and added other codes in this section.

Removed V363, V369 and V38, as these relate to disc replacement and fusion procedures, not injections.

For diagnosis, removed G551, G834, M518 and M519, as these are not non-specific and relate to disc displacement and cord/nerve root compression.

Moved M549 to codes that might be used and added M546 and M548.

E. Breast reduction

EBI recommendation

Breast reduction is only successful in specific circumstances and it can lead to serious complications. However in some cases breast reduction surgery is necessary where large breasts impact on day to day life, for example, ability to drive a car. Breast reduction should only be undertaken under specific criteria.

Current Code Script

'1E - Breast Reduction

```
WHEN      left(der.Spell_Dominant_Procedure,4) IN ('B311')
          AND apcs.der_diagnosis_all not like '%Z853%'
          AND APCS.Admission_Method not like ('2%')
          THEN 'E_breast_red'
```

Current baseline activity 17/18	Rolling 12 month activity (up to & including Dec 2022)
988	765

Proposed Code Script

```
WHEN      LEFT(der.Spell_Dominant_Procedure,4) in ('B311')
          AND ( der.Spell_Primary_Diagnosis like 'N62%'
                OR (apcs.der_diagnosis_all like '%Z411%'
                    AND not apcs.der_diagnosis_all like '%Z853%') )
          AND not (apcs.der_diagnosis_all like '%C50[0-9]%' )
          AND APCS.Admission_Method not like ('2%')
          THEN 'E_breast_red'
```

Revised baseline activity 17/18	Revised rolling 12 month activity (up to & including Dec 2022) & impact
685	526 (-239)

E. Breast reduction

Proposed Code Definitions

Procedure codes (OPCS):

B311 Reduction mammoplasty

Diagnosis codes (ICD):

Includes

N62X Hypertrophy of breast

Exclusions

C500 Malignant neoplasm of nipple and areola

C501 Malignant neoplasm of central portion of breast

C502 Malignant neoplasm of upper-inner quadrant of breast

C503 Malignant neoplasm of lower-inner quadrant of breast

C504 Malignant neoplasm of upper-outer quadrant of breast

C505 Malignant neoplasm of lower-outer quadrant of breast

C506 Malignant neoplasm of axillary tail of breast

C508 Malignant neoplasm of overlapping lesion of breast

C509 Malignant neoplasm of breast, unspecified

Z411 Other plastic surgery for unacceptable cosmetic appearance (plus, Z853 Personal history of malignant neoplasm of breast for post breast cancer treatment)

Description and rationale for change

In diagnosis, added code for breast hypertrophy.

Added specific breast cancer codes in exceptions and Z411, if a patient was having asymmetry related reduction following unilateral mastectomy.

F: Removal of benign skin lesions



EBI recommendation

Removal of benign skin lesions means treating asymptomatic lumps, bumps or tags on the skin that are not suspicious of cancer. Treatment carries a small risk of infection, bleeding or scarring and is not usually offered by the NHS if it is just to improve appearance. In certain cases, treatment (surgical excision or cryotherapy) may be offered if certain criteria are met.

Current Code Script

1F - Removal of Benign Skin Lesions

```
WHEN left(der.Spell_Dominant_Procedure,4) IN
('S063','S064','S065','S066','S067','S068','S069','S081','S082','S083','S088','S089','S091','S092','S093','S094','S095','S098','S099','S101','S102','S111','S112','D021','D022','D028',
'D029')
AND apcs.der_diagnosis_all not like '%Z858%'
AND APCS.Admission_Method not like ('2%')
THEN 'F_skin_lesions'
```

Current baseline activity 17/18	Rolling 12 month activity (up to & including Dec 2022)
99,476	95,311

Proposed Code Script

```
WHEN LEFT(der.Spell_Dominant_Procedure,4) in
'S063','S064','S065','S066','S067','S068','S069','S081','S082','S083','S088','S089','S091','S092','S093','S094','S095','S098','S099','S101','S102','S111','S112','B353','C101','C108',
C109','C111','C112','C118','C119','C121','C122','C123','C124','C125','C126','C128','C129','D021','D022','D028','D029','E091','E092','E096','E098','E099','F011','F018','F019','F021',
,'F022','F028','F029','N012','N013','N018','N019','N242','N271','N272','N273','N278','N279','P054','P058','P059','P061','P062','P063','P065','P068','P069','P111','P112','P113','P114',
,'P118','P119','T291','T292','T293','T298','T299')
AND not (apcs.der_diagnosis_all like '%C4[34][0123456789]%' )
AND not (apcs.der_diagnosis_all like '%D0[34][0123456789]%' or apcs.der_diagnosis_all like '%L570%')
AND APCS.Admission_Method not like ('2%')
THEN 'F_skin_lesions'
```

Revised baseline activity 17/18	Revised rolling 12 month activity (up to & including Dec 2022) & impact
135,882	124,030 (+28,719)

Description and rationale for change

For procedures, added body system chapter codes related to skin excisions and destructions.

In diagnosis, added pre-malignant conditions in exceptions.

F: Removal of benign skin lesions

Proposed Code Definitions

Procedure codes (OPCS):

S063 Shave excision of lesion of skin of head or neck
 S064 Shave excision of lesion of skin NEC
 S065 Excision of lesion of skin of head or neck NEC
 S066 Re-excision of skin margins of head or neck
 S067 Re-excision of skin margins NEC
 S068 Other specified other excision of lesion of skin
 S069 Unspecified other excision of lesion of skin
 S081 Curettage and cauterisation of lesion of skin of head or neck
 S082 Curettage and cauterisation of lesion of skin NEC
 S083 Curettage of lesion of skin of head or neck NEC
 S088 Other specified curettage of lesion of skin
 S089 Unspecified curettage of lesion of skin
 S091 Laser destruction of lesion of skin of head or neck
 S092 Laser destruction of lesion of skin NEC
 S093 Photodestruction of lesion of skin of head or neck NEC
 S094 Infrared photocoagulation of lesion of skin of head or neck
 S095 Infrared photocoagulation of lesion of skin NEC
 S098 Other specified photodestruction of lesion of skin
 S099 Unspecified photodestruction of lesion of skin
 S101 Cauterisation of lesion of skin of head or neck NEC
 S102 Cryotherapy to lesion of skin of head or neck
 S111 Cauterisation of lesion of skin NEC
 S112 Cryotherapy to lesion of skin NEC
 B353 Extirpation of lesion of nipple
 C101 Excision of lesion of eyebrow
 C108 Other specified operations on eyebrow
 C109 Unspecified operations on eyebrow
 C111 Excision of lesion of canthus
 C112 Destruction of lesion of canthus
 C118 Other specified operations on canthus
 C119 Unspecified operations on canthus
 C121 Excision of lesion of eyelid NEC
 C122 Cauterisation of lesion of eyelid
 C123 Cryotherapy to lesion of eyelid
 C124 Curettage of lesion of eyelid
 C125 Destruction of lesion of eyelid NEC
 C126 Wedge excision of lesion of eyelid
 C128 Other specified extirpation of lesion of eyelid
 C129 Unspecified extirpation of lesion of eyelid
 D021 Excision of lesion of external ear
 D022 Destruction of lesion of external ear
 D028 Other specified extirpation of lesion of external ear
 D029 Unspecified extirpation of lesion of external ear

E091 Excision of lesion of external nose
 E092 Destruction of lesion of external nose NEC
 E096 Laser destruction of lesion of external nose
 E098 Other specified operations on external nose
 E099 Unspecified operations on external nose
 F011 Excision of vermilion border of lip and advancement of mucosa of lip
 F018 Other specified partial excision of lip
 F019 Unspecified partial excision of lip
 F021 Excision of lesion of lip
 F022 Destruction of lesion of lip
 F028 Other specified extirpation of lesion of lip
 F029 Unspecified extirpation of lesion of lip
 N012 Excision of lesion of scrotum
 N013 Destruction of lesion of scrotum
 N018 Other specified extirpation of scrotum
 N019 Unspecified extirpation of scrotum
 N242 Operations on skin of male perineum NEC
 N271 Excision of lesion of penis
 N272 Cauterisation of lesion of penis
 N273 Destruction of lesion of penis NEC
 N278 Other specified extirpation of lesion of penis
 N279 Unspecified extirpation of lesion of penis
 P054 Excision of lesion of vulva NEC
 P058 Other specified excision of vulva
 P059 Unspecified excision of vulva
 P061 Laser destruction of lesion of vulva
 P062 Cryosurgery to lesion of vulva
 P063 Cauterisation of lesion of vulva
 P065 Excision of lesion of labia
 P068 Other specified extirpation of lesion of vulva
 P069 Unspecified extirpation of lesion of vulva
 P111 Excision of lesion of female perineum
 P112 Laser destruction of lesion of female perineum
 P113 Cauterisation of lesion of female perineum
 P114 Destruction of lesion of female perineum NEC
 P118 Other specified extirpation of lesion of female perineum
 P119 Unspecified extirpation of lesion of female perineum
 T291 Excision of umbilicus
 T292 Excision of urachus
 T293 Extirpation of lesion of umbilicus
 T298 Other specified operations on umbilicus
 T299 Unspecified operations on umbilicus

Diagnosis codes (ICD) Exclusions:

C430 Malignant melanoma of lip
 C431 Malignant melanoma of eyelid, including canthus
 C432 Malignant melanoma of eyelid, including canthus
 C433 Malignant melanoma of other and unspecified parts of face
 C434 Malignant melanoma of scalp and neck
 C435 Malignant melanoma of trunk
 C436 Malignant melanoma of upper limb, including shoulder
 C437 Malignant melanoma of lower limb, including hip
 C438 Overlapping malignant melanoma of skin
 C439 Malignant melanoma of skin, unspecified
 C440 Other malignant neoplasms of skin of lip
 C441 Other malignant neoplasms of skin of eyelid, including canthus
 C442 Other malignant neoplasms of skin of ear and external auricular canal
 C443 Other malignant neoplasms of skin of other and unspecified parts of face
 C444 Other malignant neoplasms of skin of scalp and neck
 C445 Other malignant neoplasms of skin of trunk
 C446 Other malignant neoplasms of skin of upper limb, including shoulder
 C447 Other malignant neoplasms of skin of lower limb, including hip
 C448 Other malignant neoplasms of skin - Overlapping lesion of skin
 C449 Other malignant neoplasms of skin, unspecified
 D030 Melanoma in situ of lip
 D031 Melanoma in situ of eyelid, including canthus
 D032 Melanoma in situ of ear and external auricular canal
 D033 Melanoma in situ of other and unspecified parts of face
 D034 Melanoma in situ of scalp and neck
 D035 Melanoma in situ of trunk
 D036 Melanoma in situ of upper limb, including shoulder
 D037 Melanoma in situ of lower limb, including hip
 D038 Melanoma in situ of other sites
 D039 Melanoma in situ, unspecified
 D040 Carcinoma in situ of skin of lip
 D041 Carcinoma in situ of skin of eyelid, including canthus
 D042 Carcinoma in situ of skin of ear and external auricular canal
 D043 Carcinoma in situ of skin of other and unspecified parts of face
 D044 Carcinoma in situ of skin of scalp and neck
 D045 Carcinoma in situ of skin of trunk
 D046 Carcinoma in situ of skin of upper limb, including shoulder
 D047 Carcinoma in situ of skin of lower limb, including hip
 D048 Carcinoma in situ of skin of other sites
 D049 Carcinoma in situ of skin, unspecified
 L570 Actinic keratosis

EBI recommendation

Evidence suggests that grommets only offer a short-term hearing improvement in children with glue ear who have no other serious medical problems or disabilities. They should be offered in cases that have a history of persistent (at least 3 months) bilateral, hearing loss as defined by the NICE guidance. Hearing aids can also be offered as an alternative to surgery.

Current Code Script

1G - Grommets

```
WHEN left(der.Spell_Dominant_Procedure,4) IN ('D151','D289')
AND (der.Spell_Primary_Diagnosis like 'H65[23]%'
OR der.Spell_Primary_Diagnosis like 'H66[1-9]%' )
AND (ISNULL(APCS.Age_At_Start_of_Spell_SUS,APCS.Der_Age_at_CDS_Activity_Date) between 0
AND 18 OR ISNULL(APCS.Age_At_Start_of_Spell_SUS,APCS.Der_Age_at_CDS_Activity_Date) between
7001 AND 7007 )
AND APCS.Admission_Method not like ('2%')
THEN 'G_gromm'
```

Current baseline activity 17/18	Rolling 12 month activity (up to & including Dec 2022)
8,661	2,733

Proposed Code Script

```
WHEN LEFT(der.Spell_Dominant_Procedure,4) in ('D151')
AND (der.Spell_Primary_Diagnosis like 'H65[2349]%'
OR der.Spell_Primary_Diagnosis like 'H66[012349]%' )
AND ( isnull(APCS.Age_At_Start_of_Spell_SUS,APCS.Der_Age_at_CDS_Activity_Date) between 0 AND 18
OR isnull(APCS.Age_At_Start_of_Spell_SUS,APCS.Der_Age_at_CDS_Activity_Date) between 7001 AND 7007 )
AND APCS.Admission_Method not like ('2%')
THEN 'G_gromm'
```

Revised baseline activity 17/18	Revised rolling 12 month activity (up to & including Dec 2022) & impact
11,225	3,498 (+765)

Proposed Code Definitions

Procedure codes (OPCS):

D151 Myringotomy with insertion of ventilation tube through tympanic membrane

Diagnosis codes (ICD)

H652 Chronic serous otitis media
H653 Chronic mucoid otitis media
H654 Other chronic nonsuppurative otitis media
H659 Nonsuppurative otitis media, unspecified
H660 Acute suppurative otitis media
H661 Chronic tubotympanic suppurative otitis media
H662 Chronic atticoantral suppurative otitis media
H663 Other chronic suppurative otitis media
H664 Suppurative otitis media, unspecified
H669 Otitis media, unspecified

Description and rationale for change

For the procedures, removed code D289 Unspecified other operations on ear, as this would not be relevant to code for this procedure.

In diagnosis, added code H654 to H659, although should not be seen commonly (as glue ear is coded to H652 and H653).

EBI recommendation

Recurrent sore throats are a very common condition that present a considerable health burden. In most cases they can be treated with conservative measures. In some cases, where there are recurrent, documented episodes of acute tonsillitis that are disabling to normal function, then tonsillectomy is beneficial, but it should only be offered when the frequency of episodes set out by the Scottish Intercollegiate Guidelines Network criteria are met.

Current Code Script

1H - Tonsillectomy

```
WHEN left(der.Spell_Dominant_Procedure,4) IN ('F341','F342','F343','F344','F345','F346','F347','F348','F349','F361')
AND apcs.der_diagnosis_all not like '%G47%'
AND apcs.der_diagnosis_all not like '%J36%'
AND APCS.Admission_Method not like ('2%')
THEN 'H_tonsil'
```

Current baseline activity 17/18	Rolling 12 month activity (up to & including Dec 2022)
32,198	18,767

Proposed Code Script

```
WHEN LEFT(der.Spell_Dominant_Procedure,4) in ('F341','F342','F343','F344','F345','F346','F347','F348','F349','F361')
AND (apcs.der_diagnosis_all like '%J030%'
OR apcs.der_diagnosis_all like '%J038%'
OR apcs.der_diagnosis_all like '%J039%'
OR apcs.der_diagnosis_all like '%J350%')
AND not (apcs.der_diagnosis_all like '%C[0-8][0-9]%' OR apcs.der_diagnosis_all like '%C9[0-7]%' )
AND not (apcs.der_diagnosis_all like '%G473%'
OR apcs.der_diagnosis_all like '%J36%'
OR apcs.der_diagnosis_all like '%J390%')
AND APCS.Admission_Method not like ('2%')
THEN 'H_tonsil'
```

Revised baseline activity 17/18	Revised rolling 12 month activity (up to & including Dec 2022) & impact
25,836	14,341 (-4,426)

Proposed Code Definitions

Procedure codes (OPCS):

F341	Bilateral dissection tonsillectomy
F342	Bilateral guillotine tonsillectomy
F343	Bilateral laser tonsillectomy
F344	Bilateral excision of tonsil NEC
F345	Excision of remnant of tonsil
F346	Excision of lingual tonsil
F347	Bilateral coblation tonsillectomy
F348	Other specified excision of tonsil
F349	Unspecified excision of tonsil
F351	Bilateral intracapsular tonsillectomy NEC
F352	Bilateral intracapsular coblation tonsillectomy
F358	Other specified intracapsular excision of tonsil
F359	Unspecified intracapsular excision of tonsil
F361	Destruction of tonsil

Includes

J030	Streptococcal tonsillitis
J038	Acute tonsillitis due to other specified organisms
J039	Acute tonsillitis, unspecified
J350	Chronic tonsillitis

Exclusions

C00-C97	Malignant neoplasms
G473	Sleep apnoea
J36X	Peritonsillar abscess
J390	Retropharyngeal and parapharyngeal abscess

Description and rationale for change

For the procedures, added new codes introduced in OPCS-4.10 (F35-)

Question - Would other criteria lowering conditions be required, e.g., codes for CKD?

EBI recommendation

Numerous interventions exist for the management of haemorrhoids (piles). The evidence recommends that surgical treatment should only be considered for haemorrhoids that keep coming back after treatment or for haemorrhoids that are significantly affecting daily life.

Current Code Script

```
11 - Haemorrhoid Surgery
WHEN left(der.Spell_Dominant_Procedure,4) IN ('H511','H512','H513','H518','H519')
      AND APCS.Admission_Method not like ('2%')
      THEN 'I_haemmor'
```

Current baseline activity 17/18	Rolling 12 month activity (up to & including Dec 2022)
8,517	7,104

Proposed Code Script

```
WHEN LEFT(der.Spell_Dominant_Procedure,4) in ('H511','H512','H513','H518','H519')
      AND (apcs.der_diagnosis_all like '%K64[01234589]%'
           OR apcs.der_diagnosis_all like '%O224%'
           OR apcs.der_diagnosis_all like '%O872%')
      AND not (apcs.der_diagnosis_all like '%C[0-8][0-9]%'
              OR apcs.der_diagnosis_all like '%C9[0-7]%' )
      AND APCS.Admission_Method not like ('2%')
      THEN 'I_haemmor'
```

Revised baseline activity 17/18	Revised rolling 12 month activity (up to & including Dec 2022) & impact
8,471	7,066 (-38)

I: Haemorrhoid surgery

Proposed Code Definitions

Procedure codes (OPCS):

Main

H511	Haemorrhoidectomy
H512	Partial internal sphincterotomy for haemorrhoid
H513	Stapled haemorrhoidectomy
H518	Other specified excision of haemorrhoid
H519	Unspecified excision of haemorrhoid

Potential

H521	Cryotherapy to haemorrhoid
H522	Infrared photocoagulation of haemorrhoid
H523	Injection of sclerosing substance into haemorrhoid
H524	Rubber band ligation of haemorrhoid
H528	Other specified destruction of haemorrhoid
H529	Unspecified destruction of haemorrhoid
H531	Evacuation of perianal haematoma
H532	Forced manual dilation of anus for haemorrhoid
H533	Manual reduction of prolapsed haemorrhoid
H538	Other specified other operations on haemorrhoid
H539	Unspecified other operations on haemorrhoid
L703	Ligation of artery NEC (coding for the HALO procedure)
Y524	<i>Peranal transrectal approach to organ (secondary to L703)</i>
Y532	<i>Approach to organ under ultrasonic control (secondary to Y524)</i>
Z378	<i>Specified lateral branch of abdominal aorta NEC (secondary to Y532)</i>

Diagnosis codes (ICD):

Includes

K640	First degree haemorrhoids
K641	Second degree haemorrhoids
K642	Third degree haemorrhoids
K643	Fourth degree haemorrhoids
K644	Residual haemorrhoidal skin tags
K645	Perianal venous thrombosis
K648	Other specified haemorrhoids
K649	Haemorrhoids, unspecified
O224	Haemorrhoids in pregnancy
O872	Haemorrhoids in the puerperium

Potential

C00-C97	Malignant neoplasms
---------	---------------------

Description and rationale for change

For procedures, added codes to the 'potential' section (consideration for these being moved to the 'main' section).

For diagnosis, added the specific ICD-10 codes for haemorrhoids.

J: Hysterectomy for heavy bleeding



EBI recommendation

NICE recommends that hysterectomy should not be used as a first-line treatment solely for heavy menstrual bleeding (HMB). Heavy periods can be reduced by using medicines or intrauterine systems (IUS) or losing weight (if necessary).

Current Code Script

1J - Hysterectomy for Heavy Menstrual Bleeding

```
WHEN left(der.Spell_Dominant_Procedure,4) IN ('Q072','Q074','Q078','Q079','Q082','Q088','Q089')
AND apcs.der_diagnosis_all not like '%O0[0-8]%'
AND apcs.der_diagnosis_all not like '%O6[0-9]%'
AND apcs.der_diagnosis_all not like '%O7[0-5]%'
AND apcs.der_diagnosis_all not like '%N81%'
AND APCS.Admission_Method not like ('2%')
THEN 'J_hysterec'
```

Current baseline activity 17/18	Rolling 12 month activity (up to & including Dec 2022)
18,523	16,744

Proposed Code Script

```
WHEN LEFT(der.Spell_Dominant_Procedure,4) in ('Q071','Q072','Q073','Q074','Q075','Q076','Q078','Q079','Q081','Q082','Q083','Q088','Q089')
AND (apcs.der_diagnosis_all like '%N92[0124]%'
OR apcs.der_diagnosis_all like '%N950%')
AND apcs.der_diagnosis_all not like '%D25[0129]%'
AND not (apcs.der_diagnosis_all like '%C52%'
OR apcs.der_diagnosis_all like '%C53[0189]%'
OR apcs.der_diagnosis_all like '%C54[012389]%'
OR apcs.der_diagnosis_all like '%C5[56]%'
OR apcs.der_diagnosis_all like '%C57[01234789]%'
OR apcs.der_diagnosis_all like '%C58%')
AND APCS.Admission_Method not like ('2%')
THEN 'J_hysterec'
```

Revised baseline activity 17/18	Revised rolling 12 month activity (up to & including Dec 2022) & impact
4,746	3,189 (-13,555)

J: Hysterectomy for heavy bleeding

Proposed Code Definitions

Procedure codes (OPCS):

Q071	Abdominal hysterocolpectomy and excision of periuterine tissue
Q072	Abdominal hysterectomy and excision of periuterine tissue NEC
Q073	Abdominal hysterocolpectomy NEC
Q074	Total abdominal hysterectomy NEC
Q075	Subtotal abdominal hysterectomy
Q076	Excision of accessory uterus
Q078	Other specified abdominal excision of uterus
Q079	Unspecified abdominal excision of uterus
Q081	Vaginal hysterocolpectomy and excision of periuterine tissue
Q082	Vaginal hysterectomy and excision of periuterine tissue NEC
Q083	Vaginal hysterocolpectomy NEC
Q088	Other specified vaginal excision of uterus
Q089	Unspecified vaginal excision of uterus

Description and rationale for change

For procedures, added additional hysterectomy codes, but these could be removed if they are deemed unnecessary as these include removal of other organs and tissues.

In diagnosis, added codes for heavy menstrual bleeding.

Removed codes O0, O6 and O7 as these are not related to menstrual bleeding.

Added specific codes for genital tract cancer in exceptions.

Diagnosis codes (ICD):

Includes

N920	Excessive and frequent menstruation with regular cycle
N921	Excessive and frequent menstruation with irregular cycle
N922	Excessive menstruation at puberty
N924	Excessive bleeding in the premenopausal period
N950	Postmenopausal bleeding (used to classify postmenopausal menorrhagia)

Exclusions

D250	Submucous leiomyoma of uterus (can be used in exception searches based on criteria that it is accepted)
D251	Intramural leiomyoma of uterus (can be used in exception searches based on criteria that it is accepted)
D252	Subserosal leiomyoma of uterus (can be used in exception searches based on criteria that it is accepted)
D259	Leiomyoma of uterus, unspecified (can be used in exception searches based on criteria that it is accepted)
C52X	Malignant neoplasm of vagina
C530	Malignant neoplasm of endocervix
C531	Malignant neoplasm of exocervix
C538	Malignant neoplasm of overlapping lesion of cervix uteri
C539	Malignant neoplasm of cervix uteri, unspecified
C540	Malignant neoplasm of isthmus uteri
C541	Malignant neoplasm of endometrium
C542	Malignant neoplasm of myometrium
C543	Malignant neoplasm of fundus uteri
C548	Malignant neoplasm of overlapping lesion of corpus uteri
C549	Malignant neoplasm of corpus uteri, unspecified
C55X	Malignant neoplasm of uterus, part unspecified
C56X	Malignant neoplasm of ovary
C570	Malignant neoplasm of fallopian tube
C571	Malignant neoplasm of broad ligament
C572	Malignant neoplasm of round ligament
C573	Malignant neoplasm of parametrium
C574	Malignant neoplasm of uterine adnexa, unspecified
C577	Malignant neoplasm of other specified female genital organs
C578	Malignant neoplasm of overlapping lesion of female genital organs
C579	Malignant neoplasm of female genital organ, unspecified
C58X	Malignant neoplasm of placenta

K. Chalazia removal

EBI recommendation

The evidence shows that alternative treatment options (warm compresses, drops or ointment, steroid injection) or a “watch and wait” approach will lead to resolution of many chalazia without the risks of surgery.

Current Code Script

1K - Chalazia Removal

```
WHEN left(der.Spell_Dominant_Procedure,4) IN ('C121','C122','C124','C191','C198')
AND left(der.Spell_Primary_Diagnosis,4) IN ('H001')
AND APCS.Admission_Method not like ('2%')
THEN 'K_chalazia'
```

Current baseline activity 17/18	Rolling 12 month activity (up to & including Dec 2022)
6,007	2,992

Proposed Code Script

```
WHEN LEFT(der.Spell_Dominant_Procedure,4) in ('C121','C122','C123','C124','C125','C126','C128','C129','C191','C198','C199')
AND LEFT(der.Spell_Primary_Diagnosis,4) in ('H000','H001')
AND APCS.Admission_Method not like ('2%')
THEN 'K_chalazia'
```

Revised baseline activity 17/18	Revised rolling 12 month activity (up to & including Dec 2022) & impact
413	209 (-2,783)

K. Chalazia removal

Proposed Code Definitions

Procedure codes (OPCS):

C121	Excision of lesion of eyelid NEC
C122	Cauterisation of lesion of eyelid
C123	Cryotherapy to lesion of eyelid
C124	Curettage of lesion of eyelid
C125	Destruction of lesion of eyelid NEC
C126	Wedge excision of lesion of eyelid
C128	Other specified extirpation of lesion of eyelid
C129	Unspecified extirpation of lesion of eyelid
C191	Drainage of lesion of eyelid
C198	Other specified incision of eyelid
C199	Unspecified incision of eyelid

Diagnosis codes (ICD):

H000	Hordeolum and other deep inflammation of eyelid
H001	Chalazion

Description and rationale for change

For procedures, added codes for cryotherapy and drainage (as there is evidence this can also be performed for chalazia), as well as other types of excision and destruction, other and unspecified codes.

For diagnosis, code H000 added as this is where infected meibomian cyst is classified.

NOTE: Most of the historic activity has been absorbed into the F: Removal of benign skin lesions category due to hierarchical nature of the selection to deter double counting of the same activity between interventions.

L. Shoulder decompression

EBI recommendation

Recent research has indicated that in patients with pure subacromial impingement (with no other associated diagnoses such as rotator cuff tears, calcific tendinopathy and acromio-clavicular joint pain), non-operative management with a combination of exercise and physiotherapy is effective in the majority of cases. Patients suffering with persistent symptoms, despite appropriate non-operative management, should be given the option to choose decompression surgery.

Current Code Script

1L - Shoulder Decompression

```
WHEN (der.Spell_Dominant_Procedure = 'O291' AND apcs.der_procedure_all like '%Y767%')
      AND (der.Spell_Primary_Diagnosis like '%M754%'
            OR der.Spell_Primary_Diagnosis like 'M2551%')
      AND APCS.Admission_Method not like ('2%')
      THEN 'L_should_decom'
```

Current baseline activity 17/18	Rolling 12 month activity (up to & including Dec 2022)
13,653	3,951

Proposed Code Script

```
WHEN ( (LEFT(der.Spell_Dominant_Procedure,4)='O291'
        AND apcs.der_procedure_all like '%Y767%')
        OR (LEFT(der.Spell_Dominant_Procedure,4)='W844'
        AND apcs.der_procedure_all like '%Z812%')
        OR (LEFT(der.Spell_Dominant_Procedure,4)='W572'
        AND apcs.der_procedure_all like '%Z812%') )
      AND apcs.der_diagnosis_all like '%M754%'
      AND apcs.der_diagnosis_all not like '%M751%'
      AND APCS.Admission_Method not like ('2%')
      THEN 'L_should_decom'
```

Revised baseline activity 17/18	Revised rolling 12 month activity (up to & including Dec 2022) & impact
12,492	3,894 (-57)

L. Shoulder decompression

Proposed Code Definitions

Procedure codes (OPCS):

Main

O291	Subacromial decompression
Y767	<i>Arthroscopic approach to joint</i> (must be supplementary to O291)
W844	Endoscopic decompression of joint (may be performed along with O291)
Z812	<i>Acromioclavicular joint</i> (secondary to W844)
W572	Endoscopic decompression of joint (may be performed along with O291)
Z812	<i>Acromioclavicular joint</i> (secondary to W572)

Potential

O291	Subacromial decompression (when Y767 is not included in the supplementary position this indicates an open procedure)
------	--

Diagnosis codes (ICD):

Includes

M754	Impingement syndrome of shoulder
------	----------------------------------

Exclusions

M751	Rotator cuff syndrome (code for rotator cuff tear)
------	--

Description and rationale for change

For procedures, added coding for an open ACJ decompression. Added instruction if Y767 is not used in coding with O291 in the 'potential' section.

For diagnosis, as the policy only states 'impingement' there is no requirement for M2551 for shoulder pain to be included.

M: Carpal tunnel syndrome release

EBI recommendation

Carpal tunnel syndrome is common, and mild acute symptoms usually get better with time. Splinting at night, pain relief and corticosteroid injection should be considered. Surgery should be considered for persistent severe symptoms. Surgical treatment of carpal tunnel should only be offered under specific criteria.

Current Code Script

1M - Carpal Tunnel Syndrome Release

```
WHEN left(der.Spell_Dominant_Procedure,4) IN ('A651','A659')
      AND der.Spell_Primary_Diagnosis like '%G560%'
      AND APCS.Admission_Method not like ('2%')
      THEN 'M_carpal'
```

Current baseline activity 17/18	Rolling 12 month activity (up to & including Dec 2022)
43,161	33,437

Proposed Code Script

```
WHEN LEFT(der.Spell_Dominant_Procedure,4) = 'A651'
      AND der.Spell_Primary_Diagnosis like '%G560%'
      AND APCS.Admission_Method not like ('2%')
      THEN 'M_carpal'
```

Revised baseline activity 17/18	Revised rolling 12 month activity (up to & including Dec 2022) & impact
43,155	33,432 (-5)

M: Carpal tunnel syndrome release

Proposed Code Definitions

Procedure codes (OPCS):

Main

A651 Carpal tunnel release

Potential

A658 Other specified release of entrapment of peripheral nerve at wrist

A659 Unspecified release of entrapment of peripheral nerve at wrist

Diagnosis codes (ICD):

G560 Carpal tunnel syndrome

Description and rationale for change

For procedures, added code A658, as A659 was already included. Added these two codes to the 'potential' section, as these should all be coded to A651.

N. Dupuytren's contracture release



EBI recommendation

NICE recommends no treatment is necessary for people with Dupuytren's disease who do not have contracture. Referral to hand surgery should be made for people with Dupuytren's contractures according to specific criteria.

Current Code Script

1N - Dupuytren's Contracture Release

```
WHEN left(der.Spell_Dominant_Procedure,4) IN ('T521','T522','T525','T526','T541','T561')
AND (ISNULL(APCS.Age_At_Start_of_Spell_SUS,APCS.Der_Age_at_CDS_Activity_Date) between 19 AND 120)
AND left(der.Spell_Primary_Diagnosis,4)='M720'
AND APCS.Admission_Method not like ('2%')
THEN 'N_dupuytr'
```

Current baseline activity 17/18	Rolling 12 month activity (up to & including Dec 2022)
14,939	13,184

Proposed Code Script

```
WHEN LEFT(der.Spell_Dominant_Procedure,4) in ('T521','T522','T525','T526','T541','T543')
AND isnull(APCS.Age_At_Start_of_Spell_SUS,APCS.Der_Age_at_CDS_Activity_Date) between 19 AND 120
AND LEFT(der.Spell_Primary_Diagnosis,4)='M720'
AND APCS.Admission_Method not like ('2%')
THEN 'N_dupuytr'
```

Revised baseline activity 17/18	Revised rolling 12 month activity (up to & including Dec 2022) & impact
14,259	12,630 (-554)

Proposed Code Definitions

Procedure codes (OPCS):

Main

T521	Palmar fasciectomy
T522	Revision of palmar fasciectomy
T525	Digital fasciectomy
T526	Revision of digital fasciectomy
T541	Division of palmar fascia NEC
T543	Needle fasciotomy of palmar fascia

Potential

T528	Other specified excision of other fascia
T529	Unspecified excision of other fascia
T548	Other specified division of fascia
T549	Unspecified division of fascia

Diagnosis codes (ICD):

M720	Palmar fascial fibromatosis [Dupuytren]	(there is no way to differentiate between Dupuytren's disease and contracture in the classification)
------	---	--

Description and rationale for change

For procedures, added code T543 and other fascia releases in the 'potential' section.

O. Ganglion excision

EBI recommendation

Most people live comfortably with ganglia and they often resolve spontaneously over time. Ganglion excision can be unnecessary, can cause complications, and recurrence is common following surgery. The complications may be similar to or worse than the original problem. Ganglion excision should only be offered under specific criteria

Current Code Script

1O - Ganglion Excision

```
WHEN left(der.Spell_Dominant_Procedure,4) IN ('T591','T592','T598','T599','T601','T602','T608','T609')
      AND der.Spell_Primary_Diagnosis like '%M674%'
      AND APCS.Admission_Method not like ('2%')
      THEN 'O_ganglion'
```

Current baseline activity 17/18	Rolling 12 month activity (up to & including Dec 2022)
6,218	3,966

Proposed Code Script

```
WHEN LEFT(der.Spell_Dominant_Procedure,4) in ('T591','T592','T601','T602')
      AND (der.Spell_Primary_Diagnosis like '%M674%'
           OR der.Spell_Primary_Diagnosis like '%M255%')
      AND apcs.der_diagnosis_all not like '%M258%'
      AND APCS.Admission_Method not like ('2%')
      THEN 'O_ganglion'
```

Revised baseline activity 17/18	Revised rolling 12 month activity (up to & including Dec 2022) & impact
5,923	3,795 (-171)

O. Ganglion excision

Proposed Code Definitions

Procedure codes (OPCS):

Main

T591	Excision of ganglion of wrist
T592	Excision of ganglion of hand NEC
T601	Re-excision of ganglion of wrist
T602	Re-excision of ganglion of hand NEC

Potential

T611	Aspiration of ganglion
T613	Injection of ganglion
T618	Other specified other operations on ganglion
T598	Other specified excision of ganglion
T599	Unspecified excision of ganglion
T608	Other specified re-excision of ganglion
T609	Unspecified re-excision of ganglion

Diagnosis codes (ICD):

Includes

M674	Ganglion (nothing to state that this is severe as per policy. Also nothing to demonstrate the site (although this can be picked up from the OPCS-4 code))
M255	Pain in joint (this code might be used to demonstrate that there is pain involved, but not a guarantee (fifth character would be '0', '4' or '7'))

Exclusions

M258	Other specified joint disorders (this is where cyst of joint is classified so might be used as a bypass)
------	--

Description and rationale for change

For procedures, moved T598, T599, T608 and T609 to 'potential' as these should not be used for hand and wrist ganglia.

For diagnosis, added M255 to indicate pain to support reason for treatment.

P: Trigger finger release



EBI recommendation

Trigger finger often resolves over time and is often a nuisance rather than a serious problem. If treatment is necessary steroid injection can be considered. Surgery should only be offered in specific cases according to NICE accredited guidelines by the British Society for Surgery to the Hand, where alternative measures have not been successful and persistent or recurrent triggering, or a locked finger occurs.

Current Code Script

1P - Trigger Finger Release

```
WHEN      der.Spell_Dominant_Procedure IN
          ('T692+HAND','T691+HAND','T698+HAND','T699+HAND','T701+HAND','T702+HAND','T718+HAND','T719+HAND','T723+HAND','T728+HAND','T729+HAND','T711+HAND')
          AND (ISNULL(APCS.Age_At_Start_of_Spell_SUS,APCS.Der_Age_at_CDS_Activity_Date) between 19 AND 120) AND der.Spell_Primary_Diagnosis like '%M653%'
          AND APCS.Admission_Method not like ('2%')
          THEN 'P_trigger_fing'
```

Current baseline activity 17/18	Rolling 12 month activity (up to & including Dec 2022)
7,763	5,685

Proposed Code Script

```
WHEN      LEFT(der.Spell_Dominant_Procedure,4) in ('T691','T692','T698','T699','T701','T702','T711','T718','T719','T723','T728','T729')
          AND (der.Spell_Primary_Diagnosis like '%M653%'
              OR der.Spell_Primary_Diagnosis like '%M6584%'
              OR der.Spell_Primary_Diagnosis like '%M6594%')
          AND isnull(APCS.Age_At_Start_of_Spell_SUS,APCS.Der_Age_at_CDS_Activity_Date) between 19 AND 120
          AND APCS.Admission_Method not like ('2%')
          THEN 'P_trigger_fing'
```

Revised baseline activity 17/18	Revised rolling 12 month activity (up to & including Dec 2022) & impact
8,476	6,034 (+349)

Proposed Code Definitions

Procedure codes (OPCS):

Main	
T691	Primary tenolysis
T692	Revision of tenolysis
T698	Other specified freeing of tendon
T699	Unspecified freeing of tendon
T701	Subcutaneous tenotomy
T702	Tenotomy NEC
T711	Tenosynovectomy
T718	Other specified excision of sheath of tendon
T719	Unspecified excision of sheath of tendon
T723	Release of constriction of sheath of tendon (this is the code that should be used for this procedure)
T728	Other specified other operations on sheath of tendon
T729	Unspecified other operations on sheath of tendon
Z563	<i>Flexor digitorum superficialis</i> (secondary to T code)
Z564	<i>Flexor digitorum profundus</i> (secondary to T code)
Z894	<i>Hand NEC</i> (secondary to T code)
Z895	<i>Thumb NEC</i> (secondary to T code)
Z896	<i>Finger NEC</i> (secondary to T code)
Z897	<i>Multiple digits of hand NEC</i> (secondary to T code)

Potential

T703	Adjustment to muscle origin of tendon
T705	Lengthening of tendon
T708	Other specified adjustment to length of tendon
T709	Unspecified adjustment to length of tendon

Diagnosis codes (ICD):

M653	Trigger finger
M6584	Other synovitis and tenosynovitis - Hand
M6594	Synovitis and tenosynovitis, unspecified - Hand

Description and rationale for change

For procedures, added code T711 as this could be an alternative procedure for this condition.

Also added additional site codes for specific tendon.

Finally added codes to the 'potential' section.

For diagnosis, added codes M6584 and M6594 in case it is documented as tenosynovitis rather than trigger finger.

Q: Varicose vein surgery



EBI recommendation

Intervention, in terms of endovenous thermal (laser ablation, and radiofrequency ablation), ultrasound guided foam sclerotherapy, open surgery (ligation and stripping), is cost effective for managing symptomatic varicose veins compared to no treatment or the use of compression hosiery. For patients whose veins are purely cosmetic and are not associated with any symptoms do not refer for NHS treatment.

Current Code Script

1Q - Varicose Vein Surgery

```
WHEN left(der.Spell_Dominant_Procedure,4) IN
('L832','L838','L839','L841','L842','L843','L844','L845','L846','L848','L849','L851','L852','L853','L858','L859','L861','L862','L863','L868','L869','L871','L872','L873','L874','L875','L876','L877','L878','L879','L881','L882','L883','L888','L889')
AND der.Spell_Primary_Diagnosis like ('%I8[03]%' )
AND APCS.Admission_Method not like ('2%')
THEN 'Q_var_veins'
```

Current baseline activity 17/18	Rolling 12 month activity (up to & including Dec 2022)
28,776	17,342

Proposed Code Script

```
WHEN LEFT(der.Spell_Dominant_Procedure,4) in
('L841','L842','L843','L844','L845','L846','L848','L849','L851','L852','L853','L858','L859','L861','L862','L863','L868','L869','L871','L872','L873','L874','L875','L876','L877','L878','L879','L881','L882','L883','L888','L889')
AND (der.Spell_Primary_Diagnosis like '%I83[0129]%'
OR der.Spell_Primary_Diagnosis like '%O220%'
OR der.Spell_Primary_Diagnosis like '%O878%'
OR der.Spell_Primary_Diagnosis like '%Q278%')
AND APCS.Admission_Method not like ('2%')
THEN 'Q_var_veins'
```

Revised baseline activity 17/18	Revised rolling 12 month activity (up to & including Dec 2022) & impact
28,601	17,233 (-109)

Q: Varicose vein surgery

Proposed Code Definitions

Procedure codes (OPCS):

L841	Combined operations on primary long saphenous vein
L842	Combined operations on primary short saphenous vein
L843	Combined operations on primary long and short saphenous vein
L844	Combined operations on recurrent long saphenous vein
L845	Combined operations on recurrent short saphenous vein
L846	Combined operations on recurrent long and short saphenous vein
L848	Other specified combined operations on varicose vein of leg
L849	Unspecified combined operations on varicose vein of leg
L851	Ligation of long saphenous vein
L852	Ligation of short saphenous vein
L853	Ligation of recurrent varicose vein of leg
L858	Other specified ligation of varicose vein of leg
L859	Unspecified ligation of varicose vein of leg
L861	Injection of sclerosing substance into varicose vein of leg NEC
L862	Ultrasound guided foam sclerotherapy for varicose vein of leg
L863	Injection of glue into varicose vein of leg
L868	Other specified injection into varicose vein of leg
L869	Unspecified injection into varicose vein of leg
L871	Stripping of long saphenous vein
L872	Stripping of short saphenous vein
L873	Stripping of varicose vein of leg NEC
L874	Avulsion of varicose vein of leg
L875	Local excision of varicose vein of leg
L876	Incision of varicose vein of leg
L877	Transilluminated powered phlebectomy of varicose vein of leg
L878	Other specified other operations on varicose vein of leg
L879	Unspecified other operations on varicose vein of leg
L881	Percutaneous transluminal laser ablation of long saphenous vein
L882	Radiofrequency ablation of varicose vein of leg
L883	Percutaneous transluminal laser ablation of varicose vein of leg NEC
L888	Other specified transluminal operations on varicose vein of leg
L889	Unspecified transluminal operations on varicose vein of leg

Diagnosis codes (ICD):

I830	Varicose veins of lower extremities with ulcer
I831	Varicose veins of lower extremities with inflammation
I832	Varicose veins of lower extremities with both ulcer and inflammation
I839	Varicose veins of lower extremities without ulcer or inflammation
O220	Varicose veins of lower extremity in pregnancy
O878	Other venous complications in the puerperium (this code is used to classify conditions puerperal varicose veins, but also classifies other venous puerperal complications)
Q278	Other specified congenital malformations of peripheral vascular system (this code is used to classify congenital varicose veins, but also classifies other peripheral vascular complications)

Description and rationale for change

For procedures, removed L83 codes as these are not for procedures for varicose veins but procedures for venous insufficiency.

For diagnosis, removed I80-I82 as these are for phlebitis and thrombophlebitis, not varicose veins.

Added codes for pregnancy related and congenital varicose veins.

Engagement/ consultation and further information



Details of the engagement/ consultation

The consultation period will run from Sunday 28th May 2023 until Sunday 25th June 2023.

At the end of the consultation period, all feedback will be reviewed and considered prior to the adoption of the refreshed clinical codes. A summary of this review will also be made available to stakeholders.

Providing feedback

Please provide any feedback relating to the proposed coding set out in this pack via the online survey which can be found on the Academy of Medical Royal Colleges website.

For further information on the Evidence Based Interventions programme please visit the [Academy of Medical Royal Colleges website](#)

Contact details: england.ebiinterventions@nhs.net