

Evidence-Based Interventions (EBI)

Clinical Coding Engagement & Consultation Pack for Release 4

July 2023

Purpose

This slide pack sets out the proposed clinical coding for 2 of the 3 interventions currently out for consultation, with publication planned for early 2024, in the Evidence-Based Interventions (EBI) programme. (The remaining intervention (PSA testing for men aged 80 years old and above) has not been included as it has not been possible to identify accurate clinical codes.) Interventions for release 4 (**Urology**) were selected in November 2022 with GiRFT Urology leads and the British Association of Urological Surgeons (BAUS) and have been reviewed by the Academy of Medical Royal Colleges (AoMRC) and Expert Advisory Committee (EAC)

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 fourth release of interventions

Clinical Coding Development

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, Ninth Edition (OPCS-4.9). 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 by intervention and the activity levels using this coding.

The following information is provided for each intervention:

- Summary of the EBI recommendation
- The proposed code script
- The proposed code figures
- The proposed code definitions

Transurethral resection of bladder tumour (TURBT) single post instillation of mitomycin C



EBI recommendation

Mitomycin-C is routinely administered after someone undergoes their first TURBT procedure where clinical criteria are met. It recommends that this is done as close to the surgical procedure as possible to maximise the clinical benefit and minimise the chance that someone must stay unnecessarily in hospital when there are no other reasons for doing so.

Proposed code script

```
WHEN      LEFT(der.Spell_Dominant_Procedure,4) in ('M421')
          AND (
              APCS.Der_Procedure_All LIKE '%M494%'
              OR  APCS.Der_Procedure_All LIKE '%X722%'
              OR  (APCS.Der_Financial_Year < '2022/23' AND APCS.Der_Procedure_All LIKE '%X701%')
            )
THEN      '4A_TURBT_w_Mitomycin_C'
```

2019/20 Baseline	2022/23 Non-Fixed Baseline
4,337	4,030

Proposed code definitions

Procedure codes (OPCS):

- Main
- M421 Endoscopic resection of lesion of bladder
- M494 Introduction of therapeutic substance into bladder
- X701 Procurement of drugs for chemotherapy for neoplasm for regimens in Band 1 (*will only be included in data pre-April 2022*)
- X722 Delivery of complex parenteral chemotherapy for neoplasm at first attendance

EBI recommendation

All women with recurrent UTIs should be offered a renal ultrasound (US) in primary care. This should include measurement of a post-micturition residual volume as standard. Women should only be referred to a hospital-based specialist in kidney and urinary tract diseases (urologist) if they have certain symptoms, medical conditions or findings on their ultrasound that suggest a problem with the structure or function of their urinary system.

Proposed code script

Cancer diagnosis exclusion code

```
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

```
WHEN OPA.Der_Procedure_All LIKE '%M45[189]%'
AND OPA.Sex = 2
THEN '4B_Female_rUTI_Referral_no_OPA_Diagnosis'
```

2019/20 Baseline	2022/23 Non-Fixed Baseline
112,279	90,459

To note: Limitations of using the diagnosis code for identifying EBI relevant activity

It is not currently possible to limit the identified OP based cystoscopies as there are no diagnosis codes recorded for outpatient activity (with very few exceptions). A list of the diagnosis codes in this context have been presented above; however, there are risks in presenting the list of diagnosis codes in this context:

- i. It will not be possible to find any cystoscopies with an associated relevant diagnosis code from the list (because there is no diagnosis data)
- ii. Many of the diagnosis codes in the list are for symptoms which could be related to rUTI but are not only related to rUTI. As a result of how the codes are defined, there is a risk that patients who are not relevant are identified.
- iii. The distinction between “patient has a current UTI” and “patient has recurrent but not current UTI” is important clinically and in terms of the rUTI policy. The distinction can be captured in diagnosis codes but there is a risk that when outpatient diagnosis coding processes are implemented this distinction is not well captured in the data.

Proposed code definitions

Procedure codes (OPCS):

Main	
M451	Diagnostic endoscopic examination of bladder and biopsy of lesion of bladder NEC
M458	Other specified diagnostic endoscopic examination of bladder
M459	Unspecified diagnostic endoscopic examination of bladder

Diagnosis codes (ICD):

Potential	
Z038	Observation for other suspected diseases and conditions
Z874	Personal history of diseases of the genitourinary system
R300	Dysuria
R309	Painful micturition, unspecified
R31X	Unspecified haematuria
R32X	Unspecified urinary incontinence
R33X	Retention of urine
R35X	Polyuria
R36X	Urethral discharge
R391	Other difficulties with micturition
R398	Other and unspecified symptoms and signs involving the urinary system
R934	Abnormal findings on diagnostic imaging of urinary organs