

## Clinical Coding Standard Consultation

This proposed standard is for review and comment and must not be used for coding patient episodes of care.

Please review this standard in conjunction with the document [Guidelines for external review of standards](#) and enter any comments about this proposed standard into the comments box at the end of the consultation.

### Reason for development of new standard or amendment to existing standard

Standard **PCSX20: Radiotherapy (X65, X67–X68)** does not currently cover the situation where a patient receives fractions of radiotherapy to different sites on different dates during one hospital spell.

Currently the standard states in part:

*For inpatients, radiotherapy delivery must only be coded once per hospital provider spell, regardless of the number of fractions.*

However, if the delivery of radiotherapy occurs on different sites on different dates (i.e. Femur on 15th and pelvis on 17th) then the delivery codes need to be assigned for each site as the delivery was on different dates.

### Standard proposal

#### PCSX20: Radiotherapy (X65, X67–X68)

##### Preparation for radiotherapy

Preparation for radiotherapy is coded as follows:

- X67.- Preparation for external beam radiotherapy or X68 Preparation for brachytherapy**
- Y92.- Support for preparation for radiotherapy (if used)**

Code **Y92.1 Technical support for preparation for radiotherapy** includes the manufacture of patient specific devices generally undertaken in the 'mould' room. These are typically immobilisation devices such as impression and shell fitting, lead cut-outs, mouth bites and beam shaping devices.

Preparation codes must:

- be used for **both** inpatient and outpatient activity
- only be assigned **once** to cover **all** planning for each prescription regardless of the number required for completion of the preparation process
- be assigned on the first attendance/episode for delivery of radiotherapy
- be sequenced before the delivery codes.

### **Delivery of radiotherapy**

Radiotherapy delivery is coded using the following methods:

#### **Coding radiotherapy delivery using body system chapter codes**

Where a body system chapter code that classifies radiotherapy is available (e.g. **A61.3 Radiotherapy to lesion of peripheral nerve**) this must be used as follows:

A-W Body system chapter radiotherapy code

**X65.- Radiotherapy delivery**

**Y35.- Introduction of removable radioactive material into organ NOC**  
or

**Y36.- Introduction of non-removable material into organ NOC** or

**Y91.- External beam radiotherapy**

(a code from **Y89.- Brachytherapy** is assigned with **Y35.-** or **Y36.-** if applicable)

**Y53.- Approach to organ under image control** (if used)

**Y80 - General anaesthetic** (if radiotherapy was delivered under

anaesthetic).

### **Coding radiotherapy delivery using codes from Chapter X**

Where a body system code is not available, the following codes and sequence must be applied:

**X65.- Radiotherapy delivery**

**Y35.- Introduction of removable radioactive material into organ NOC**  
or

**Y36.- Introduction of non-removable material into organ NOC** or

**Y91.- External beam radiotherapy**

(a code from **Y89.- Brachytherapy** is assigned with **Y35.-** or **Y36.-** if applicable)

**Y53.- Approach to organ under image control** (if used)

**Y80.- General anaesthetic** (if radiotherapy was delivered under anaesthetic)

Z site code (to identify the area being treated by the radiotherapy).

When coding radiotherapy delivery:

- Code **X65.9 Unspecified radiotherapy delivery** must only be used when the method of radiotherapy delivery is not classifiable to any of the other fourth-characters within the category. An additional code from category **Y91 External beam radiotherapy** must NOT be assigned with code **X65.9**
- For outpatients and daycases, radiotherapy delivery **must** be coded every time a fraction is given
- For inpatients, radiotherapy delivery must only be coded once per hospital provider spell, regardless of the number of fractions. The exception is:
  - when an inpatient has radiotherapy on different body sites, each performed on a different date within the same hospital provider spell. In these instances, a radiotherapy delivery code is assigned once for the first fraction delivered to each body site. If the radiotherapy is performed on multiple sites on the same date. the radiotherapy

[delivery is assigned once followed by the relevant site codes.](#)

Codes **X65.5 Oral delivery of radiotherapy for thyroid ablation** and **X65.7 Delivery of radionuclide therapy NEC** do not require the addition of a code from categories Y35, Y36, Y89, or Y91.

**See also:**

- ***PCSJ1: Selective internal radiotherapy (SIRT) of liver using microspheres (J12.3)***
- ***PCSM9: Radioactive seed implantation into prostate (M70.6).***

A prescription specifies a dose and fractionation for a series of identical treatments. This is similar to a medical prescription. Different anatomical sites treated concurrently would have separate prescriptions.

Codes within category **X67 Preparation for external beam radiotherapy** are divided into 'simple' and 'complex'. Clinical Coding Departments must liaise with clinical staff to determine what actual techniques would fall into these two categories, but for information purposes the following advice is given:

**Simple radiotherapy** is a standard technique with standard imaging and dosimetry. It would probably include techniques such as:

- Single direct field
- Parallel opposed (two fields opposite each other)
- 3-field technique (three individual fields all incident on the same tumour volume)
- 4-field Box (in effect two sets of parallel opposed fields incident on the same tumour volume).

These techniques are relatively easy to plan and the dosimetry is straight-forward. Any deviations from this standard planning protocol may fall into the complex subcategory because they will be out of the norm, need more consideration and be more time-consuming on the part of the dosimetrist.

**Complex radiotherapy** planning involves more complicated techniques requiring more time and thought from the dosimetrist, and will probably involve more detailed imaging and field placement:

- Intensity Modulated Radiotherapy (IMRT) for external radiotherapy only
- Conformal therapy techniques
- Half and Total Body Irradiation (TBI)
- Multi-phase techniques
- Probably all brachytherapy techniques, as the dosimetry involved is usually quite sophisticated.

**Stereotactic radiation therapy** is a specialized type of external beam radiotherapy. It is divided into two types:

- Stereotactic radiosurgery (SRS) single or several stereotactic radiation treatments of the brain or spine
- Stereotactic body radiation therapy (SBRT) one or several stereotactic radiation treatments within the body (excluding brain or spine)

Stereotactic radiation may be delivered by a number of different devices/machines. Brand names should not be confused with the actual type of stereotactic radiation.

**High dose rate brachytherapy** is delivered through temporarily placed applicators in a shielded room. Multiple fractions may be given and patients may attend the unit more than once in a day.

**Pulsed dose rate brachytherapy** is delivered through temporarily placed applicators, however the radiation dose is given over many hours in short pulses. The patient will remain in a shielded room for the duration of the delivery.

**Examples:**

*Preparation and delivery of pulsed dose brachytherapy therapy for prostate cancer*

**X68.3 Preparation for interstitial brachytherapy**

**M71.2 Implantation of radioactive substance into prostate**

**X65.3 Delivery of a fraction of interstitial radiotherapy**

**Note:** Use a subsidiary code to identify introduction of radioactive material (Y35, Y36)

**Note:** Use a subsidiary code to identify brachytherapy (Y89)

**Y35.4** Introduction of radioactive substance into organ for brachytherapy NOC

**Y89.2** Pulsed dose rate brachytherapy treatment

*Preparation and delivery of percutaneous intraluminal brachytherapy (using removable radioactive material) to bile duct cholangiocarcinoma using fluoroscopic control*

**X68.1** Preparation for intraluminal brachytherapy

**J48.7** Percutaneous brachytherapy of lesion of bile duct

**Note:** Use an additional code to specify radiotherapy delivery (X65)

**Note:** Use a subsidiary code to identify method of image control (Y53)

**X65.6** Delivery of a fraction of intraluminal brachytherapy

**Note:** Use a subsidiary code to identify introduction of radioactive material (Y35, Y36)

**Y35.4** Introduction of radioactive substance into organ for brachytherapy NOC

**Y53.4** Approach to organ under fluoroscopic control

*Preparation and delivery of external beam radiotherapy to lesion of peripheral nerve*

**X67.-** Preparation for external beam radiotherapy

**A61.3** Radiotherapy to lesion of peripheral nerve

**Note:** Use an additional code to specify radiotherapy delivery (X65)

**X65.4** Delivery of a fraction of external beam radiotherapy NEC

**Note:** Use a subsidiary code to identify external beam radiotherapy (Y91)

**Y91.9** Unspecified external beam radiotherapy

*Simple preparation using imaging and dosimetry and delivery of simple external beam radiotherapy for adenocarcinoma of prostate using linear accelerator*

(megavoltage machine)

**X67.4 Preparation for simple radiotherapy with imaging and dosimetry**

**X65.4 Delivery of a fraction of external beam radiotherapy NEC**

*Note: Use a subsidiary code to identify external beam radiotherapy (Y91)*

**Y91.2 Megavoltage treatment for simple radiotherapy**

**Z42.2 Prostate**

Preparation and delivery of hypofractionated stereotactic external beam radiotherapy to lesion of lung

**X67.- Preparation for external beam radiotherapy**

**X65.4 Delivery of a fraction of external beam radiotherapy NEC**

*Note: Use a subsidiary code to identify external beam radiotherapy (Y91)*

**Y91.5 Megavoltage treatment for hypofractionated stereotactic radiotherapy**

**Z24.6 Lung**

Delivery of simple external beam radiotherapy as an inpatient to the left femur on Day 1 and to the pelvis on Day 4 in the same hospital admission

Day 1

**X65.4 Delivery of a fraction of external beam radiotherapy NEC**

*Note: Use a subsidiary code to identify external beam radiotherapy (Y91)*

**Y91.2 Megavoltage treatment for simple radiotherapy**

**Z76.9 Femur NEC**

**Z94.3 Left sided operation**

Day 4

**X65.4 Delivery of a fraction of external beam radiotherapy NEC**

Note: Use a subsidiary code to identify external beam radiotherapy (Y91)

Y91.2 Megavoltage treatment for simple radiotherapy

Z75.9 Bone of pelvis NEC

Delivery of simple external beam radiotherapy as an inpatient to the left femur and pelvis on Day 2 of the hospital admission

X65.4 Delivery of a fraction of external beam radiotherapy NEC

Note: Use a subsidiary code to identify external beam radiotherapy (Y91)

Y91.2 Megavoltage treatment for simple radiotherapy

Z76.9 Femur NEC

Z94.3 Left sided operation

Z75.9 Bone of pelvis NEC

**The deadline for submitting feedback is 21/09/2018.**

Thank you for taking the time to review and provide feedback for this consultation. The final standard will be published in the next version of the National Clinical Coding Standards reference book.