

Coding Procedures Performed on Multiple Sites

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Coding procedures performed on multiple sites

Background

We have received several queries from the coding service regarding the coding of multiple procedures on different sites where this influences the Healthcare Resource Group (HRG).

The HRG4+ Grouping Software performs validation checks against data input and uses a complex algorithm to determine HRGs for patient records. In the majority of cases the dominant procedure, as determined by the procedure hierarchy, is used to derive the HRG. However certain HRG subchapters contain specific multiple procedure logic (also referred to as PYZ logic), designed to determine the HRG using more than one procedure¹, irrespective of whether this is a different procedure performed on the same or different site, or whether this is the same procedure performed on different sites during the same Consultant Episode.

From a classification perspective, the coding uniformity guidance found in the National Clinical Coding Standards OPCS-4 reference book advises to code to the minimum number of codes which accurately reflect the patient's interventions performed during the consultant episode² and this is a fundamental principle of a clinical classification. When OPCS-4 was developed it was never the intention to repeat the same OPCS-4 procedure codes from Chapter A to Chapter X within a Consultant Episode to count the number of times the procedure was performed.

Previous consultation

We have previously consulted with the coding service on a preferred PYZ methodology; PYZ sequencing was described as "Action [Procedure/Intervention] (P) – Approach (Y) – Site (Z)". Feedback identified that several trusts would encounter problems in implementing the PYZ methodology due to field space and/or field size limitations in their Patient Administration Systems (PAS) and would create additional burden for the workforce (i.e. the additional time taken to code each patient episode). The outcome of the consultation was that PYZ logic would not be implemented and that trusts should continue to apply the existing national standards and sequencing rules.

Current state

Assigning multiple site codes from Chapter Z after one procedure code identifies that the same procedure has been performed on multiple sites; however, the current Grouper algorithm will not always recognise this sequencing. The Grouper does recognise the OPCS-4 code **Z94.1 Bilateral** as a multiple procedure escalation trigger, thus allowing the same procedure performed on bilateral sites to be reflected in the minimum number of codes. Similarly, the Grouper acknowledges **Z89.7 Multiple digits of hand NEC** and **O13.1 Multiple digits of foot NEC** in the escalation logic where more than one procedure has been performed on multiple digits of the hand or foot.

Hence, to receive adequate reimbursement, the use of multiple procedure logic in the HRG4+ Grouper algorithm has resulted in Trusts coding some procedures using the multiple procedure PYZ method, rather than the method intended in OPCS-4 of coding the procedure and assigning multiple site codes. This has led to inconsistency in coded data and confusion as to which method is acceptable and correct.

HRG4+ Grouping Software has been developed for use in national costing and reimbursement, and it includes multiple procedure logic to acknowledge where multiple procedures have been undertaken

¹ Casemix Companion (published March 2018)

² National Clinical Coding Standards OPCS-4 reference book (2018)

in order to derive the most appropriate resource HRG. Within HRG4+ multiple procedure logic is widespread; however, as the majority of main body system procedure codes are explicit to a particular site, the use of site code logic in addition to multiple procedure logic only applies to certain HRG subchapters, for example, those specific to orthopaedic procedures. Therefore, sequencing of site codes following the main procedure code as opposed to recording the same procedure code twice, each with a different site code, is only relevant to these subchapters.

Recommendation

Given the complexity of the HRG4+ Grouper algorithms and the concern regarding correct reimbursement, we have collaborated with our colleagues at the National Casemix Office to explore potential solutions.

After careful consideration, both parties have concluded that there is no immediate solution that will satisfy the principles of the classification and the current algorithms of the HRG4+ Grouper. Therefore, we will continue to work together to resolve this in readiness for the implementation of OPCS-4.9 and the updated National Tariff Payment System in April 2020.

Until a solution is found, we understand that where a provider has undertaken the same procedure on multiple sites, Trusts may choose to assign the procedure code multiple times, with each instance followed by a different site code, in order to ensure they generate the desired HRG for correct reimbursement. However, our resolutions will maintain the principles of the classification and therefore will only recommend assigning the minimum number of codes to accurately reflect the procedure(s) performed, for example, one procedure code followed by multiple site codes, which is in keeping with coding uniformity and the three dimensions of coding accuracy. In accordance with **PCSZ1: Site codes**, where different procedures are performed on the same site but the procedure code is not site specific, we will recommend that an additional site code is assigned to add further detail about the site the procedure was performed on, as is seen in the update to **PCSW12: Osteotomy of the foot**, which was implemented on 1st April 2018.

Addendum January 2020

During the development of OPCS-4.9, careful consideration was given to find a resolution for the disparity between the classification principles and the HRG4+ Grouper algorithms, however we have concluded that this needs further review to provide a suitable solution.

Therefore, the recommendation above still applies whereby we will continue to recommend the minimum number of codes but acknowledge that in the absence of a specific coding standard, organisations may choose to assign the same procedure code multiple times to generate the most appropriate HRG.