



# Male Bladder Outflow Obstruction Surgery

## Clinician guidance on procedure coding

**BAUS audit steering group**

**GIRFT clinical coding team**

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## Document purpose

The information in this document is intended to give clinicians a brief description of the OPCS-4.9 procedure codes that are commonly used for male bladder outflow obstruction surgical procedures and reported in HES data (Hospital Episode Statistics). The codes are used for activity reporting with associated quality metrics by services such as NCIP (National Consultant Information Programme), GIRFT (Getting It Right First Time) and MHS (Model Health System).

## Document scope

This document covers the most common procedure codes for the treatment of male bladder outflow obstruction.

## Main points

- It is important that clinical coding is accurate so that activity and outcome comparisons between clinicians, units and providers are useful for improving care quality
- Clinical codes need to match all the information in the clinical record
- Clinical codes need to adhere to the national clinical coding standards
- Clinical codes need to match alternative datasets (e.g. clinical registries, theatre data, personal logs)
- Clinicians need to work with their coding team to make sure that the coding is as accurate as possible

## Factors affecting procedure code assignment for male bladder outflow obstruction surgery

Coders need to have the following information in order to assign the most accurate codes:

- Method of prostate tissue removal
- Tools used
- Method of approach
- Additional incision to remove prostate pieces
- Other operation techniques

The bullet points can be used as a checklist when validating coding for male BOO surgical procedures.

Clinical coders need to have all this information available to them in order to assign accurate clinical codes. If clinical coders are not using the full clinical record (e.g. the coding source is a discharge letter only) then there is a risk that the codes are incomplete or inaccurate.

## Factors NOT affecting procedure code assignment

Not all aspects of surgical procedures are specifically captured in clinical coding. Some similar procedures are coded using exactly the same codes, for example:

- Monopolar and bipolar TURP
- Different types of laser performing the same operation

The following factors will not be coded:

- Vaporisation for haemostasis following resection (bipolar TURP)
- Morcellation of resected prostate pieces so that they can be removed from the bladder
- Diagnostic cystoscopy at the beginning of a male BOO surgical procedure
- Irrigation at the end of the procedure
- Placement of a urethral catheter at the end of the procedure

## Coding accuracy

Clinical codes will most accurately reflect the clinical care delivered when clinical coders have available to them all the clinical information they need. Clinical information needs to be clear, complete and accurate. Without all the necessary information coding may be incomplete, non-specific or inaccurate.

The code M65.3 is the default code for “TURP”. If the coders have no other information available to them code M65.3 will be assigned. There are more accurate codes or code combinations for all of the common BOO surgical procedures (see examples and table below). If you see procedure code M65.3 in your activity data without subsidiary codes (e.g. Y10.2 for electrocauterisation) it means that either the subsidiary codes are missing or that a more accurate M code could have been used. More specific coding will give you more detailed activity information and useful metrics.

### *Example 1: TURP*

Coders might be given very little information from the Electronic Discharge Summary/discharge letter, e.g. “TURP”. Without any further information the procedure code will be:

*M65.3 Endoscopic resection of prostate NEC*

More specificity is possible when more information is available to the coders. Operation method and tools used are important and will affect the codes assigned. The same main procedure code can be modified with secondary codes to add more information.

### *Example 2: bipolar TURP*

*M65.3 Endoscopic resection of prostate NEC*  
*Y10.2 Electrocauterisation of organ NOC*

### *Example 3: bladder neck incision (electrocautery)*

*M66.2 Endoscopic incision of outlet of male bladder NEC*  
*Y10.2 Electrocauterisation of organ NOC*

*Example 4: bladder neck incision (Holmium laser)*

*M66.2 Endoscopic incision of outlet of male bladder NEC*

*Y08.6 Laser incision of organ NOC*

It is possible that TURP and BNI are carried out at the same time and they will both be coded. Clinicians should state clearly in the coding source document when both procedures are performed.

It is not possible to distinguish between different types of laser in OPCS-4.9, just different types of operation. Enucleation or vapourisation carried out using any type of laser are coded using the same main procedure code, with distinct secondary procedure codes.

*Example 5: Holmium laser enucleation of prostate (HoLEP)*

*M65.4 Endoscopic resection of prostate using laser*

*Y05.6 Enucleation of organ NOC*

*Example 6: greenlight laser vapourisation (PVP)*

*M65.4 Endoscopic resection of prostate using laser*

*Y10.4 Vapourisation of organ NOC*

Rezum and Urolift can be coded using codes which are effectively unique to them, even though brand names are not normally used in the classification.

*Example 7: Rezum*

*M65.6 Endoscopic ablation of prostate using steam*

*Example 8: Urolift*

*M68.3 Endoscopic insertion of prosthesis to compress lobe of prostate*

It is sometimes difficult to code newer procedures when there are not specific codes for them. Aquablation is a good example. It is still possible to find the activity in your data as the non-specific code used for aquablation is not used for any of the other specified procedures.

*Example 9: water jet ablation of prostate*

*M65.8 Other specified endoscopic resection of outlet of male bladder*

Page 5 contains a table of the main procedure code combinations for male BOOS.

## Main procedure codes: male BOO procedures

Procedure title	Code	Code definition
TURP	M65.3	Endoscopic resection of prostate NEC
Monopolar and bipolar TURP	M65.3	Endoscopic resection of prostate NEC
	Y10.2	Electrocauterisation of organ NOC
Bladder Neck Incision (electrocautery)	M66.2	Endoscopic incision of outlet of male bladder NEC
	Y10.2	Electrocauterisation of organ NOC
Bladder Neck Incision (Holmium laser)	M66.2	Endoscopic incision of outlet of male bladder NEC
	Y08.6	Laser incision of organ NOC
Holmium laser enucleation of prostate HoLEP	M65.4	Endoscopic resection of prostate using laser
	Y05.6	Enucleation of organ NOC
Greenlight laser vaporisation (PVP)	M65.4	Endoscopic resection of prostate using laser
	Y10.4	Vapourisation of organ NOC
Rezum steam therapy	M65.6	Endoscopic ablation of prostate using steam
Urolift	M68.3	Endoscopic insertion of prosthesis to compress lobe of prostate
Aqua ablation of prostate	M65.8	Other specified endoscopic resection of outlet of male bladder
Open prostatectomy (for benign disease)	M61.-	Open excision of prostate

## Appendix

Getting It Right First Time (GIRFT) is a national programme designed to identify unwarranted variation within the NHS and improve patient care. Funded by the Department of Health and Social Care, and now part of NHS England, it combines wide-ranging data analysis with the input and professional knowledge of senior clinicians to examine how things are currently being done, and how they could be improved. The GIRFT coding workstream advises on the use of coded data by the programme and collaborates with the clinical leads in producing clinical information to support coding quality.

The [NHS Digital Terminology and Classifications Delivery Service](#) produce and publish the [National Clinical Coding Standards](#) in England for the WHO International Statistical Classification of Diseases (ICD-10) and UK OPCS-4 Classification of Interventions and Procedures (OPCS-4) to ensure compliance with these information standards. All Admitted Patient Care episodes, using the information in the patient's medical record, are coded using the current releases of the ICD-10 and OPCS-4 classifications and the National Clinical Coding Standards.

The British Association of Urologists (BAUS) is a membership organisation and registered charity which promotes the highest standard in urology for the benefit of patients. 97% of all practising consultant urologists in the UK are members of BAUS.

The BAUS Audit Steering Group (ASG) provides leadership and strategic oversight across all data and audit activity within BAUS, and works in partnership with national programmes for Quality Improvement such as GIRFT, NCIP and urological patient charities. It provides the clinical input into GIRFT coding guidance for urological procedures, to improve the accuracy of urology data underpinning Model Hospital and NCIP, and promotes active engagement by clinicians with their Trust coding departments to improve urology coding locally as a collaborative venture.