



Urology Outpatient Procedure Codes

BAUS audit steering group

GIRFT clinical coding team

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Urology outpatient procedures codes table

Reference: Excel "[Urology outpatient procedures codes table](#)"

What is this document for?

This document is for consultants and others who are involved with capturing OPCS-4 procedure codes for urology procedures in the outpatient setting. This document explains how to use the associated Excel table [Urology outpatient procedures codes table](#) of standardised and recommended OPCS-4 procedure codes. The procedure codes are consistent with the inpatient national clinical coding standards and will enable meaningful comparison of activity across care delivery settings (outpatient, day case, inpatient).

Why is outpatient procedure coding important?

Accurate coded data for all urology interventions is essential for a range of reasons:

- Used for care quality metrics
- Service design and visibility of activity
- Understanding rates of ambulatory care
- Income and commissioning

Particularly relevant is the move to perform more procedures in the outpatient setting. When trusts move activity from day case to outpatient, their day case rate (compared to inpatient activity) could appear to go down if the procedures are not visible in the outpatient activity. All procedures for outpatients should be coded in the same way as day cases. Diagnosis coding for outpatients is important also but is beyond the scope of this document.

What do you need to do?

Ensure that all outpatient procedures are coded consistently using OPCS-4 codes.

Urologists are asked to ensure that the procedures that they carry out in the outpatient setting are captured in the clinical record and coded using the recommended OPCS-4 codes.

Whatever system is used at your trust for coding outpatients procedures this can be continued.

Where there are existing code lists and procedure tables, please ensure that the coding is aligned with the recommended codes.

In Trusts there will be systems in place for capturing clinical codes for outpatient procedures. However, the national outpatient dataset shows widespread variation in the accuracy and quality of the procedure codes used by hospitals for outpatient attendances.

Implementation

Who in the hospital needs to be involved in implementing outpatient procedure coding? This depends on what systems are in place and who has responsibility for systems, processes and data entry in outpatients. The roles which may be involved include:

- Clinical team
- Operations managers
- Outpatients managers and administration team
- Clinical coding team
- Technology/IT team
- Information and finance

We have presented a standardised list of procedure codes that are associated with the common procedures described in the table. Whatever method of capturing clinical codes is in place at your trust should continue, with the codes lists (e.g., tick lists printed on clinic outcome forms or drop down menus on electronic systems) updated to match the recommended OPCS-4 codes.

Clinical teams should use the Excel list to create a customised pick-list of procedure codes for all procedures that they carry out in their clinic.

The purpose of the list is to make it easy for staff to note what has occurred during an outpatient attendance so that the correct OPCS-4 codes can be recorded and reported in clinical data.

Customisation of lists

Clinicians should tailor the procedure codes list to suit their needs. Only the procedures carried out in a particular setting need to be included as options. Lists can be produced for specific clinics if necessary and these shortened lists will be easier to use.

The procedure codes are national standard OPCS-4 codes and the codes and code definitions cannot be changed. The procedure title text is not a national standard and can be modified if useful, as long as the meaning is not changed and the OPCS-4 codes remain the same.

There is an example of an outpatient procedure pick list shown in the appendix.

Compile a list of the procedure codes which are relevant for your setting (using the Excel “Urology outpatient procedures codes table”).

Please do not change the codes assigned for specific procedure terms – consistency in the codes is the point of this document and table.

What should the lists look like?

The essential list of clinical terms and associated codes are described in columns C to F of the Excel “Urology outpatients procedures codes table”. These columns contain the information which should be provided in any customised procedures list. Other information included in the spreadsheet is for optional inclusion where it is considered useful (and space constraints allow). The list of clinical terms and the associated codes in columns C to E are essential, everything else in the table is optional. It is not essential that the OPCS-4 code definitions (columns G, H and I) are presented to doctors or the person entering the codes but the code definitions may be useful for double checking accuracy during code entry.

The clinical terms and codes can be presented to users in whatever order is useful. Options for sorting the lists include:

- Most common procedures first
- Sites and subheadings grouped together
- Diagnostic and therapeutic groups
- Alphabetically, anatomically, or otherwise

Using the structure described in the full code table is recommended but not essential.

Reference: Excel [“Urology outpatient procedures codes table”](#)

Feedback

Feedback on the code tables and the terms used is welcomed. Urologists should consult BAUS in the first instance. Clinical coding queries can be sent to the GIRFT coding team. Technical implementation questions are probably beyond the scope of BAUS and GIRFT and will need to be resolved locally.

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Appendix: example of form for manual completion in clinic

Notes

This is an example of shortened list and is not a full list of likely procedures. Compile your own list using the Excel table as the source for all codes and procedure terms.

The colours used for the table headings are optional and can be used to help with instructions for users. The decimal point in each code is a correct part of the code but most hospital systems will not require users to type the decimal point during code entry. The decimal points are not included in the reference Excel table.

Tick box	Bladder procedures	OPCS-4 codes to be entered onto system
	Intravesical instillation of MMC	M49.4 + X72.2
	Intravesical instillation of BCG	M49.4 + X72.2
	Intravesical instillation of IALuril/Cystistat	M49.4
	Laser ablation of bladder tumour (TULA)	M42.3 + Y08.4

Tick box	Penis procedures	OPCS-4 codes to be entered onto system
	Biopsy penis	N32.1
	Circumcision	N30.3
	Frenuloplasty penis	N28.4
	Excision of lesion of penis	N27.1
	Injection into penis	N32.4
	ESWT for Peyronies	N27.4

Tick box	Additional codes for laterality	Add these OPCS-4 codes after the main procedure codes
	Bilateral	Z94.1
	Right	Z94.2
	Left	Z94.3

Tick box	Additional codes for image control	Add these OPCS-4 codes after the main procedure codes (and before the Z code for laterality)
	Ultrasound approach	Y53.2
	Image intensifier approach	Y53.5

Possible instructions for users

Tick the procedures performed during this attendance (sections with blue headings).

Tick the relevant additional information boxes (sections with green headings).

When codes are entered onto the system, the codes from the green headed tables ("Additional codes") should be entered after the main codes for the procedures (blue headed tables). Additional codes (beginning with Y or Z) should not be used on their own (without a main procedure code first).