

2020 - Update on changes to breast procedure codes (OPCS 4.9) and HRGs

OPCS 4.9

The OPCS-4 classification of interventions and procedures is unique to the NHS and is updated every 3 years to reflect current clinical practice. This in turn then supports operational and strategic planning, resource utilisation, performance management, research and epidemiology and reimbursement. The latest version (OPCS 4.9) came into effect on the 1st of April 2020 and includes several new procedural codes that were put forward by the ABS in October 2018. Approximately 30 new surgical procedures were submitted but only a handful were approved. This is because the Clinical Classification Service at NHS Digital felt that most of the new submitted procedures could be derived from or added to existing OPCS codes. Another group asked for new codes to be assigned to the individual meshes/ scaffolds (synthetic and animal derived) that are now used across general surgery including breast reconstructions and these were approved. In addition, new localisation codes have been added. The list below summarises the changes introduced into OPCS 4.9 for breast related surgical procedures:

Modified existing codes

1. B27.5 – Subcutaneous mastectomy now includes *nipple sparing mastectomy*.
2. B29 codes – Reconstruction of breast *use a supplementary code for insertion of prosthesis for breast (B30.1) or skin expander (S48). Use a supplementary code for attention to skin expander (S49)* – i.e. this code can be used if the skin expander is inflated on the operating table after insertion.
3. B37.4 Capsulectomy of breast, not elsewhere classified (NEC)
4. B38 codes – Reconstruction of breast using flap of skin of buttock *use a supplementary code for insertion of prosthesis for breast (B30.1) or skin expander (S48). Use a supplementary code for attention to skin expander (S49)*.
5. B39 codes – Reconstruction of breast using abdominal flap *use a supplementary code for insertion of prosthesis for breast (B30.1) or skin expander (S48). Use a supplementary code for attention to skin expander (S49)*.

New codes

1. B29.6 Reconstruction of breast using glandular remodelling (this code is used after an oncoplastic wide local excision where extensive internal glandular remodelling is performed to re-shape the breast mound).
2. B29.7 Reconstruction of breast using a dermoglandular flap (this code is used after an oncoplastic wide local excision where a small dermoglandular flap is rotated/ flipped into the breast to correct a volume deficit).
3. B37.6 Partial capsulectomy of breast.

New mesh subsidiary 'method of operation' codes

1. Y26.6 Partial removal of mesh from organ
2. Y26.7 Total removal of mesh from organ
3. Y28.1 Insertion of synthetic mesh into organ
4. Y28.2 Insertion of biological mesh into organ
5. Y28.3 Insertion of composite mesh into organ
6. Y28.4 Insertion of mesh into organ
7. Y28.8 Other specified insertion of other material into organ
8. Y28.9 Unspecified insertion of other material into organ
9. Y36.5 Introduction of biological scaffold into organ *includes introduction of acellular dermal matrix into organ.*
10. Y36.6 Introduction of synthetic scaffold into organ.
11. Y36.7 Introduction of other scaffold into organ.

New localisation subsidiary 'method of operation' codes

1. Y37.3 Insertion of wire marker into organ *includes insertion of wire for localization of lesion.*
2. Y37.4 Insertion of marker into organ *includes insertion of marker for localization of lesion.*
3. Y45 Approach to organ under other control *includes insertion of marker for localisation of lesion.*

Each hospital's clinical coding team performs the actual coding of procedures. It is essential that NHS clinical coding is independent and conducted according to strict professional guidelines. The clinical coders can only use information (not codes) recorded in the notes so it pays to be pedantic on the operation note and use the terms outlined above so the information can be captured.

Moving forward, the Breast Expert Working Group (EWG) of the National Casemix Office (NHS Digital), which is made up of clinically active breast surgeons, plastic surgeons and representation from the British Society of Breast Radiologists will work closely with ABS, BAPRAS, the GIRFT team and the Clinical Classification Service to develop a set of breast surgical coding guidelines to help standardize data capture across the NHS.

To reflect the current crisis with the COVID19 pandemic, the ICD-10 emergency code *U07.1 2019-nCoV acute respiratory disease* has been added to the complications and comorbidities list used for breast coding.

HRG Design

The National Casemix Office (NCO) with their speciality Expert Working Groups, designs and refines classifications used to describe NHS healthcare activity in England. These classifications are the foundations of the national reimbursement system from costing through to payment and support local commissioning and performance management. Healthcare resource groups (HRGs) are developed by the

NCO and are again unique to the NHS. HRGs bring together clinically similar treatments that use common levels of healthcare resources. Patient data are assigned HRG codes using a software application called a 'grouper'. The local payment grouper is used to group data and derive HRGs, support data quality, conduct 'what-if' modelling and assess local reimbursement that will be received under the National Tariff.

The new OPCS 4.9 codes B29.6 and B29.7 have been mapped to the HRG root JA30 *Unilateral Delayed Pedicled Myocutaneous breast reconstruction*. The new B37.6 code has been mapped to JA43 *Unilateral Intermediate Breast Procedures*. The S48.2 Insertion of tissue expander into subcutaneous tissue of breast has been remapped from HRG root JC42 *Intermediate Skin Procedures* to JA20 *Unilateral Major Breast Procedures*. The code S49.3 Removal of skin expander from subcutaneous tissue of breast has been remapped from JC42 *Intermediate Skin Procedures* to JA43 *Unilateral Intermediate Breast Procedures*.

A new coding standard to differentiate surgical versus radiological sentinel lymph node biopsies has been issued. This is a welcome step forward because previously a radiological lymph node biopsy mapped to the same HRG as a surgical sentinel lymph node biopsy, which meant that trusts were not being reimbursed appropriately for the surgical procedure. The code T87.3 Excision or biopsy of axillary lymph node has been remapped from HRG root YJ04 *Core biopsy of axillary lymph nodes* to JA43 *Unilateral Intermediate Breast Procedures*.

Rather than a new code to classify round-block therapeutic mastopexy, this procedure can already be classified with B31.3 Mastopexy plus a partial excision of breast code so that when a partial excision of breast code is recorded alongside it the HRG will be JA40Z *Unilateral Therapeutic Mammoplasty* or JA41Z *Bilateral Therapeutic Mammoplasty*.

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