Coding Quarterly

Contents

CODING GUIDELINES - OPCS4

Guidelines for coding failed minimum access approach procedures in OPCS4...........  2
GUIDELINES FOR CODING FAILED MINIMUM ACCESS APPROACH PROCEDURES IN OPCS4

EFFECTIVE FROM 1ST OCTOBER 1998

Following the increase in the number of minimum access procedures performed within the NHSiS, there have been many requests from the service to identify a minimum access procedure that fails and is converted to an open procedure during the same visit to theatre.

The Clinical Coding Review Group has agreed that an OPCS4 code should be allocated to enable the service to identify that there was a failed approach. This is in line with the decision taken by the Coding Review Panel on behalf of the NHS in England, Wales and Northern Ireland. Research on UK-wide hospital data shows that the code Y71.8 Other specified late operations is not used. It has therefore been decided that Y71.8 should be used to identify a failed minimum access approach and used as a supplementary code. Where appropriate, episodes ending on or after 1st October 1998 should be coded in this manner.

Y71.8 should always be sequenced in secondary position after the code for the open procedure performed. Examples of the use of Y71.8 are given below:

Example 1

Laparoscopic cholecystectomy failed, converted to an open cholecystectomy
J18.- Y71.8
J18.- Excision of gall bladder
Y71.8 Failed minimum access approach

Example 2

Laparoscopic abdominal hysterectomy failed, converted to open abdominal hysterectomy
Q07.4 Y71.8
Q07.4 Total abdominal hysterectomy nec
Y71.8 Failed minimum access approach

Example 3

Percutaneous transluminal embolisation of renal artery failed, converted to open embolisation of renal artery
L42.2 Y71.8
L42.2 Open embolisation of renal artery
Y71.8 Failed minimum access approach