# Outpatient activity coding in Restorative Dentistry

## Information for secondary care trusts

GIRFT Clinical coding team

Restorative Dentistry GIRFT coding working group

Version 2.0: For use with national OPCS-4.10 procedure codes (introduced April 2023)

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# Contents

# Foreword by Professor Martin Ashley, RD-UK Chair

The Getting It Right First Time (GIRFT) Programme National Specialty Report into Hospital Dentistry was published in September 2021. The work stream, led by Liz Jones, was the first time that such an in-depth review of hospital dental services had been undertaken. Liz visited 106 hospital dental services in England, meeting with their clinical leads and management, to look at their clinical activity and patient safety. The review was designed to improve the quality of care within the NHS by reducing unwarranted variations.

The GIRFT process is not simply to tell us if we are 'getting it right', but to identify the areas where we can improve our services towards the ideal of getting it right first time, every time.

Within the report, variation in coded data was identified as a theme affecting all dental specialties, including Restorative Dentistry, with few services having meaningful data on clinical activity. Liz identified that a major step to change this would be to clarify the guidance on clinical coding for trusts and health professionals and started within her own specialty of Orthodontics.

Alongside this, Liz approached me, as Chair of RD-UK and Dr Lorna MacNab, at that time Honorary Secretary of RD-UK, for our involvement in efforts to improve the situation. We worked closely with a wider group of consultant colleagues, recognising the value in understanding how clinical activity was recorded in different centres and even what terminology was used to reflect the breadth and depth of clinical procedures delivered in Restorative Dentistry. We were fortunate to be able to engage with expert coders from the GIRFT coding team, who guided us to a much better understanding of how current codes should be used to reflect our clinical activities. They have also helped identify the areas where our specialty has evolved, such as advances in treatments and in using dental implants, since the time when these codes were initially considered. A formal request for an update on the Restorative Dentistry OPCS 4.9 codes was made for inclusion in the OPCS 4.10 codes, released for use from April 2023, as a result of this collaboration. This code guidance reflects the changes that have been agreed for OPCS 4.10.

This coding work is the beginning of the process to reduce variation in how we deliver clinical care to our patients and for many of us, how the hospital dental services are quantified and paid for from within the NHS budget.

We value your comments on implementing this guidance on coding. Feedback can be provided to RD-UK or the GIRFT clinical coding team using email england.girft.coding@nhs.net. Within your own units and regions and across the country, we need this document to stimulate discussion on data capture and auditable activity, providing you and us all with better evidence to use in discussions within trusts and with commissioners.

I am very grateful to our RD-UK and SRRDG members for their willingness to contribute to the discussions, to Liz Jones for her leadership and enthusiasm and to Sue Eve-Jones, Julie Carpenter and Andy Wheeler for sharing their considerable knowledge about coding.

# Restorative Dentistry outpatient procedure coding

## What is this document for?

This document is for dentists and others who are involved with capturing OPCS-4 procedure codes for restorative dental procedures in the outpatient setting. This document explains how to use the included tables 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, daycase, inpatient).

Additional information on other data items which are important for outpatient activity is included in the Appendix.

## Why is outpatient procedure coding important?

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

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

All procedures should be coded in the same way, independently of setting. The procedure codes in this document are consistent with the national code definitions and are the same as the codes used for daycase procedures. The procedure codes in the tables below are the most up to date version (version ten, known as OPCS-4.10) and correct for use from 1st April 2023. Diagnosis coding for outpatients is important also but is beyond the scope of this document.

It is important that all consultants and their teams follow this guidance and use the codes as suggested in this booklet. We can then drive the changes required and ensure ongoing improvement in the quality of specialist dental care we provide.

## What do you need to do?

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

Dentists 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 OPCS-4 codes recommended here.

Whatever system is used at your trust for coding outpatient procedures 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 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 standardised tables of procedure codes that are associated with the common procedures described in the tables. Whatever method of capturing clinical codes is in place at your trust should continue, with the code 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 tables to create a customised pick list of procedure codes for all procedures that they carry out in their clinics.

The purpose of the list is to make it easy for dentists 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

Dentists should tailor the procedure code 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.

Using the code tables provided in this document, compile a list of the procedure codes which are relevant for your setting.

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

## What should the lists look like?

The essential lists of procedure descriptions and associated codes are described in the tables below. 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 code tables is recommended but not essential.

## Multiple procedure codes

Dentists need to ensure that they have recorded all the relevant procedures for an attendance using the codes described in this document. Procedures should be coded whenever they take place, for both first and follow up appointments.

More than one OPCS-4 code can be recorded per activity/visit. However, when it is implicit that undertaking one procedure will always involve another procedure, the additional procedure would not require coding. For example, periodontal surgery will almost always require placement of sutures, but the suture procedure would not require coding.

## Procedure descriptions and OPCS-4 code definitions

For the sake of space and clarity the procedure descriptions used in the coding tables below are not the same as the national standard definitions for the OPCS-4 codes. However, we have taken great care to make sure that the OPCS-4 codes used for each procedure description are the most accurate possible. The codes recommended for each procedure description adhere to all relevant national coding standards and meet the code definitions.

Colleagues can access the national standard OPCS-4 procedure code descriptions by looking on the GIRFT academy website (hospital dentistry), by asking their local clinical coding team or by contacting the Terminology and Classifications Delivery Service (TCDS) via information.standards@nhs.net

For Restorative Dentistry, we have confirmed definitions for the codes defined in the OPCS-4 manual and are here issuing guidance on how to ‘ideally’ code for the procedures we undertake in our services. The guidance is not all encompassing, but we hope covers the main procedures happening across the secondary care service. There are a few clinical procedures that we still cannot code accurately with the OPCS-4.10 codes and we will continue to participate in the long term OPCS-4 revision process.

We acknowledge that changes to coding procedures could have an impact on tariff setting and, potentially, income related to the activity. Providers and commissioners should discuss the impact of any changes and agree an appropriate local solution. The solution should not delay the implementation of the standardised OPCS-4 procedure codes.

## Multiple procedure descriptions using the same OPCS-4 code

It is important to note that sometimes the best available OPCS-4 code for a procedure description is not as detailed as required by dentists. When an OPCS-4 description covers more than one procedure description the same code will appear multiple times in the code tables.

For example, in the Endodontics table the national standard definition of OPCS-4 code F12.2 is “Root canal therapy to tooth”. As you can see from the table, there are several procedures that are included within this single code definition. For procedures which use the same main OPCS-4 code it is often possible to differentiate the procedures by using additional codes, but this is not always the case.

## Treatment function codes (TFC)

The Treatment Function Code (TFC) for **Restorative Dentistry is 141**; there are other TFCs for our allied dental and medical specialties. The TFC is set up at the clinic level and will be the same for all patients in a particular clinic.

It is important that TFC is correctly recorded for all Restorative Dentistry activity. TFC describes the function provided during the healthcare and is not the same as Main Specialty Code (which is defined by the main specialty of the responsible consultant - in our case Restorative Dentistry, but the code for OMFS is often used instead).

References in the NHS data dictionary: www.datadictionary.nhs.uk
Main Specialty and Treatment Function Codes Table (datadictionary.nhs.uk)

Dentists should ensure that all of their outpatient activity is recorded with the correct Treatment Function Code (Restorative Dentistry TFC = 141) or the activity will be listed to another specialty.

## Clinic types

There are a number of data items captured to differentiate clinic types and some of these data items will affect trust income, so it is important that they are recorded accurately. More information is included in the Appendix on the following clinic types:

- Single professional, multi-professional or multi-disciplinary
- Consultant led and nurse led clinics
- First and follow-up appointments
- Clinic names

# Restorative Dentistry outpatient procedure code tables

This section contains fourteen code tables which together cover all of the procedure codes needed for outpatient procedures in Restorative Dentistry.

## 1. Endodontics

Procedure descriptions and OPCS-4 codes for endodontics in outpatient Restorative Dentistry.

| Procedure description | OPCS-4 code | Additional codes |
|---|---|---|
| Location, negotiation and extirpation of single canal | **F12.2** | |
| Location, negotiation and extirpation of multiple canals | **F12.2** | |
| Length determination procedure | **F12.2** | |
| Canal preparation | **F12.2** | |
| Placement of intracanal medication | **F12.2** | |
| Obturation of single canal | **F12.2** | |
| Obturation of multiple canals | **F12.2** | |
| Placement of provisional restoration | **F13.5** | **Y70.5** |
| Placement of definitive core | **F17.1** | |
| Placement of direct cuspal coverage restoration | **F13.1** | |
| Post space preparation | **F17.1** | |
| Closure of apex of tooth, including apexification, apexogenesis, induction of calcific barrier | **F12.3** | |
| Vital pulp therapy | **F12.8** | |
| Internal bleaching | **F13.6** | |
| Removal or bypass of separated instrument | **F12.2** | **Y29.1** |
| Removal of fractured post | **F17.1** | **Y03.7** |
| Surgery to apex of anterior tooth | **F12.1** | |
| Surgery to apex of posterior tooth | **F12.1** | |
| Internal repair of perforation / resorptive defect | **F12.2** | **Y26.8** |
| Surgical repair of perforation / resorptive defect | **F12.2** | **Y26.8** |
| Surgical root amputation | **F09.8** | **Y05.2** |
| Surgical tooth hemisection | **F09.8** | **Y05.2** |

## 2. Periodontics

Procedure descriptions and OPCS-4 codes for periodontics in outpatient Restorative Dentistry.

| Procedure description | OPCS-4 code | Additional codes |
|---|---|---|
| Supragingival PMPR of teeth | **F16.4** | |
| Subgingival PMPR of teeth | **F21.1** | |
| Acute infection of gums treated by PMPR | **F16.4** | |
| Management of acute periodontal abscess | **F16.1** | |
| Full Mouth Disinfection procedure | **F21.1** | **F16.4 + Y22.3** |
| Gingivectomy without bone removal | **F20.1** | |
| Surgical crown lengthening with bone removal | **F20.1** | **F11.1** |
| Frenectomy | **F05.1** | |
| Biopsy of lesion of gingiva | **F20.3** | |
| Surgical management of periodontal pocket (gingivectomy) | **F20.1** | |
| Surgical management of periodontal pockets with bone autograft | **F11.2** | **Y66.9** |
| Surgical management of periodontal pockets with bone allograft | **F11.3** | **Y27.2** |
| Surgical management of periodontal pockets with bone xenograft | **F11.3** | **Y27.3** |
| Surgical management of recession with gum autograft | **F20.4** | **Y69.8 + Z25.4** |
| Surgical management of recession with gum allograft | **F20.4** | **Y27.2 + Z25.4** |
| Surgical management of recession with gum xenograft | **F20.4** | **Y27.3 + Z25.4** |
| Surgical management of recession with gingivoplasty | **F20.4** | |
| Removal of suture | **F40.5** | |

# 3. Fixed Prosthodontics

Procedure descriptions and OPCS-4 codes for fixed prosthodontics in outpatient Restorative Dentistry.

| Procedure description | OPCS-4 code | Additional codes |
|---|---|---|
| Preparation of tooth for crown | **F17.1** | |
| Preparation of teeth for bridge | **F17.6** | |
| Preparation of tooth for indirect or direct post | **F17.1** | |
| Placement of indirect or direct post | **F17.1** | **Y02.2** |
| Definitive impression | **F17.2** | |
| Digital scan impression | **F17.2** | |
| Placement of provisional crown | **F17.3** | **Y70.5** |
| Placement of provisional bridge | **F17.7** | **Y70.5** |
| Placement of definitive crown | **F17.3** | |
| Placement of definitive bridge | **F17.7** | |
| Adjustment of dental crown on tooth | **F17.4** | |
| Removal of dental crown from tooth | **F17.5** | |
| Metalwork try-in | **F17.7** | |
| Fitting of removable orthodontic retainer | **F66.1** | |
| | | |
| Interocclusal record | **F42.5** | |
| Impressions for study casts | **F15.1** | |
| Articulator records | **F42.5** | |
| | | |
| Impression of dental implants | **F17.2** | |
| Digital scan impression of implants | **F17.2** | |
| Placement of provisional implant crown | **F17.3** | **Y70.5** |
| Placement of provisional implant bridge | **F17.7** | **Y70.5** |
| Placement of definitive implant crown | **F17.3** | |
| Metalwork try-in for implants | **F17.7** | |
| Placement of definitive implant bridge | **F17.7** | |

## 4. Removable Prosthodontics

Procedure descriptions and OPCS-4 codes for removable prosthodontics in outpatient Restorative Dentistry.

| Procedure description | OPCS-4 code | Additional codes |
|---|---|---|
| Primary impression for denture | **F63.1** | **Y70.3** |
| Secondary impression for denture | **F63.1** | **Y71.1** |
| Digital scan impression for denture | **F63.1** | |
| Jaw registration | **F42.5** | |
| Trial insertion of denture | **F63.2** | |
| Insertion of denture | **F63.2** | |
| Adjustment of denture | **F63.3** | |
| Repair of denture | **F63.4** | |
| | | |
| Primary impression for sleep apnoea appliance | **F67.1** | |
| Secondary impression for sleep apnoea appliance | **F67.1** | |
| Insertion of sleep apnoea appliance | **F67.2** | |
| Adjustment of sleep apnoea appliance | **F67.3** | |
| Repair of sleep apnoea appliance | **F67.8** | |
| | | |
| Insertion of abutment into implant | **F63.2** | |
| Trail insertion of bar onto implants | **F63.2** | |
| Insertion of bar onto implants | **F63.2** | |
| Secondary impression of dental implants | **F63.1** | **Y71.1** |
| | | |
| Impression for obturator | **F64.1** | |
| Fitting an obturator | **F64.2** | |
| Adjustment of an obturator | **F64.3** | |
| Repair of obturator | **F64.4** | |

## 5. Conservation

Procedure descriptions and OPCS-4 codes for conservation in outpatient Restorative Dentistry.

| Procedure description | OPCS-4 code | Additional codes |
|---|---|---|
| Restoration of tooth using filling | **F13.5** | |
| Restoration of tooth with provisional filling | **F13.5** | **Y70.5** |
| Impressions for whitening trays | **F15.1** | |
| Insertion of whitening trays | **F13.6** | **F66.1** |
| Whitening teeth – in surgery | **F13.6** | |
| Placement of fissure sealant | **F16.5** | |
| Application of topical fluoride | **F16.6** | |

## 6. Dental Trauma

Procedure descriptions and OPCS-4 codes for dental trauma in outpatient Restorative Dentistry.

| Procedure description | OPCS-4 code | Additional codes |
|---|---|---|
| Re-implantation of tooth | **F08.3** | |
| Re-positioning of tooth | **F08.4** | |
| Splinting of teeth | **F63.5** | |
| Reduction of fracture of alveolus of mandible | **V15.1** | |
| Reduction of fracture of alveolus of maxilla | **V08.1** | |

**Note**

It is not necessary to add the code for splinting of teeth when the splinting is part of a tooth reimplantation.

## 7. Occlusion

Procedure descriptions and OPCS-4 codes for occlusion in outpatient Restorative Dentistry.

| Procedure description | OPCS-4 code | Additional codes |
|---|---|---|
| Preparation of articulated study casts | **F15.1** | **F42.5** |
| Impression for soft occlusal splint | **F67.1** | |
| Insertion of soft occlusal splint | **F67.2** | |
| Occlusal adjustment | **F16.8** | |
| Impression for hard splint / intra-oral appliance | **F67.1** | |
| Insertion of hard splint / intra-oral appliance | **F67.2** | |
| Adjustment of hard splint / intra-oral appliance | **F67.3** | |

## 8. Radiography

Procedure descriptions and OPCS-4 codes for radiography in outpatient Restorative Dentistry.

| Procedure description | OPCS-4 code | Additional codes |
|---|---|---|
| Bitewing – single film | **U04.1** | |
| Bitewing – multiple films | **U04.1** | |
| Periapical – single film | **U04.2** | |
| Periapical – multiple films | **U04.2** | |
| Occlusal film | **U04.3** | |
| Lateral Cephalogram | **U06.4** | |
| OPT panoramic | **U04.8** | |

**Note**

Only radiography carried out in the dental department should be recorded using these procedure lists (e.g., chair-side X-rays or in a room next door).

Radiography carried out in the Radiography department should not be recorded here using OPCS-4 codes. Radiography department activity is reported separately from the Radiology Information System (RIS). Codes for cone beam CT have not been included here for that reason.

## 9. Photography

Procedure descriptions and OPCS-4 codes for photography in outpatient Restorative Dentistry.

| Procedure description | OPCS-4 code | Additional codes |
|---|---|---|
| Photographic examination | **F42.4** | |

## 10. Extractions

Procedure descriptions and OPCS-4 codes for extractions in outpatient Restorative Dentistry.

| Procedure description | OPCS-4 code | Additional codes |
|---|---|---|
| Single tooth - uncomplicated | **F10.9** | |
| Single tooth - surgical | **F09.4** | |
| Single root - uncomplicated | **F10.5** | |
| Single root - surgical | **F09.5** | |
| Multiple teeth - uncomplicated | **F10.4** | |
| Multiple teeth - surgical | **F09.4** | **O36.1** |
| Multiple teeth - full dental clearance | **F10.1** | |
| Multiple teeth - upper dental clearance | **F10.2** | |
| Multiple teeth - lower dental clearance | **F10.3** | |
| For concurrent preservation of alveolar ridge using graft, with any of the above | | **F19.2** |
| Management of persistent post-extraction bleeding - with suture | **F16.2** | |
| Management of persistent post-extraction bleeding - with haemostatic material | **F16.2** | **Y32.3** |
| Management of a dry socket | **F16.3** | |

## 11. Delayed Augmentation of Alveolar Ridge

Procedure descriptions and OPCS-4 codes for delayed augmentation of alveolar ridge in outpatient Restorative Dentistry.

| Procedure description | OPCS-4 code | Additional codes |
|---|---|---|
| Using bone autograft | **F11.2** | **Y66.9** |
| Using bone allograft | **F11.3** | **Y27.2** |
| Using bone xenograft | **F11.3** | **Y27.3** |

## 12. Dental Implants

Procedure descriptions and OPCS-4 codes for dental implants in outpatient Restorative Dentistry.

| Procedure description | OPCS-4 code | Additional codes |
|---|---|---|
| Placement of dental implants | **F11.5** | **Y70.3** |
| Placement of zygomatic dental implant | **F11.7** | **Y70.3** |
| Exposure of dental implant | **F11.5** | **Y71.1** |
| Exposure of zygomatic dental implant | **F11.5** | **Y71.1 + Z64.3** |
| Removal of dental implant | **F19.1** | |
| Removal of zygomatic dental implant | **F19.1** | **Z64.3** |

# 13. Anaesthetic Codes

Anaesthetics codes are particularly useful for hospital dentistry but are not routinely coded by clinical coding teams (for inpatient activity). It is recommended that anaesthetics codes are captured for hospital dentistry, both for department use and national comparisons. We have successfully requested two new codes for specific types of sedation (see the table below) that can be used from 1st April 2023. Please use the anaesthetics codes in the following circumstances:

- Always add a code for general anaesthetic (GA) when GA is used
- Always add a code for sedation when it is used
- Use code Y84.2 (Oral/intranasal/other) for sedation use when the type of sedation is not intravenous and not inhalation (or the sedation type is unknown)
- **It is not necessary to code local anaesthetic (LA) for outpatient procedures.** For day cases LA should be coded when it is the only anaesthetic method used.

| Anaesthetic description | OPCS-4 code | Additional codes |
|---|---|---|
| General anaesthetic | | **Y80.9** |
| Intravenous sedation | | **Y84.3** |
| Inhalation sedation | | **Y84.4** |
| Oral/intranasal/other sedation | | **Y84.2** |
| Local anaesthetic injection | | **Y82.2** |

# 14. Subsidiary Codes

Codes in this section should be used (where relevant) to add detail to the procedure descriptions and codes in the above code tables. These subsidiary codes should be sequenced (entered) after the codes for the main procedure.

| Additional detail description | OPCS-4 code | Additional codes |
|---|---|---|
| Multiple teeth | | **O36.1** |
| Left side | | **Z94.3** |
| Right side | | **Z94.2** |
| Bilateral | | **Z94.1** |

# Additional clarification

## Limitations of the OPCS-4 classification

The current coding system does not allow the clinician to differentiate between:

- deciduous teeth and permanent teeth
- anterior teeth and posterior teeth
- upper teeth and lower teeth

Currently, the following procedures are not included:

- Dental Health Education: the significant importance of patient education and compliance in the prevention of dental diseases and the time and expertise required for this aspect to be delivered and reinforced.
- Restoration of the Occlusal Vertical Dimension: to reflect the complexity of managing the worn dentition.
- Management of peri-implant conditions: for these, we advise the clinician to use the codes related to periodontal procedures.

# Contributors

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# Appendix

# Important data items for outpatient activity

The sections in the appendix provide information on important data items that are relevant to outpatient activity in addition to the OPCS-4 procedure codes. Some of these data items affect trust income for dental activity.

The following data items are routinely recorded for outpatient attendances:

- Main Specialty of the responsible consultant and Treatment Function Code (TFC)
- Clinic type:
    - Single professional, multi-professional or multi-disciplinary
    - Consultant led and nurse led
    - Attendance type: first or follow-up appointment
    - Clinic names

It is important that these details are correctly recorded for each patient in order to accurately reflect time and resource use. Local trust information and/or finance teams will be able to provide an explanation of the way that your data are captured and examples of data recorded for your own activity. All of the above data items will affect the tariffs paid for providing oral surgery activity in outpatients.

Other relevant data items for outpatient activity and inpatient/daycase activity:

- Healthcare Resource Groups (HRGs) and tariffs
- ICD-10 diagnosis codes
- SNOMED Clinical Terms

## Main specialty and TFC

Main specialty and Treatment Function Codes (TFC) are covered in the main section of this document (before the code tables).

## Clinic types

### Single professional, multi-professional or multi-disciplinary

Most outpatient clinics are set up as **single professional**. There will be local arrangements in place at your trust for some clinics to be set up as multi-professional (e.g. more than one Restorative dentist) or **multi-disciplinary** (e.g. Restorative dentist and one or more other consultants with a different main specialty, such as MDT with OMFS or Orthodontics). This data value is important (e.g. it can affect tariff income for the trust).

References in the NHS data dictionary: www.datadictionary.nhs.uk
Multi-Disciplinary Consultation (National Tariff Payment System) (datadictionary.nhs.uk)
Multi-Professional Consultation (National Tariff Payment System) (datadictionary.nhs.uk)

## OPCS-4 procedure codes for multi- attendances

Part of the requirement for charging a tariff for multi-professional and multi-disciplinary attendances is that a specific OPCS-4 code is recorded for those attendances. Where this applies at the clinic level (for all attendances in a clinic) your trust may have standard (manual or electronic) processes in place. Where individual patient attendances need to be identified as multi-professional or multi-disciplinary (because the whole clinic is not already flagged as such) clinicians may be required to "tick a box" or use some other method of flagging these patients to the administration team.

*Table: OPCS-4 codes for assessment type*

| OPCS-4 code description | OPCS-4 code |
|---|---|
| Assessment by uniprofessional team NEC | X62.1 |
| Assessment by multiprofessional team NEC | X62.2 |
| Assessment by multidisciplinary team NEC | X62.3 |

MDT clinics are run with allied specialists such as OMFS or Oral Surgery so the **X62.3** code is applied.

## Consultant led and nurse led clinics

Within dentistry, outpatient care can be delivered as a consultant led or nurse led clinic. It is important that clinics are set up correctly, not least because tariff income will be different.

References in the NHS data dictionary: www.datadictionary.nhs.uk
Care Professional Out-Patient Attendance (datadictionary.nhs.uk)

## Attendance type – first or follow-up appointment

This is a data value captured for all outpatient attendances and is usually automatic: an outpatient episode consists of one or more attendances arising from a single referral. The first attendance is recorded as a first attendance; all subsequent attendances are recorded as follow-up attendances. OPCS-4 codes are not used for this data.

## Clinic names

Most outpatient systems set up individual clinics with a unique clinic name. Typically the clinic name will contain information about the nature of the clinic (e.g. using acronyms for important information) and will indicate some of the data values associated with that clinic (e.g. multi-disciplinary clinics, follow-up or review clinics, etc.). Clinic names are not part of the national standard data set and so will vary between providers. Clinic names do not guarantee that the correct data items are being used for the attendances.

Using "review" to describe a clinic or a follow up attendance may have a local meaning but the word does not have a national definition. Attendance type is limited to **first attendance** and **follow up attendance.**

References in the NHS data dictionary: www.datadictionary.nhs.uk
FIRST ATTENDANCE (datadictionary.nhs.uk)

# Healthcare Resource Groups (HRG) and tariffs

Healthcare Resource Groups (fourth revision) is a grouping method used within Payment by Results (PbR), consisting of patient events that have been judged to consume a similar level of resource.

Each outpatient attendance is assigned one HRG value, which defines the tariff paid for that attendance. When OPCS codes are recorded for an attendance they used to calculate an individual HRG for that attendance. When no OPCS codes are present for an attendance an outpatient attendance HRG is assigned.

There are two main types of HRG for outpatient activity: outpatient attendance HRGs and procedure based HRGs.

## Outpatient attendance HRGs

Where no procedure code is recorded for an outpatient attendance, the following data items will affect the tariff paid for the attendance:

- Main Specialty and Treatment Function Code
- Clinic type
    - Single professional, multi-professional or multi-disciplinary
    - Consultant led or nurse led
- Attendance type – first or follow-up appointment
- Face to face or another consultation mechanism

It is important that these details are correctly recorded for each patient in order to accurately reflect time and resource use. Local trust information and/or finance teams will be able to provide an explanation of the way that your data are captured and examples of data recorded for your own activity. All of the above data items will affect the tariffs paid for providing restorative dentistry in outpatients.

## Procedure based HRGs

Where a procedure is carried out during an outpatient attendance, the HRG (and tariff value) will be derived from the OPCS-4 procedure codes assigned to that attendance. The tariff attached to the HRG is used, instead of the standard attendance tariff.

## Procedure code accuracy

By accurately coding our activity, the correct HRGs will be assigned and the tariff payments received will reflect the work we provide. We can quantify the activity of our service and use this information to support our local and national discussions about service design, commissioning of services and workforce capacity.

References in the NHS data dictionary: www.datadictionary.nhs.uk
Healthcare Resource Group (datadictionary.nhs.uk)

## ICD-10 diagnosis codes

The International Classification of Diseases version 10 (ICD-10) is the current diagnosis classification used in the NHS. ICD-11 has been published by the World Health Organisation and will be introduced for use in the NHS in the next few years (there is no firm date available; April 2026 is a likely introduction date).

ICD-10 diagnosis codes are mandatory for all inpatient episodes but are not routinely captured for outpatient attendances. This is unfortunate as using ICD-10 diagnosis codes would give us the scope to record the complexity of patients in secondary care.

Diagnosis codes can record the main condition treated and also medical comorbidities such as heart disease, respiratory conditions, diabetes, syndromes, etc. Dental morbidity could be captured, such as caries or periodontitis, as well as other definitions such as hypodontia, impacted teeth, etc. This would add to the auditability of our data and enable us to show true specialised service working (as per the relevant commissioning guide).

## SNOMED CT - systematised nomenclature of medicine (clinical terms)

SNOMED CT is the clinical vocabulary which is used to record consistent, reliable and comprehensive patient information as an integral part of an electronic patient record, facilitating a number of processes such as decision support, care pathway management and drug alerts. The Department of Health and Social Care has approved SNOMED CT as the single terminology of choice for health and care in England.

SNOMED CT is mandated for use in electronic patient records but that does not mean that it is the only way that clinical data can be recorded: clinical codes are still permissible and relevant. In fact, Healthcare Resource Groups (HRGs) can only be derived from clinical codes and not from SNOMED CT codes. Clinical codes are mandated for use for outpatient care and admitted patient care.

The procedures classification OPCS-4 is used as part of the NHS administrative dataset and OPCS-4 codes are reported as part of the Commissioning Data Set (CDS), submitted monthly by all providers. The detail contained in the clinical codes is designed to be useful when the data are used in aggregate, e.g., for characterising a collection of activity.

Clinical codes do not have the detail necessary to record clinical information for individual patients at the clinical record level of detail. This is where SNOMED CT comes in. SNOMED CT is designed to capture clinical information in as much detail as necessary for use in a patient record. It is complementary to the classifications and has a different purpose. SNOMED CT relies on the adoption of electronic patient records (EPR) and will be increasingly adopted by hospitals as they implement EPR systems.

References in the NHS data dictionary: Commissioning Data Sets Overview (datadictionary.nhs.uk)

SNOMED CT - NHS Digital