

Outpatient activity coding in Orthodontics

Information for secondary care trusts

GIRFT Clinical coding team

Orthodontic Dentistry GIRFT coding working group

Version 3.0: For use with national OPCS-4.10 procedure codes (introduced April 2023)

June 2023

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Foreword by Helen Travess, immediate past Chair, Consultant Orthodontist Group

The Getting It Right First Time (GIRFT) Programme National Specialty Report into Hospital Dentistry, written by Liz Jones, was somewhat delayed due to the impact of the pandemic but was published in September 2021 and the key recommendation of clarifying guidance on coding and improving coding accuracy remains as valid as ever for our return to post pandemic working.

The orthodontic service provided in secondary care is complex and we hope that this booklet will help trusts to record activity more effectively.

Extract from NHSE commissioning guide for Orthodontics

Complexity Assessment – Orthodontic Treatment

Level 3b – Work to be referred to consultant Specialist Services

- Patients with clefts of the lip and/or palate or craniofacial syndromes
- Patients with significant skeletal discrepancies requiring combined Orthodontics and Orthognathic surgery
- Patients who require Orthodontics and complex Oral Surgery input (e.g. multiple impacted teeth)
- Patient with complex restorative problems requiring secondary care input in a multidisciplinary environment
- Patients with complex medical issues, including psychological concerns, which require close liaison with medical personnel locally
- Patients with medical, developmental or social problems who would not be considered suitable for treatment in specialist practice
- Complex Orthodontic cases not considered suitable for management in specialist practice
- Referrals where advice or a second opinion is required from a secondary care Consultant (i.e. to those providing Level 1, 2, 3a care)

The NHS England commissioning guide from which the above is taken¹ very clearly outlines our ‘3b’ premise – focussing on MDT working and those patients with greater medical, social and complex dental needs. Currently, unlike for patients on the admitted pathways, there is no routine diagnostic coding in outpatient settings. This does not allow us to capture the myriad of factors that make many of our cases complex. OPCS-4 procedure coding is the only tool available to reflect our activity.

Activity is usually recorded at the completion of the outpatient visit – be that new, follow up or treatment – by the reception or booking out team, or by the clinical team directly into an electronic system. Therefore, in our speciality the importance of clinical understanding of the coding is vital, as well as communication with the reception or access teams.

Within Orthodontics, as with our medical colleagues, we run new and follow up clinics as well as those to provide treatment. Our services are consultant led and are coded as such. Coding allows

trusts, commissioners and bodies such as GIRFT to interrogate the data to derive knowledge about the activity undertaken.

The coding working group in 2019 focussed on defining the few codes that are designated within OPCS for our activity in order to try to improve the accuracy of recording of activity undertaken as well as the consistency between trusts.

I am very pleased to say we have been successful in obtaining additional codes in the most recent review of OPCS, and these have gone live in April 2023 with version ten (OPCS-4.10). These new codes allow us to differentiate functional and retainer appliances from the overarching code previously used to encompass all removable appliances.

This 3rd version of the coding guide offers a further update on activity coding (known as the PROC codes) including these new codes, clarification on definitions from the queries we have received from you over the past 2 years, as well as outlining the ways to best use these new codes.

We hope that it will improve the quality and consistency of coding at trust level going forward, but as always we are happy to receive comments and feedback, which can be provided to BOS or the GIRFT clinical coding team using email england.girft.coding@nhs.net.

Helen Travess

Immediate past Chair, Consultant Orthodontist Group
March 2023

¹<https://www.england.nhs.uk/commissioning/wp-content/uploads/sites/12/2015/09/guid-comms-orthodontics.pdf>

Orthodontics 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 orthodontic 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

The procedure descriptions used in the coding tables below (column: OPCS-4 code description) are the same as the national standard definitions for the OPCS-4 codes. We have taken great care to make sure that the OPCS-4 codes used for each procedure description (column: Inclusions and notes) 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 asking their local clinical coding team or by contacting the Terminology and Classifications Delivery Service (TCDS) via information.standards@nhs.net

For Orthodontics 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 first table (1. Orthodontics codes in F14) 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 **Orthodontics is 143**; 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 orthodontic 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 Orthodontics, 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 \(datadictionary.nhs.uk\)](http://www.datadictionary.nhs.uk)

Dentists should ensure that all of their outpatient activity is recorded with the correct Treatment Function Code (Orthodontics TFC = 143).

Clinic types

There are a number of data items captured to differentiate clinic types. 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

A. Orthodontics outpatient procedure code tables

This section (A) contains six code tables which together cover all of the procedure codes needed for outpatient procedures in Orthodontics.

The codes in this section are listed according to the arrangement in the OPCS-4 classification. In the following section (B) the OPCS-4 codes are presented according to the treatment phase (e.g. start, end, etc.).

The text in the Inclusions and notes column describes all of the procedures that are covered by the OPCS-4 code and definition on the left of the row. The Exclusions column provides alternative OPCS-4 codes for procedures which are not included in the OPCS-4 code definition.

1. Definitions of orthodontic PROC codes (category F14)

OPCS-4 code	OPCS-4 code definition	Inclusions and notes	Exclusions
F14.1	Insertion of fixed orthodontic appliance NEC	Start of active treatment with fixed appliance - bond up either labially or lingually, of <ul style="list-style-type: none"> • sectional • single or • double arch including molar tubes or bands.	Excluding mid treatment <ul style="list-style-type: none"> • bracket additions - use F15.6 • replacements - use F15.2 • fixed retainer placement at end of active treatment - use F66.2
F14.2	Insertion of movable orthodontic appliance NEC	Insertion of any removable appliance, including <ul style="list-style-type: none"> • URA, removable habit breaker, removable space maintainer • orthodontic aligners Also including <ul style="list-style-type: none"> • re-fit of a repaired removable appliance 	Excluding <ul style="list-style-type: none"> • functional appliances - use F65.2 • removable sleep apnoea appliance - use F67 codes • retainers - use F66.1 • re-fit of a repaired functional appliance or repaired retainer
F14.3	Insertion of orthodontic appliance NEC	Fit of any additional fixed appliance element in addition to main bond up <ul style="list-style-type: none"> • TPA/Nance Arch/Quad Helix/RME • fixed habit breaker/fixed space maintainer 	Excluding <ul style="list-style-type: none"> • fixed class II correctors or fixed functional appliance - use F65.1 • fixed retainer - use F66.2
F14.4	Removal of orthodontic appliance NEC	Debond - complete removal of orthodontic appliance at the completion of active treatment - removal of <ul style="list-style-type: none"> • sectional • single arch • double arch • interceptive fixed • removal of molar bands or tubes 	Excluding removal of partial fixed device <ul style="list-style-type: none"> • TPA/Quad/RME/etc. - use F15.7 • fixed class II device or fixed functional - use F65.5
F14.5	Surgical exposure of tooth	Open exposure of impacted tooth or closed exposure with gold chain placement on impacted tooth	
F14.6	Insertion of orthodontic anchorage	Fit TAD fixed orthodontic anchorage (any number)	
F14.7	Removal of orthodontic anchorage	Remove TAD fixed orthodontic anchorage (any number)	
F14.8	Other specified orthodontic operations	PLEASE DO NOT USE Only for use if the intervention is not covered elsewhere in the table	
F14.9	Unspecified orthodontic operations	PLEASE DO NOT USE Only for use if the intervention is not covered elsewhere in the table	

2. Definitions of orthodontic PROC codes (category F15)

OPCS-4 code	OPCS-4 code definition	Inclusions and notes	Exclusions
F15.1	Creation of orthodontic impression	Impression or digital scan of the mouth	
F15.2	Fitting of orthodontic bracket	Additional fitting/replacement of bracket or bands within treatment (single or multiple) <ul style="list-style-type: none"> • fitting second molars bands or tubes • bracket or band repairs • bracket or band repositioning 	Excluding <ul style="list-style-type: none"> • bond up sectional or whole arch - use F14.1
F15.3	Fitting of orthodontic headgear	Initial fit of headgear	
F15.4	Fitting of orthodontic separators	Placement of separators (any number, at any time)	
F15.5	Adjustment of orthodontic appliance NEC	Adjustment and/or review of orthodontic appliance, including <ul style="list-style-type: none"> • fixed appliance adjustment • also including Quad/RME, etc. • removable including URA, aligners, etc. • headgear adjustment <p>within an active treatment phase</p>	Excluding <ul style="list-style-type: none"> • removable functional appliances - use F65.3 • fixed class II corrector or other fixed functional adjustment - use F65.4 • removable retainers - use F66.3
F15.6	Repair of orthodontic appliance	Any repair of <ul style="list-style-type: none"> • fixed appliance • removable appliance • functional appliance • retainer 	
F15.7	Debonding of orthodontic bracket	<ul style="list-style-type: none"> • removal of any individual orthodontic bracket or band for repositioning • removal of a fixed device e.g., RME/Quad/TPA/Nance/lingual arch 	Excluding <ul style="list-style-type: none"> • removal of fixed class II corrector or fixed functional - use F65.5 • end of treatment debond - use F14.4 • repair of patient debonded bracket mid treatment - use F15.6
F15.8	Other specified other orthodontic operations	PLEASE DO NOT USE Only for use if the intervention is not covered elsewhere in the table	
F15.9	Unspecified other orthodontic operations	PLEASE DO NOT USE Only for use if the intervention is not covered elsewhere in the table	

3. New codes relating to functional appliances (category F65)

OPCS-4 code	OPCS-4 code definition	Inclusions and notes	Exclusions
F65.1	Fitting of fixed functional orthodontic brace or appliance	Insertion of any class II corrector or fixed functional device or appliance, including <ul style="list-style-type: none"> • Herbst • Jasper Jumpers • Forsus, etc. • fixed bite blocks • MARA 	Excluding the use of, for example <ul style="list-style-type: none"> • sectional fixed appliance with removable functional device - use F14.1 and F65.2 • lingual arch and lower fixed appliance, upper removable functional, e.g. Dynamax appliance - use F14.3, F14.1 and F65.2
F65.2	Fitting of movable functional orthodontic brace or appliance	Insertion of any removable functional appliance, including <ul style="list-style-type: none"> • twin blocks • medium opening activators • Bionators • Frankels 	Excluding <ul style="list-style-type: none"> • single arch removable appliance - use F14.2 • retainers - use F66.1
F65.3	Adjustment of movable functional orthodontic brace or appliance	Adjustment of any removable functional appliance, including <ul style="list-style-type: none"> • registration of progress through OJ and buccal seg change • tightening of retention • activation of mid-line screws, etc. 	Excluding <ul style="list-style-type: none"> • repair or refit of removable functional appliance - use F15.6
F65.4	Adjustment of fixed functional orthodontic brace or appliance	Adjustment of any class II corrector or fixed functional device (as per F65.1)	
F65.5	Removal of fixed functional orthodontic brace or appliance	Removal of any class II corrector or fixed functional device at end of active correction (as per F65.1)	
F65.8	Other specified functional orthodontic operations	PLEASE DO NOT USE Only for use if the intervention is not covered elsewhere in the table	
F65.9	Unspecified functional orthodontic operations	PLEASE DO NOT USE Only for use if the intervention is not covered elsewhere in the table	

4. New codes relating to retainers (category F66)

OPCS-4 code	OPCS-4 code definition	Inclusions and notes	Exclusions
F66.1	Fitting of movable orthodontic retainer	Insertion of any removable retainer appliance, including <ul style="list-style-type: none"> • Essix/VFR • Hawleys (+/- pontics) • Begg 	Excluding <ul style="list-style-type: none"> • Single arch removable active appliance or aligner - use F14.2 • Single arch removable habit breaker - use F14.2 • Single arch space maintainer -use F14.2
F66.2	Fitting of fixed orthodontic retainer	Insertion of a fixed retainer wire for retention <ul style="list-style-type: none"> • one or two arches 	
F66.3	Adjustment of movable orthodontic retainer	Adjustment of any removable retainer appliance, including <ul style="list-style-type: none"> • tightening of retention • adjusting acrylic • trimming or easing of vacuum formed appliances 	
F66.4	Adjustment of fixed orthodontic retainer	Adjustment of any fixed retainer wire, including <ul style="list-style-type: none"> • repair of composite bonding for re-cementation 	
F66.5	Removal of fixed orthodontic retainer	Removal of any fixed retainer wire, including <ul style="list-style-type: none"> • to replace as a whole • within repair of retention 	
F66.8	Other specified post orthodontic operations	PLEASE DO NOT USE Only for use if the intervention is not covered elsewhere in the table	
F66.9	Unspecified post orthodontic operations	PLEASE DO NOT USE Only for use if the intervention is not covered elsewhere in the table	

5. New codes for non-orthodontic appliances (category F67)

OPCS-4 code	OPCS-4 code definition	Inclusions and notes	Exclusions
F67.1	Creation of impression for intraoral appliance	Taking an impression or intra oral digital scan for a non-orthodontic intraoral appliance, including <ul style="list-style-type: none"> • cover plate • sleep apnoea device • TMJ splint • speech plate 	Excluding any impression or intraoral digital scan as part of orthodontic treatment planning or appliance construction, including <ul style="list-style-type: none"> • study models • functionals • URAs • fixed devices such as TPA/Quad/lingual arch, etc. • retainers • wafers and jaw registration Use F15.1
F67.2	Fitting of intraoral appliance	Insertion of a non-orthodontic intraoral appliance <ul style="list-style-type: none"> • cover plate • sleep apnoea device • TMJ splint • speech plate 	Excluding insertion of any other orthodontic appliance Use F14 codes for fixed and removable active appliances, including wafers F65 codes for functional appliances F66 codes for retainer appliances
F67.3	Adjustment of intraoral appliance	Adjustment of a non-orthodontic intraoral appliance <ul style="list-style-type: none"> • cover plate • sleep apnoea device • TMJ splint • speech plate 	Excluding adjustment of any other orthodontic appliance Use F15 codes for fixed and removable active appliances, including wafers F65 codes for functional appliances F66 codes for retainer appliances
F67.8	Other specified insertion of intraoral appliance	PLEASE DO NOT USE Only for use if the intervention is not covered elsewhere in the table	
F67.9	Unspecified insertion of intraoral appliance	PLEASE DO NOT USE Only for use if the intervention is not covered elsewhere in the table	

6. Other dental codes commonly used in Orthodontics

OPCS-4 code	OPCS-4 code definition	Inclusions and notes	Exclusions
F16.4	Scaling of tooth	Use of hand-held or ultrasonic scalers	
F16.6	Application of topical fluoride NEC	Hygienist/therapist or orthodontist applying topical fluoride to teeth	
F16.7	Polishing teeth	Use of a handpiece to polish, clean or prepare tooth surfaces (including slow and fast handpieces)	Excluding interproximal enamel reduction - use F16.8
F16.8	Other specified other operations on tooth	Interproximal enamel reduction, including <ul style="list-style-type: none"> • using hand-held strips • use of a handpiece 	
F40.5	Removal of suture from mouth NEC	Removal of sutures (any number)	
F42.4	Photography of mouth	Photographic record of patient care taken by the clinician as part of the appointment	Excluding photographs taken by a medical photography department (unless not independently claimed)
F42.5	Recording of jaw relationships	Recording of jaw relationship as part of face bow record	Excluding wax bite with impressions for study models as part of routine records
U04.1	Bitewing radiology	Bitewing radiograph taken in the department	Excludes x-rays taken in Radiology
U04.2	Periapical radiology	Periapical radiograph (LCPA) taken in the department	Excludes x-rays taken in Radiology
U04.3	Occlusal radiology	Upper standard, oblique or lower occlusal radiograph taken in the department (USO/LSO)	Excludes x-rays taken in Radiology
U04.4	Lateral oblique jaw radiology	Lateral oblique jaw radiograph taken in the department	Excludes x-rays taken in Radiology Excludes lateral cephalogram - use U06.4
U04.8	Other specified diagnostic imaging of mouth	OPG radiograph taken in the department	Excludes x-rays taken in Radiology
U06.4	Plain x-ray of skull	Lateral cephalogram radiograph taken in the department	Excludes x-rays taken in Radiology
U36.5	Cone beam computed tomography NEC	CBCT of teeth or jaws taken in the department	Excludes images taken in Radiology

B. Examples of procedure lists and codes for common orthodontic procedures

This section (B) contains orthodontic procedures arranged according to the treatment phase (e.g. start of treatment, end of treatment, etc.). The codes used are taken from the code tables 1 to 6 in section A and are consistent with those tables.

The procedures are arranged as examples of how the procedures and codes can be presented for dentists to use to record their activity.

7. Orthodontic procedures and codes – Pre-treatment

Example of a printed tick list for pre-treatment activities.

Orthodontic Procedure	Tick all codes that apply
Pre-treatment	
Records • Impressions • Digital scan of mouth (intraoral scanner)	F15.1 Creation of orthodontic impression
Photographs	F42.4 Photography of mouth
X-rays (if taken in dept. and NOT by Radiology)	
BWs	U04.1 Bitewing radiology
USO/LSO Upper standard occlusal Lower standard occlusal	U04.3 Occlusal radiology
LCPA	U04.2 Periapical radiology
OPG	U04.8 Other specified diagnostic imaging of mouth
Lateral cephalogram	U06.4 Plain x-ray of skull
Bimolars/oblique molars	U04.4 Lateral oblique jaw radiology
Intra oral scaling by hand or ultrasonic scaling	F16.4 Scaling of teeth
Topical application of fluoride	F16.6 Application of topical fluoride NEC

Note

There is no specific OPCS - PROC code for oral hygiene instruction because OPCS considers it outside the scope of the classification.

8. Orthodontic procedures and codes – Start of treatment

Example of a printed tick list for procedures at the start of treatment.

Orthodontic Procedure	Tick all codes that apply	
Start of treatment		
Fit <ul style="list-style-type: none"> • URA • removable habit breaker • removable space maintainer • aligner 	F14.2 Insertion of movable orthodontic appliance NEC	
Fit functional (any removable)	F65.2 Fitting of movable functional orthodontic brace or appliance	
Fit fixed class II corrector or fixed functional device	F65.1 Fitting of fixed functional orthodontic brace or appliance	
Fit TAD (any number)	F14.6 Insertion of orthodontic anchorage	
Fit headgear	F15.3 Fitting of orthodontic headgear	
Place separators (any number)	F15.4 Fitting of orthodontic separators	
Fit fixed device <ul style="list-style-type: none"> • Nance arch • TPA • lingual arch • Quad helix • fixed habit breaker • fixed space maintainer 	F14.3 Insertion of orthodontic appliance NEC	
Fit bonded or banded RME	F14.3 Insertion of orthodontic appliance NEC	
Bond up single arch, including molar tubes or bands at Start of active treatment	F14.1 Insertion of fixed orthodontic appliance NEC	F16.7 Polishing of teeth if handpiece used
Bond up two arches, including molar tubes or bands at Start of active treatment	F14.1 Insertion of fixed orthodontic appliance NEC	F16.7 Polishing of teeth if handpiece used
Sectional bond up, including molar tubes or bands at Start of active treatment	F14.1 Insertion of fixed orthodontic appliance NEC	F16.7 Polishing of teeth if handpiece used
Fit molar bands <ul style="list-style-type: none"> • addition of second molar bands mid Rx • use of molar band mid Rx due to repeated breakages of molar tubes 	F15.2 Fitting of orthodontic bracket BUT if part of bond up at start of treatment - use F14.1	F16.7 Polishing of teeth if handpiece used

9. Orthodontic procedures and codes – During treatment

Example of a printed tick list for procedures following the start of treatment.

Orthodontic Procedure	Tick all codes that apply			
During treatment				
Fixed appliance adjustment appt.	F15.5 Adjustment of orthodontic appliance NEC			
IPR Using hand-held strips or handpiece	F16.8 Other specified other operations on tooth			
Adjustment of URA or aligner, etc.	F15.5 Adjustment of orthodontic appliance NEC			
Adjustment of removable functional	F65.3 Adjustment of movable functional orthodontic brace or appliance			
Adjustment of class II corrector or fixed functional device	F65.4 Adjustment of fixed functional orthodontic brace or appliance			
Twin block advancement	F65.3 Adjustment of movable functional orthodontic brace or appliance	F15.1 Creation of orthodontic impression		
Adjust headgear	F15.5 Adjustment of orthodontic device			
Fixed appliance adjust with bracket reposition (requires active removal to reposition)	F15.5 Adjustment of orthodontic appliance NEC	F15.7 Debonding of orthodontic bracket	F15.2 Fitting of orthodontic bracket	F16.7 Polishing of teeth if handpiece used
Fixed appliance adjust with bracket rebond as repair within routine appt.	F15.5 Adjustment of orthodontic appliance NEC	F15.6 Repair of orthodontic appliance	F15.2 Fitting of orthodontic bracket	F16.7 Polishing of teeth if handpiece used
Removal of fixed device <ul style="list-style-type: none"> • Nance arch • TPA • Lingual arch • Quad helix • fixed habit breaker • fixed space maintainer 	F15.7 Debonding of orthodontic bracket		F16.7 Polishing of teeth if handpiece used	
Removal of class II corrector or fixed functional device	F65.5 Removal of fixed functional orthodontic brace or appliance		F16.7 Polishing of teeth if handpiece used	
Removal of bonded or banded RME	F15.7 Debonding of orthodontic bracket		F16.7 Polishing of teeth if handpiece used	
Impressions for model surgery and facebow registration	F42.5 Recording of jaw relationship		F15.1 Creation of orthodontic impression	
Model surgery and wafer check or Jaw registration check	F42.5 Recording of jaw relationship			

10. Orthodontic procedures and codes – Emergencies during treatment

Example of a printed tick list for emergency procedures required during treatment.

Orthodontic Procedure	Tick all codes that apply		
Emergencies during treatment			
Emergency appointment wire issues/other FA issue such as power chain replacement, replacement of bands/fix device	F15.6 Repair of orthodontic appliance		
Emergency appointment bracket rebond as repair	F15.6 Repair of orthodontic appliance	F15.2 Fitting of orthodontic bracket	F16.7 Polishing of teeth if handpiece used
Emergency appointment removable appliance breakage (including functional and retainers)	F15.6 Repair of orthodontic appliance	F15.1 Creation of orthodontic impression NEC	
Emergency appointment Adjustment of removable appliance (not including functional or retainers)	F15.5 Adjustment of orthodontic device (including trimming of acrylic)		
Emergency appointment Adjustment of removable functional appliance	F65.3 Adjustment of movable functional orthodontic brace or appliance		
Emergency appointment Adjustment of class II corrector or fixed functional appliance	F65.4 Adjustment of fixed functional orthodontic brace or appliance		
Emergency appointment Fitting of repaired removable appliance (including functional and retainers)	F15.6 Repair of orthodontic appliance		
Review post-surgical exposure	F15.5 Adjustment of orthodontic device if gold chain is trimmed	F40.5 Removal of suture from mouth NEC	

11. Orthodontic procedures and codes – End of treatment

Example of a printed tick list for procedures at the end of treatment.

Orthodontic Procedure	Tick all codes that apply		
End of treatment			
Removal of TAD (any number)	F14.7 Removal of orthodontic anchorage		
Debond at end of active treatment • sectional arch • one arch • two arches • including removal of molar bands	F14.4 Removal of orthodontic appliance NEC	F16.7 Polishing of teeth if handpiece used	F15.1 Creation of orthodontic impression
Fit removable retainers e.g. essix, hawleys etc	F66.1 Fitting of moveable orthodontic retainer		
Review/adjust removable retainers	F66.3 Adjustment of moveable orthodontic retainer		
Insertion of new fixed retainer - one arch or two	F66.2 Fitting of fixed orthodontic retainer		
Repair of fixed retainer	F15.6 Repair of orthodontic appliance	F16.7 Polishing of teeth if handpiece used	
Total replacement of failed fixed retainer	F66.2 Fitting of fixed orthodontic retainer	F16.7 Polishing of teeth if handpiece used	

12. Orthodontic procedures and codes – Additional activity

Example of a printed tick list for additional procedures in Orthodontics.

Orthodontic Procedure Additional activity	Tick all codes that apply
Fit removable • sleep apnoea device • cover plate • speech plate • TMJ splint	F67.2 Fitting of intraoral appliance
Adjustment of removable • sleep apnoea device • cover plate • speech plate • TMJ splint	F67.3 Adjustment of intraoral appliance
Surgical exposure of an impacted tooth with or without gold chain fitting	F14.5 Surgical exposure of tooth
Removal of sutures (any number)	F40.5 Removal of suture from mouth NEC
Scaling of teeth, by hand or with ultrasonic	F16.4 Scaling of teeth
Application of topical fluoride	F16.6 Application of topical fluoride NEC
Extraction of one tooth (deciduous or permanent)	F10.9 Unspecified simple extraction of tooth
Extraction of multiple teeth (deciduous or permanent)	F10.4 Extraction of multiple teeth NEC
Repositioning of tooth post trauma	F08.4 Repositioning of tooth
Replantation of avulsed tooth	F08.3 Replantation of tooth
Splinting of teeth post trauma	F63.5 Splinting of teeth

GIRFT BOS coding working group 2022

My thanks to Karen, Sue, Andy and Liz and for their continued time and expertise on all matters coding and for the more diverse work now being undertaken with other dental specialties to expand the understanding of dental coding. As ever this is a team effort, and we have all brought our specialist knowledge to the group to enable a thorough and in-depth discussion of the best way forward.

Liz Jones	GIRFT National Clinical Lead for Hospital Dentistry
Sue Eve-Jones	GIRFT Clinical Coding Lead
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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
 - Clinic names
 - Attendance type: first or follow-up appointment

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 Orthodontist) or **multi-disciplinary** (e.g. Orthodontist and one or more other consultants with a different main specialty, such as MDT with OMFS or Oral Surgery). 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 \(National Tariff Payment System\) \(datadictionary.nhs.uk\)](http://www.datadictionary.nhs.uk)

[Multi-Professional Consultation \(National Tariff Payment System\) \(datadictionary.nhs.uk\)](http://www.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 \(datadictionary.nhs.uk\)](http://www.datadictionary.nhs.uk)

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 \(datadictionary.nhs.uk\)](http://www.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.

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 \(datadictionary.nhs.uk\)](http://www.datadictionary.nhs.uk/HealthcareResourceGroup)

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 3b working (as per the 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 \(datadictionary.nhs.uk\)](https://datadictionary.nhs.uk)

[SNOMED CT - NHS Digital](#)