

Outpatient activity coding in Paediatric Dentistry

Information for secondary care trusts

GIRFT Clinical coding team

Paediatric Dentistry GIRFT coding working group

Version 1.0: For use with national OPCS-4.10 procedure codes (introduced April 2023)

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Foreword by Professor Sondos Albadri, Immediate Past president of BSPD

The Getting It Right First Time (GIRFT) Hospital Dentistry National Report 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 trusts in England, meeting with their clinical leads and management, to look at their clinical activity from HES data. 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. The report identified the accuracy of coding as a common issue across all the dental specialities and this document addresses that issue.

There are many acute trusts in England who do not employ a specialist or consultant in paediatric dentistry so the true number of paediatric dental episodes and, for example, the numbers of children having a general anaesthetic was difficult to quantify. The main speciality code for Paediatric dentistry exists but is often not applied.

The gaps and anomalies in the collection of data limits our understanding of patient needs and those that are doing the work. Main specialty codes and treatment function codes do not reflect the current landscape. Work is often attributed to the wrong consultant and procedure codes are poorly defined and inconsistently applied. GIRFT recommended a review of main speciality codes, treatment function codes and procedure codes to improve consistency and clarity.

The GIRFT report for Hospital Dentistry recommended the following:

- A review of dentistry's main specialty and treatment function codes is required to ensure they are fit for purpose and to better enable quality improvement, workforce planning and service redesign. The clinician responsible for care and the clinician who delivered the care should be identifiable
- Type of anaesthetic used should be recorded
- Primary and secondary diagnoses (comorbidities) should be recorded for all activity in an outpatient setting
- Procedure code use should be reviewed and improved so that all colleagues have clarity on what they mean and they can be consistently applied across all trusts

Liz approached me, as I was about to start my term as BSPD president, having already discussed the report with Mrs Sarah McKaig, immediate past president. Together we worked closely with Liz on the GIRFT report to act on the above recommendations.

We formed a small working group including clinicians working in the Community Dental Service and district general hospitals to ensure we understood how clinical activity was recorded in different settings

and what terminology was used to reflect the breadth and depth of clinical procedures delivered in Paediatric Dentistry.

The first phase of the work was a rapid review to identify the areas where our specialty has evolved, and where there are no suitable codes available. A formal request for new codes was made and new codes were allocated as follows:

- Application of SDF
- Apexification
- Inhalation Sedation

A request was made also for a code for pulpotomy, which was unsuccessful. However, the recommended code for pulpotomy (F12.8) is not used for anything else and so is unique to pulpotomy (even though the formal OPCS-4.10 code definition for F12.8 is “other specified surgery on apex of tooth”).

We have made requests for other procedures, including the placement of preformed metal crown (as a standalone procedure), acclimatisation and the coding of primary versus permanent teeth, to have better understanding of what procedures are being performed on children. Unfortunately those codes were not approved and will not be available from April 2023.

This was followed by the second phase, to attempt to define the main procedures we use in paediatric dentistry and agree with other specialities on shared procedures and definitions.

The GIRFT webinar ‘Paediatric Dentistry: improving data quality’, held on 9th February 2022, was well attended and demonstrates the recognition within our services that this work is necessary.

This coding work is the beginning of the process to reduce variation in recording the delivery of clinical care to our patients. We recognise that despite all our efforts, this work will not be capturing all the work performed by our speciality as it omits the Community Dental Services where a significant amount of paediatric dentistry procedures are carried out.

We value your comments on implementing this guidance on coding. Feedback can be provided to BSPD 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 it to stimulate discussion on data capture and auditable activity, providing you and us all with better evidence to use in discussions within your Trusts and with commissioners. We would urge you to discuss with the coders in your trusts to open lines of communication which in itself will improve the accuracy of data capture.

I am very grateful to BSPD members for their willingness to contribute to the review of this document, to Liz Jones for her leadership and enthusiasm and the GIRFT coding team for sharing their considerable knowledge about coding. I would also like to thank Professor Martin Ashley for sharing the restorative dentistry coding booklet to ensure consistency between our specialities.

Paediatric 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 paediatric 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 Paediatric 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 **Paediatric Dentistry is 142**; 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 Paediatric 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 Paediatric 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 \(datadictionary.nhs.uk\)](http://www.datadictionary.nhs.uk)

Dentists should ensure that all of their outpatient activity is recorded with the correct Treatment Function Code (Paediatric Dentistry TFC = 142).

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

Paediatric Dentistry outpatient procedure code tables

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

1. General Codes

Procedure descriptions and OPCS-4 codes for Paediatric Dentistry.

Procedure description	OPCS-4 code	Additional codes
Examination of mouth	F43.9	
Photographic examination of mouth	F42.4	
Polishing of teeth <i>Includes: Application of prophylaxis as acclimatisation procedure</i>	F16.7	
Impression for study models	F15.1	
Digital scan impression for study model	F15.1	

2. Prevention and Minimally Invasive Techniques

Procedure descriptions and OPCS-4 codes for prevention and minimally invasive procedures in outpatient Paediatric Dentistry.

Procedure description	OPCS-4 code	Additional codes
Application of topical fluoride	F16.6	
Placement of fissure sealant	F16.5	
Application of silver diamine fluoride <i>Includes: SDF for management of dental caries and hypomineralised enamel</i>	F21.2	
Polishing of teeth <i>Includes: Application of prophylaxis as acclimatisation procedure</i>	F16.7	
Restoration of tooth using filling	F13.5	
Restoration of tooth with provisional filling	F13.5	Y70.5
Resin infiltrate to tooth	F13.8	
Placement of separator (any number)	F15.4	
Placement of preformed metal crown as a definitive restoration on a primary tooth	F17.3	
Placement of preformed metal crown as an interim measure restoration on a permanent tooth (e.g., management of MIH)	F17.3	Y70.5

3. Management of Structural Dental Anomalies

Procedure descriptions and OPCS-4 codes for the management of structural dental anomalies in outpatient Paediatric Dentistry.

Procedure description	OPCS-4 code	Additional codes
Impressions for whitening trays	F15.1	
Insertion of whitening teeth trays	F13.6	F66.1
Whitening teeth – home and in surgery	F13.6	
Microabrasion	F16.8	Y055
Application of resin infiltrate to teeth (e.g., ICON)	F13.8	

4. Dental Trauma

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

Procedure description	OPCS-4 code	Additional codes
Replanting of tooth	F08.3	
Repositioning of tooth	F08.4	
Splinting of teeth	F63.5	
Pulpotomy	F12.8	
Restoration of tooth using filling (e.g., composite build up)	F13.5	
Restoration of tooth with provisional filling (e.g., composite bandage)	F13.5	Y70.5
Decoronation	F09.6	
Autotransplantation of tooth	F08.2	
Reduction of fracture of alveolus of mandible	V15.1	
Reduction of fracture of alveolus of maxilla	V08.1	

5. Endodontic Procedures

Procedure descriptions and OPCS-4 codes for endodontic procedures in outpatient Paediatric 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	
Pulpotomy	F12.8	
Closure of apex of tooth <i>Includes: Using bioceramic material, regenerative techniques, induction of calcific barrier</i>	F12.3	
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	
Internal bleaching	F13.6	

6. Less commonly used Endodontic Procedures

Procedure descriptions and OPCS-4 codes for less common endodontic procedures in outpatient Paediatric Dentistry.

Procedure description	OPCS-4 code	Additional codes
Removal or bypass of separated instrument	F12.2	Y29.1
Removal of fractured post	F17.1	Y03.7
Surgery to apex of anterior tooth (apicectomy)	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/tooth hemisection	F09.8	Y05.2

7. Periodontal Procedures

Procedure descriptions and OPCS-4 codes for periodontal procedures in outpatient Paediatric 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 condition <i>Includes: Abscess</i>	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
Biopsy of lesion of gingiva	F20.3	
Surgical management of periodontal pocket (gingivectomy)	F20.1	
Surgical management of recession	F20.4	

Note

*PMPR: Professional Mechanical Plaque Removal

8. Fixed Prosthodontics

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

Procedure description	OPCS-4 code	Additional codes
Preparation of tooth for crown	F17.1	
Preparation of teeth for bridge	F17.6	
Definitive impression for crown or bridge	F17.2	
Digital scan impression for crown or bridge	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 <i>Includes: Resin bonded bridge</i>	F17.7	
Adjustment of dental crown on tooth	F17.4	
Removal of dental crown from tooth	F17.5	
Metal work try-in	F17.7	
Interocclusal record	F42.5	
Articulator records	F42.5	
Preparation of tooth for indirect or direct post	F17.1	
Placement of indirect or direct post	F17.1	Y02.2

9. Removable Prosthodontics

Procedure descriptions and OPCS-4 codes for removeable prosthodontics procedures in outpatient Paediatric 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	
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	

10. Less commonly used Removable Prosthodontic Procedures

Procedure descriptions and OPCS-4 codes for less common removeable prosthodontics procedures in outpatient Paediatric Dentistry.

Procedure description	OPCS-4 code	Additional codes
Repair of sleep apnoea appliance	F67.8	
Impression for obturator	F64.1	
Fitting of obturator	F64.2	
Adjustment of obturator	F64.3	
Repair of obturator	F64.4	

11. Oral Surgery

11.1 Extractions and Surgical Procedures

Procedure descriptions and OPCS-4 codes for oral surgery procedures in outpatient Paediatric Dentistry.

Procedure description	OPCS-4 code	Additional codes
Single tooth - uncomplicated	F10.9	
Single tooth - surgical removal of non-impacted tooth <i>Includes: Removal of infraoccluded teeth (non-impacted)</i>	F09.4	
Single root – uncomplicated <i>Includes: Non-surgical/simple/uncomplicated removal of root of tooth</i>	F10.5	
Single root - surgical removal	F09.5	
Multiple root - surgical removal	F09.5	O36.1
Multiple teeth - uncomplicated	F10.4	
Multiple teeth - surgical	F09.4	O36.1
Multiple teeth - full dental clearance in a child	F10.1	
Multiple teeth - upper dental clearance in a child	F10.2	
Multiple teeth - lower dental clearance in a child	F10.3	
For concurrent preservation of alveolar ridge using graft, with any of the above		F19.2
Surgical removal of impacted tooth <i>Excludes: Wisdom tooth</i>	F09.2	
Decoronation	F09.6	
Autotransplantation of tooth	F08.2	
Surgical exposure of tooth <i>Includes: Open exposure of impacted tooth, closed exposure with gold chain placement on impacted tooth</i>	F14.5	

Note

For concurrent preservation of alveolar ridge, use additional code F19.2 after the extraction code(s).

11.2 Post Extraction Procedures

Procedure descriptions and OPCS-4 codes for post-extraction procedures in outpatient Paediatric Dentistry.

Procedure description	OPCS-4 code	Additional codes
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 <i>Includes: Dressing of socket with medicated dressing</i>	F16.3	
Removal of suture from mouth	F40.5	
Repair OAC with palatal flap	F30.1	

11.3 Soft Tissue Surgical Procedures

Procedure descriptions and OPCS-4 codes for soft tissue surgery in outpatient Paediatric Dentistry.

Procedure description	OPCS-4 code	Additional codes
Frenectomy of lip/labial frenum	F05.1	
Frenectomy of tongue/excision frenulum tongue	F26.2	
Frenotomy of tongue (for release of tongue tie)	F26.3	
Excision of lesion of gingiva <i>Includes: Excisional biopsy</i>	F20.2	
Biopsy of lesion of gingiva <i>Includes: Biopsy of gingiva</i>	F20.3	
Excision of lesion of lip <i>Includes: Excisional biopsy</i>	F02.1	
Biopsy of lesion of lip	F06.2	
Excision of lesion of tongue <i>Includes: Excisional biopsy</i>	F23.1	
Biopsy of lesion of tongue	F24.1	
Excision of lesion of palate <i>Includes: Excisional biopsy</i>	F28.1	
Biopsy of lesion of palate	F32.1	
Biopsy of salivary gland <i>Includes: Excision of mucocele</i>	F48.1	
Biopsy of lesion of mouth not classified elsewhere <i>Includes: Buccal mucosa</i>	F42.1	

12. Orthodontics

Procedure descriptions and OPCS-4 codes for orthodontics in outpatient Paediatric Dentistry.

Procedure description	OPCS-4 code	Additional codes
Insertion of fixed orthodontic appliance	F14.1	
Insertion of movable orthodontic appliance <i>Includes: Removable space maintainer or removable habit breaker</i>	F14.2	
Insertion of fixed space maintainer or fixed habit breaker	F14.3	
Removal of orthodontic appliance including debonding and removal of bands	F14.4	
Impression for study models	F15.1	
Digital scan impression for study model	F15.1	
Placement of separator (any number)	F15.4	
Adjustment of orthodontic device within an active treatment phase	F15.5	
Repair of orthodontic appliance <i>Includes: Any repair to fixed or removable appliance</i>	F15.6	
Debonding of individual orthodontic bracket or band for repositioning	F15.7	
Fitting of movable orthodontic retainer <i>Includes: Fitting of Essix/VFR, Hawleys (+/- pontics), Begg</i>	F66.1	
Fitting of fixed orthodontic retainer	F66.2	
Adjustment of movable orthodontic retainer <i>Includes: Tightening or trimming</i>	F66.3	
Adjustment of fixed orthodontic retainer	F66.4	
Removal of any fixed retainer wire <i>Includes: Replace as a whole (e.g. to gain endodontic access)</i>	F66.5	

13. Radiography

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

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.

14. Anaesthesia and analgesia

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 local use and for 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 sedation) for sedation use when the type of sedation is not intravenous and not inhalation (or the sedation type is unknown)
- It is useful to code local anaesthetic (LA) for outpatient procedures. LA should be coded when it is the only anaesthetic method used. The absence of any anaesthetic code should reliably indicate that no anaesthetic was 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

15. Subsidiary Codes

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

Procedure description	OPCS-4 code	Additional codes
Mandible		Z65.1
Maxilla		Z64.4
Parotid gland		Z26.1
Submandibular gland		Z26.2
Sublingual gland		Z26.3
Other salivary gland		Z26.4
Emergency treatment <i>Includes: Any intervention carried out as emergency treatment</i>		Y70.1
Multiple teeth		O36.1
Left side		Z94.3
Right side		Z94.2
Bilateral		Z94.1

Note

The emergency treatment code may be added to any procedure code to identify emergency treatment.

16. Assessment type

The assessment codes in OPCS-4 category X62 may be used to identify assessment type and can be used with or without any other procedure codes. They can be used as the main procedure code or as a subsidiary code after other procedure codes.

Procedure description	OPCS-4 code	Additional codes
Assessment by uniprofessional team	X62.1	
Assessment by mulitprofessional team	X62.2	
Assessment by multidisciplinary team	X62.3	

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

We have tried to include the majority of the codes relevant to paediatric dentistry, however this list is not exhaustive, and clinicians can refer to other speciality coding if required.

Currently, the following procedures/encounter types are not covered by OPCS-4.10 codes:

- Acclimatisation
- Feedback
- Prescription
- Follow-up
- Unscheduled appointment

Hall Technique preformed metal crown does not have a specific code but can be recorded using the generic code for fitting a crown.

Requests for acclimatisation and the Hall technique will be resubmitted for possible inclusion in the next revision of OPCS-4.

The fact that an appointment is a follow-up or an unscheduled appointment can be inferred from other patient information collected on hospital patient administration systems.

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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 Paediatric dentist) or **multi-disciplinary** (e.g. Paediatric 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 \(National Tariff Payment System\) \(datadictionary.nhs.uk\)](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)

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

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 \(datadictionary.nhs.uk\)](https://datadictionary.nhs.uk)

[SNOMED CT - NHS Digital](#)