



British Association
of Dermatologists

healthy skin for all



The Science Of Casemix

Under the Microscope: Dermatology Coding for non specialised services

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Introduction

The Science of Casemix

This booklet should be read in conjunction with The Science of Casemix, which is a general guide to the work of the National Casemix Office, its context within the health service, casemix methodology and the development and design of Healthcare Resource Groups (HRGs). This is available from the [National Casemix Office website](#).

The Expert Working Group (EWG) for Dermatology, Allergy and Plastic Surgery EWG has responsibility for the design and development of Healthcare Resource Groups (HRGs). This multidisciplinary group is managed by the National Casemix Office at NHS Digital and consists of members nominated by the British Association of Dermatologists (BAD).

The BAD's Clinical Service Unit provides guidance and advice to Trust departments on improving their coding capture across dermatology care pathways. The BAD also analyse Trust [Hospital Episode Statistics \(HES\)](#) and Payment by Results (PbR) activity data on request to inform on service redesigns, commissioning and procurement of local services.

The BAD, EWG, and the NHS Digital National Casemix Office and Terminology and Classifications Delivery Service have written this document to help overcome some of the historical barriers to capturing clinical procedures in outpatient services. In these times of austerity and budgets cuts it is important the quality of clinical data improves to allow accurate costings of care and reinvestment in services. High quality health information supports patient care, both directly and indirectly. It is the responsibility of all NHS staff to ensure the information used in decision making is as accurate as possible.

Dermatology

The NHS Data Model and Dictionary definition of a consultant-led service is a “service where a consultant retains overall clinical responsibility for the service, care, professional team or treatment. The consultant will not necessarily be physically present for all consultant-led activity, but the consultant takes clinical responsibility for each patient's care”.

The majority of activity carried out by Dermatology Consultants and their clinical teams is delivered in outpatient services under the Treatment Function Codes (TFC) which are (330) adult and (257) paediatric dermatology). There are separate Health Resource Groups (HRGs) and national prices for first and follow-up attendances (Table 1). A first attendance is the first or only attendance for one referral. Follow-up attendances are those that follow a first attendance(s) as part of a course of treatment for the one referral. The course of treatment ends when the consultant does not give the patient a further appointment, or the patient has not attended further follow-up appointments within six months.

If after discharge a new referral occurs, and the patient returns to the clinic run by the same consultant, this is classified as a first attendance. The end of a financial year does not necessarily signify the end of a particular outpatient series.

Please note: Secondary care 18 week-wait consultant-led outpatient attendances do not have to take place on hospital premises. Therefore consultant-led outreach clinics held in a GP practice or a children's centre should be eligible for the national tariff price. For these clinics, it is important to make sure the Hospital activity data is reported and flows into SUS+ to support payment for this activity.

Multi-professional and Multidisciplinary

The multi-professional dermatology secondary care outpatient attendances price is payable for two types of activity, under the following OPCS-4 codes:

- a. X62.2 Assessment by multiprofessional team NEC;
- b. X62.3 Assessment by multidisciplinary team NEC.

Multi-professional attendances are defined as several care professionals (including consultants) seeing a patient together, in the same attendance, at the same time. The TFC of the consultant clinically responsible for the patient should be applied to a multi-professional clinic where at least two consultants are present. Where there is joint responsibility between consultants this should be discussed and agreed between commissioner and provider.

Multidisciplinary attendances are defined as several care professionals (including consultants) seeing a patient together, in the same attendance, at the same time when two or more of the care professionals are consultants from different national main specialties. The relevant OPCS-4 code can only be applied when a patient sees two or more healthcare professionals at the same time.

The clinical input of multi-professional or multidisciplinary attendances must be reported in the clinical notes or other relevant documentation.

Non Face to Face

To incentivise a shift in activity which is targeted and clinically appropriate, NHS Improvement recommend non-face-to-face prices are set at a TFC level. In agreeing the local prices both the provider and commissioner should consider the evidence that care can be safely delivered in an alternative way. The non-face-to-face consultation could take place in various different forms, for example tele-dermatology, telephone consultations or video conferencing. A non-face-to-face contact should replace a new or follow up face-to-face consultation which would have attracted the relevant mandatory outpatient attendance tariff. Where a new patient is an initial non-face-to-face consultation and requires a further face to face consultation the full new tariff should be applied.

Please note: the use of *advice and guidance* through nhs.net email or e-referral system does not generate a formal referral process as above and should be used by GPs to:

- Ask another clinician/specialist for their advice on a treatment plan and/or the ongoing management of a patient;
- Ask for clarification (or advice) regarding a patient's test results;
- Seek advice on the appropriateness of a referral for their patient (e.g. whether to refer, or what the most appropriate alternative care pathway might be);
- Identify the most clinically appropriate service to refer a patient into (and how to find that service – e.g. what clinical term to search on).
-

What is the Clinician's Role in Coding?

Clinical Coding is the translation of medical terminology, as written by the clinician to describe a patient's complaint, problem, diagnosis, treatment or reason for seeking medical attention, into a coded format which is nationally and internationally recognised to support both statistical and clinical uses. Clinical coding staff are entirely dependent on clear, accurate information about all diagnoses (ICD 10) and procedures (OPCS-4) in order to produce a true picture of hospital activity.

Safe and efficient patient care relies on high quality data. It is the responsibility of all NHS staff to ensure the information used in decision making is as accurate as possible by:

- Ensuring the patients diagnosis is clearly documented in the notes
- Accurate documentation of the intervention(s) performed, regardless of the setting
- Identifying any complications or comorbidities of the patient affecting care
- Liaising with the clinical coding department and providing clinical guidance to ensure that there is an understanding of the intervention(s) performed to ensure the right procedure codes are recorded for the pathway(s) of care

Hospitals should routinely share clinically relevant analyses of local activity data with consultants in order to increase their involvement in the collection, validation and use of these data.

Diagnosis Coding

Currently the reporting of diagnosis is not mandated in the national data flows (commissioning datasets – CDS). As such, any Dermatology interventions that are qualified by an ICD-10 diagnosis for the patient's skin disease will not be used to derive an HRG in outpatients; however, they should still be recorded in the patient case notes and discharge letter to the patients GP. Some departments may wish to collect diagnostic data using their own separate internal systems and reporting mechanisms.

Where a patient is admitted electively during the course of a day or as part of a planned admission the consultants' decision to do so is based on a confirmed primary diagnosis and other underlying diagnosis (co-morbidities) which will affect the patients' treatment¹ and recovery. The decision to admit may also be based on the time frames for carrying out the procedure(s) and required monitoring of the patient (up to half a day). The relevant ICD-10 code for the skin disease and co-morbidities must be recorded. The primary and additional procedures treatments or interventions carried out on the patient must also be recorded by the clinician, for example an excision, suturing and closure of the wound. Patients requiring single and multiple diagnostic biopsies should not be placed on elective waiting lists for admitted care. Generally, an inpatient or day case admission for

¹ NHS England - Recording and reporting referral to treatment (RTT) waiting times for consultant-led elective care: *First definitive treatment* - An intervention intended to manage a patient's disease, condition or injury and avoid further intervention. What constitutes first definitive treatment is a matter for clinical judgement, in consultation with others as appropriate, including the patient.

patients admitted for a diagnostic test or procedure would constitute a non-admitted clock stop, not an admitted one. Once clinical coding has taken place, it is possible to identify definitively which admissions are for diagnostic purposes only versus a first definitive treatment (e.g. surgery). However clinical coding may not be timely enough for the purposes of RTT measurement.

Local Clinical Commissioning Groups can reclaim the costs from inappropriate day case activity.

A list of acceptable Dermatology medical and surgery day case procedures is marked with an ASTERIX * under the heading 'Intervention/Procedure Coding' below.

Intervention/Procedure Coding

As a high-volume specialty, it is important for Dermatology services to capture all relevant procedures in clinic to ensure that activity is correctly recorded on local systems.

Dermatology services are traditionally provided under three core areas: Skin Cancer, Paediatrics and General Medical Dermatology (inflammatory skin disease and infections).

Please note that the exact intervention/procedure(s) or combination of procedures carried out should be accurately recorded in the patient notes. Using a standardised coding form for the specialist treatment area provides an efficient way of generically recording the information required by Trust dermatology administrators and coding teams. The following section 1 – 5 contain procedures list for core interventions carried out in dermatology departments across the UK. These codes should be used by all departments providing dermatology secondary care services to improve on the consistency of reportable activity data for dermatology services.

It is important for departments to have an agreed process in place for capturing procedures carried out in clinics for all outpatient and admitted care activity. Outpatient services should have a designated administrator to enter all procedure activity into the trusts Patient Administration System (PAS) to ensure accurate cashing up at the end of each day. Without this information the trust will not be paid treatment tariffs which fall outside of block contracts such as those for phototherapy, patch tests, surgical excisions etc.

National Coding Standards

The Terminology and Classifications Delivery Service at NHS Digital is the definitive source of clinical coding standards and guidance for use of the classifications ICD-10 and OPCS-4. All Consultant Episodes and Daycases containing ICD-10 and OPCS-4 codes and must comply with the current ICD-10 and OPCS-4 Clinical Coding Standards published on the Terminology and Classifications Delivery Service collaboration and sharing site [Delen](#).

Recording High Cost Drugs

Only the generic drug name should appear in the list of high cost drugs (see Section 1). The onus is therefore on the responsible consultant to follow NHS Trust policy to prescribe and record generically whenever and wherever possible. The unique identifiers for High Cost Drugs Coding

Standards begin with 'HCDCS' and the number of the standard followed by the title (e.g. HCDCS1: Coding high cost drugs (X81- X98)).

High cost drugs must only be coded once per Hospital Provider Spell. If a high cost drug is administered during a number of Consultant Episodes during the same Hospital Provider Spell the high cost drug must only be coded on one of these episodes, usually the first consultant episode in which the drug was administered.

Where different high cost drugs are prescribed during the same hospital provider spell, both drugs must be coded. This includes when a patient is prescribed more than one of the same type of high cost drug and/or when the code listed in the High Cost Drugs List is the same for both drugs; both drugs must be coded even though this will result in the use of the same OPCS-4 code.

Example 1:

During a hospital provider spell consisting of three consultant episodes a patient with HIV is given Darunavir during all three episodes.

- X86.6 Antiretroviral drugs Band 1
- X86.6 is assigned on the first consultant episode only.

Patient prescribed Caspofungin and Alisporivir.

- X86.1 Antifungal drugs Band 1
- X86.4 Respiratory syncytial virus treatment and Hepatitis C treatment drugs Band 1

Patient prescribed Infliximab and Adalimumab.

- X92.1 Cytokine inhibitor drugs Band 1
- X92.1 Cytokine inhibitor drugs Band 1

X92.1 is assigned twice because these two different drugs are classified by the same OPCS-4 code.

Where a body system chapter code is available which classifies the site of injection of a high cost drug the body system chapter code must be sequenced before the high cost drug code. Where a body system chapter code that classified the site of injection is not available only the high cost drug code is assigned.

Example 2 :

Injection of Botulinum Toxin (Botox) into sweat glands of right axilla:

- S53.2 Injection of therapeutic substance into skin
- X85.1 Torsion dystonias and other involuntary movements drugs Band 1
- Z49.2 Skin of axilla
- Z94.2 Right sided operation

There are a number of drugs which appear in both the National Tariff High Cost Drugs List and the National Tariff Chemotherapy Regimens List because they are used for systemic anti- cancer therapy for the treatment of malignant and in-situ neoplasms in addition to a range of other non-neoplastic/non-malignant diseases and conditions. Examples include: Rituximab Thalidomide Bevacizumab which must be coded where applicable using the National Tariff Chemotherapy Regimens list.

Section 1 : General Medical Dermatology Procedures

Procedure		OPCS-4 Code(s)	JC1415 HRG4+	Service Setting
Iontophoresis <i>(requires a Z site code to be recorded)</i> <i>These codes map to non-surgical HRG for this treatment</i>	Excision of sweat gland bearing skin of axilla	S041	JC42A -Intermediate Skin Procedures, 13 years and over	Day case *USE FOR IONTOPHORESIS
	Excision of sweat gland bearing skin of groin	S042		
	Excision of sweat gland bearing skin NEC	S043	JC42B - Intermediate Skin Procedures, 12 years and under	
	*Other specified other excision of skin	S048		
	*Unspecified other excision of skin	S049		
Phototherapy to skin <i>(requires a Z site code to be recorded)</i>	Ultraviolet A light therapy to skin	S121	JC47A - Phototherapy or Photochemotherapy, 13 years and over	Outpatient *PUVA Bath day case
	Ultraviolet B light therapy to skin	S122	JC47B - Phototherapy or Photochemotherapy, 12 years and under	
	*Combined photochemotherapy and ultraviolet A light therapy to skin	S123		
	Combined photochemotherapy and ultraviolet B light therapy to skin	S124		
	Other specified phototherapy to skin	S128		
	Unspecified phototherapy to skin	S129		
Diagnostic applications tests on skin <i>(requires a Z site code to be recorded)</i>	Standard series patch testing of skin	U271	JC45	Outpatient
	Extended series patch testing of skin	U272	JC44	
	Closed routine patch testing of skin	U273	JC45	
	Closed special patch testing of skin	U274	JC45	
	Open patch testing of skin	U275	JC45	

		Patch testing of skin with patient's own products	U276	JC44	
		Photo-patch testing of skin	U277	JC44	
		Other specified diagnostic application tests on skin	U278	JC43	Use for Prick testing only
		Unspecified diagnostic application tests on skin	U279	JC43	Use for Prick testing only
Injection Of Therapeutic Substance <i>(requires a Z site code to be recorded)</i>		Injection of Rh immune globulin	X301	SA13	Outpatient
		*Injection of gamma globulin: <i>includes Intravenous immunoglobulin NEC</i>	X302	SA13	*Daycase
<i>Specific Drug Therapy</i> <i>(requires a Z site code to be recorded)</i>		High Cost Immune response drugs Band 1	X951	XD33	*Daycase
		Other specified high cost dermatology drugs	X958	UZ06	
		Unspecified high cost dermatology drugs	X959	UZ06	
		Immunoglobulins Band 1	X961	XD34	
		Other specified high cost immunology drugs	X968	UZ06	
		Unspecified high cost immunology drugs	X969	UZ06	
		Cytokine inhibitor drugs Band 1	X921	XD31	
		Immunomodulating drugs Band 1	X893	XD21	
		Other specified high cost immunosuppressant drugs	X898	UZ06	
		Unspecified high cost immunosuppressant drugs	X899	UZ06	

Section 2: Skin Cancer Procedures *(includes paediatrics)*

Please refer to section 5 for site specific codes for the following areas:

Eyebrow, Skin of eyelid, Skin of external ear, Skin of external nose, Lip, Skin of prepuce, Skin of penis, Skin of scrotum, Skin of male perineum, Skin of vulva, Skin of female perineum.

Procedure		OPCS-4 Code(s)	JC1415 HRG4+	Service Setting
Photodynamic Therapy (PDT) of skin <i>(requires a Z site code to be recorded)</i>	*Photodynamic laser therapy to lesion of skin	S072	JC46Z - Photodynamic Therapy	*Day case to cover the cost of treatment and clinic time, this includes Ambulatory PDT. Daylight PDT is an outpatient tariff.
	*Other specified photodynamic therapy of skin	S078		
	*Unspecified photodynamic therapy of skin	S079		
Other excision of lesion of skin <i>(requires a Z site code to be recorded)</i>	Marsupialisation of lesion of skin of head or neck	S061	JC43A - Minor Skin Procedures, 13 years and over	Please note: *Some excision(s) procedures will be undertaken as a day case and include a recorded procedure(s) from the 'Surgical Closure Procedures' list
	Marsupialisation of lesion of skin NEC	S062	JC43B - Minor Skin Procedures, 12 years and under	
	Shave excision of lesion of skin of head or neck	S063		
	Shave excision of lesion of skin NEC	S064		
	*Excision of lesion of skin of head or neck NEC	S065		
	*Re-excision of skin margins of head or neck	S066		
	*Re-excision of skin margins NEC	S067		
	*Other specified other excision of lesion of skin	S068		
	*Unspecified other excision of lesion of skin	S069		

Curettage of lesion of skin <i>(requires a Z site code to be recorded)</i>	Curettage and cauterisation of lesion of skin of head or neck	S081	JC43A - Minor Skin Procedures, 13 years and over	Outpatient
	Curettage and cauterisation of lesion of skin NEC	S082		
	Curettage of lesion of skin of head or neck NEC	S083	JC43B - Minor Skin Procedures, 12 years and under	
	Other specified curettage of lesion of skin	S088		
	Unspecified curettage of lesion of skin	S089		
Other destruction of lesion of skin head or neck <i>(requires a Z site code to be recorded)</i>	Cauterisation of lesion of skin of head or neck NEC	S101	JC43A - Minor Skin Procedures, 13 years and over	Outpatient
	Cryotherapy to lesion of skin of head or neck	S102		
	Chemical peeling of lesion of skin of head or neck	S103	JC43B - Minor Skin Procedures, 12 years and under	
	Electrolysis to lesion of skin of head or neck	S104		
	Electrodessication of lesion of skin of head or neck	S105		
	Other specified other destruction of lesion of skin of head or neck	S108		
	Unspecified other destruction of lesion of skin of head or neck	S109		
Other destruction of lesion of skin of other site <i>(requires a Z site code to be recorded)</i>	Cauterisation of lesion of skin NEC	S111	JC43A. Minor Skin Procedures, 13 years and over	Outpatient
	Cryotherapy to lesion of skin NEC	S112		
	Chemical peeling of lesion of skin NEC	S113	JC43B. Minor Skin Procedures, 12 years and under	
	Electrolysis to lesion of skin NEC	S114		
	Electrodessication of lesion of skin NEC	S115		

	Other specified other destruction of lesion of skin of other site	S118		
	Unspecified other destruction of lesion of skin of other site	S119		
Punch biopsy of skin <i>(requires a Z site code to be recorded)</i>	Punch biopsy of lesion of skin of head or neck	S131	JC43A. Minor Skin Procedures, 13 years and over	Outpatient
	Punch biopsy of lesion of skin NEC	S132	JC43B. Minor Skin Procedures, 12 years and under	
	Other specified punch biopsy of skin	S138		
	Unspecified punch biopsy of skin	S139		
Shave biopsy of skin <i>(requires a Z site code to be recorded)</i>	Shave biopsy of lesion of skin of head or neck	S141	JC43A. Minor Skin Procedures, 13 years and over	Outpatient
	Shave biopsy of lesion of skin NEC	S142	JC43B. Minor Skin Procedures, 12 years and under	
	Shaved deep ellipse biopsy of lesion of skin of head or neck	S143		
	Shaved deep ellipse biopsy of lesion of skin NEC	S144		
	Other specified shave biopsy of skin	S148		
	Unspecified shave biopsy of skin	S149		
Other biopsy of skin <i>(requires a Z site code to be recorded)</i>	Biopsy of lesion of skin of head or neck NEC	S151	JC43A. Minor Skin Procedures, 13 years and over	Outpatient
	Biopsy of lesion of skin NEC	S152	JC43B. Minor Skin Procedures, 12 years and under	
	Other specified other biopsy of skin	S158		
	Unspecified other biopsy of skin	S159		

Skin Cancer Surgical Closure Procedures (includes paediatrics)

Procedure		OPCS-4 Code(s)	JC1415 HRG4+	Service Setting
Other distant flap of skin <i>(requires a Z site code to be recorded)</i>	*Axial pattern distant flap of skin to head or neck	S201	JC42	*Day case
	Axial pattern distant flap of skin NEC	S202	JC42	
	*Random pattern distant flap of skin to head or neck	S203	JC41	
	*Random pattern distant flap of skin NEC	S204	JC42	
	*Distant flap of skin to head or neck NEC	S205	JC41	
	*Other specified other distant flap of skin	S208	JC42	
	*Unspecified other distant flap of skin	S209	JC42	
Sensory flap of skin <i>(requires a Z site code to be recorded)</i>	*Neurovascular island sensory flap of skin to head or neck	S221	JC42A.	*Day case
	*Neurovascular island sensory flap of skin NEC	S222	Intermediate Skin Procedures, 13 years and over	
	*Local sensory flap of skin to head or neck	S223	JC42B. Intermediate Skin Procedures, 12 years and under	
	*Local sensory flap of skin NEC	S224		
	*Other specified sensory flap of skin	S228		
	*Unspecified sensory flap of skin	S229		
Flap operations to relax contracture of	*Z plasty to head or neck	S231	JC42A. Intermediate Skin Procedures, 13	*Day case

skin <i>(requires a Z site code to be recorded)</i>	*Z plasty NEC	S232	years and over	Outpatient
	*W plasty to head or neck	S233	JC42B. Intermediate Skin Procedures, 12 years and under	
	W plasty NEC	S234	JC43A. Minor Skin Procedures, 13 years and over	
	Other specified flap operations to relax contracture of skin	S238		
	Unspecified flap operations to relax contracture of skin	S239	JC43B. Minor Skin Procedures, 12 years and under	
Local subcutaneous pedicle flap of skin <i>(requires a Z site code to be recorded)</i>	*Axial pattern local subcutaneous pedicle flap of skin to head or neck	S261	JC42A. Intermediate Skin Procedures, 13 years and over	*Day case
	*Axial pattern local subcutaneous pedicle flap of skin NEC	S262	JC42B. Intermediate Skin Procedures, 12 years and under	
	*Random pattern local subcutaneous pedicle flap of skin to head or neck	S263		
	*Random pattern local subcutaneous pedicle flap of skin NEC	S264		
	*Local subcutaneous pedicle flap of skin to head or neck NEC	S265		
	*Other specified local subcutaneous pedicle flap of skin	S268		
	*Unspecified local subcutaneous pedicle flap of skin	S269		
Other Local Flap of skin <i>(requires a Z site code to be recorded)</i>	*Axial pattern local flap of skin to head or neck NEC	S271	JC42A JC42B.	Complex surgery will require Day case and possibly Inpatient care.
	*Axial pattern local flap of skin NEC	S272	JC41 or JC40 Major procedure	

	*Random pattern local flap of skin to head or neck NEC	S273	JC42A. Intermediate Skin Procedures, 13 years and over	
	* Random pattern local flap of skin NEC	S274		
	*Local flap of skin to head or neck NEC	S275	JC42B. Intermediate Skin Procedures, 12 years and under	
	*Other specified other local flap of skin	S278		
	* Unspecified other local flap of skin	S279		
Other autograft of skin <i>(requires a Z site code to be recorded)</i>	*Full thickness autograft of skin to head or neck	S361	JC42A. Intermediate Skin Procedures, 13 years and over	Complex surgery will require Day case and possibly Inpatient care.
	*Full thickness autograft of skin NEC	S362	JC42B. Intermediate Skin Procedures, 12 years and under	
	*Composite autograft of skin to head or neck	S363		
	*Composite autograft of skin NEC	S364		
	*Pinch graft of skin to head or neck	S365		
	*Pinch graft of skin NEC	S366		
	*Other specified other autograft of skin	S368		
	*Unspecified other autograft of skin	S369		
Other closure of skin <i>(requires a Z site code to be recorded)</i>	Tape closure of skin NEC	S401	JC43A. Minor Skin Procedures, 13 years and over	Outpatient or Day case closure
	Tissue adhesive closure of skin NEC	S402	JC43B. Minor Skin Procedures, 12 years and under	
	Tape closure of skin of head or neck	S403		
	Tissue adhesive closure of skin of head or neck	S404		
	Other specified other closure of skin	S408		
	Unspecified other closure of skin	S409		

Suture of skin of head and neck <i>(requires a Z site code to be recorded)</i>	Primary suture of skin of head or neck NEC	S411	JC43A. Minor Skin Procedures, 13 years and over	Outpatient or Day case Closure
	Delayed primary suture of skin of head or neck	S412		
	Secondary suture of skin of head or neck	S413	JC43B. Minor Skin Procedures, 12 years and under	
	Re-suture of skin of head or neck	S414		
	Other specified suture of skin of head or neck	S418		
	Unspecified suture of skin of head or neck	S419		
Suture of skin of other site <i>(requires a Z site code to be recorded)</i>	Primary suture of skin NEC	S421	JC43A. Minor Skin Procedures, 13 years and over	Outpatient or Day case Closure
	Delayed primary suture of skin NEC	S422		
	Secondary suture of skin NEC	S423	JC43B. Minor Skin Procedures, 12 years and under	
	Re-suture of skin NEC	S424		
	Other specified suture of skin of other site	S428		
	Unspecified suture of skin of other site	S429		
Opening of skin <i>(requires a Z site code to be recorded)</i>	*Drainage of lesion of skin of head or neck	S471	JC42	* Day case
	*Drainage of lesion of skin NEC	S472	JC42	
	Incision of lesion of skin of head or neck	S473	JC43	Outpatient
	Incision of lesion of skin NEC	S474	JC43	
	Incision of skin of head or neck	S475	JC43	
	Incision of skin NEC	S476	JC43	
	Other specified opening of skin	S478	JC43	
	Unspecified opening of skin	S479	JC43	

Section 3: Introduction of Substance into Skin

Procedure		OPCS-4 Code(s)	JC1415 HRG4+	Service Setting
Introduction of other inert substance into subcutaneous tissue <i>(requires a Z site code to be recorded)</i>	*Insertion of organic inert substance into subcutaneous tissue	S501	JC42	* Day case
	*Injection of organic inert substance into subcutaneous tissue	S502	JC42	
	*Insertion of inert substance into subcutaneous tissue NEC	S503	JC42	
	Injection of inert substance into subcutaneous tissue NEC	S504	JC43	Outpatient
	Other specified introduction of other inert substance into subcutaneous tissue	S508	JC43	
	Unspecified introduction of other inert substance into subcutaneous tissue	S509	JC43	
Introduction of destructive substance into subcutaneous tissue <i>(requires a Z site code to be recorded)</i>	Injection of sclerosing substance into subcutaneous tissue	S511	JC43A. Minor Skin Procedures, 13 years and over	Outpatient
	Other specified introduction of destructive substance into subcutaneous tissue	S518	JC43B. Minor Skin Procedures, 12 years and under	
	Unspecified introduction of destructive substance into subcutaneous tissue	S519		
Introduction of therapeutic substance into subcutaneous tissue <i>(requires a Z site</i>	Insertion of steroid into subcutaneous tissue	S521	JC43A. Minor Skin Procedures, 13 years and over	Outpatient
	Insertion of therapeutic substance into subcutaneous tissue NEC	S523	JC43B. Minor Skin Procedures, 12 years and under	
	Other specified	S528		

<i>code to be recorded)</i>	introduction of therapeutic substance into subcutaneous tissue			
	Unspecified introduction of therapeutic substance into subcutaneous tissue	S529		
Introduction of therapeutic substance into subcutaneous tissue <i>(requires a Z site code to be recorded)</i>	Insertion of steroid into subcutaneous tissue	S521	JC43A. Minor Skin Procedures, 13 years and over	Outpatient
	Insertion of therapeutic substance into subcutaneous tissue NEC	S523	JC43B. Minor Skin Procedures, 12 years and under	
	Other specified introduction of therapeutic substance into subcutaneous tissue	S528		
	Unspecified introduction of therapeutic substance into subcutaneous tissue	S529		
Introduction of substance into Skin <i>(requires a Z site code to be recorded)</i>	Insertion of therapeutic substance into skin	S531	JC43A. Minor Skin Procedures, 13 years and over	Outpatient
	Injection of therapeutic substance into skin	S532		
	Insertion of inert substance into skin	S533	JC43B. Minor Skin Procedures, 12 years and under	
	Injection of inert substance into skin	S534		
	Insertion of diagnostic substance into skin	S535		
	Injection of diagnostic substance into skin	S536		
	Other specified introduction of substance into skin	S538		
	Unspecified introduction of substance into skin	S539		

Section 4: Exploration of the Skin

Procedure		OPCS-4 Code(s)	JC1415 HRG4+	Service Setting
Exploration of other skin of head or neck <i>(requires a Z site code to be recorded)</i>	*Debridement of skin of head or neck NEC	S561	JC42	*Day case
	*Removal of slough from skin of head or neck NEC	S562	JC42	
	*Toilet to skin of head or neck NEC	S563	JC42	
	*Dressing of skin of head or neck NEC	S564	JC42	
	Attention to dressing of skin of head or neck NEC	S565	JC43	Outpatient
	Cleansing and sterilisation of skin of head or neck NEC	S566	JC43	
	*Other specified exploration of other skin of head or neck	S568	JC42	*Day case
	*Unspecified exploration of other skin of head or neck	S569	JC42	
Exploration of other skin of other site <i>(requires a Z site code to be recorded)</i>	*Debridement of skin NEC	S571	JC42	*Day case
	*Removal of slough from skin NEC	S572	JC42	
	Toilet of skin NEC	S573	JC43	Outpatient
	Dressing of skin NEC	S574	JC43	
	Attention to dressing of skin NEC	S575	JC43	
	Cleansing and sterilisation of skin NEC	S576	JC43	
	Other specified exploration of other skin of other site	S578	JC43	

	Unspecified exploration of other skin of other site	S579	JC43	
Larvae therapy of skin <i>(requires a Z site code to be recorded)</i>	Larvae debridement therapy of skin of head or neck	S581	JC43A. Minor Skin Procedures, 13 years and over	Outpatient
	Larvae debridement therapy of skin NEC	S582	JC43B. Minor Skin Procedures, 12 years and under	
	Other specified larvae therapy of skin	S588		
	Unspecified larvae therapy of skin	S589		
Other operations on skin <i>(requires a Z site code to be recorded)</i>	*Dermabrasion of skin of head or neck	S601	JC42	*Day case
	Dermabrasion of skin NEC	S602	JC43	Outpatient
	*Refashioning of scar NEC	S604	JC42	*Day case
	Diagnostic dermatoscopy of skin	S605	JC43	Outpatient
	Electrolysis of hair	S606	JC43	
	Epilation NEC	S607	JC43	
	Other specified other operations on skin	S608	JC43	
Extirpation of nail bed <i>(requires a Z site code to be recorded)</i>	Excision of nail bed	S641	JC43	Outpatient
	Chemical destruction of the nail bed	S642	JC43	Outpatient
Other operations on nail bed <i>(requires a Z site code to be recorded)</i>	*Biopsy of lesion of nail bed	S661	JC42A. Intermediate Skin Procedures, 13 years and over	*Day case
	*Repair of nail bed	S662		
	*Incision of nail bed	S663		
	*Other specified other operations on nail bed	S668	JC42B. Intermediate Skin Procedures, 12 years and under	

Excision of nail <i>(requires a Z site code to be recorded)</i>	*Total excision of nail	S681	JC42	*Day case
	Excision of wedge of nail	S682	JC43	Outpatient
	Partial excision of nail NEC	S683	JC43	
	Other specified excision of nail	S688	JC43	
	Unspecified excision of nail	S689	JC43	
Other operations of the nail <i>(requires a Z site code to be recorded)</i>	Avulsion of nail	S701	JC43	Outpatient
	Incision of nail	S702	JC43	
	*Other specified other operations on nail	S708	JC42	* Day case
	Unspecified other operations on nail	S709	UZ06	

Section 5: Codes used in primary position for specific body areas

Below are codes that have a body system code attributed to the skin site and as such these will be coded in a primary position.

Codes from Chapter S may be used to further enhance these, for example the technique used and will be coded in a secondary position

Complication and comorbidity (CC) splits are a way of incorporating varying severity and complexity levels within the design of the HRGs. The purpose of each CC list is to identify secondary diagnoses that result in additional resources being used by patients, and are a way of incorporating severity and complexity within the design of the HRGs.

Please note **indicates where procedure within grouping is DAYCASE only

5.1 Eye Area

Procedure		OPCS-4 Code(s)	HRG4+ Service Setting
Operations on eyebrow <i>Includes:Skin of eyebrow</i>	Excision of lesion of eyebrow	C10.1	*BZ45A -Intermediate Oculoplastics Procedures, 19 years and over, with CC Score 2+ - DAYCASE
	Suture of eyebrow	C10.4	BZ45B-Intermediate Oculoplastics Procedures, 19 years and over, with CC Score 0-1 -
	Incision of lesion of eyebrow	C10.5	*BZ45C-Intermediate Oculoplastics Procedures, between 4 and 18 years DAYCASE
	Biopsy of lesion of eyebrow	C10.6	* BZ45D- Intermediate Oculoplastics Procedures, 3 years and under DAYCASE

Operations on canthus	Excision of lesion of canthus	C11.1	*BZ45A -Intermediate Oculoplastics Procedures, 19 years and over, with CC Score 2+ DAYCASE
	Destruction of lesion of canthus	C11.2	BZ45B-Intermediate Oculoplastics Procedures, 19 years and over, with CC Score 0-1
	Biopsy of lesion of canthus	C11.7	*BZ45C-Intermediate Oculoplastics Procedures, between 4 and 18 years DAYCASE BZ45D- Intermediate Oculoplastics Procedures, 3 years and under DAYCASE
Extirpation of lesion of eyelid	Excision of lesion of eyelid NEC	C12.1	BZ45A-D
	Cauterisation of lesion of eyelid	C12.2	BZ46A-Minor Oculoplastics Procedures, 19 years and over
	Cryotherapy to lesion of eyelid	C12.3	*BZ46B Minor Oculoplastics Procedures, 18 years and under -DAYCASE
	Curettage of lesion of eyelid	C12.4	
	Destruction of lesion of eyelid NEC	C12.5	BZ45A-D
	Wedge excision of lesion of eyelid	C12.6	BZ45A-D
Incision of eyelid	Drainage of lesion of eyelid	C19.1	BZ46A-Minor Oculoplastics Procedures, 19 years and over
	Other specified	C19.8	*BZ46B Minor Oculoplastics Procedures, 18 years and under -DAYCASE
	Unspecified	C19.9	
Other operations on eyelid	Biopsy of lesion of eyelid	C22.2	BZ45A-D
	Injection into eyelid	C22.4	BZ46A - B
Reconstruction of Eyelid	Flap of skin to eyelid	C141	*BZ42A - Very Major Oculoplastics Procedures, 19 years and over, with CC Score 2+ - DAYCASE *BZ42B - Very Major Oculoplastics Procedures, 19 years and over, with CC Score 0-1 DAYCASE
	Graft of skin to eyelid	C142	BZ42A -B

5.2 Ear

Procedure		OPCS-4 Code(s)	HRG4+ Service Setting
Extirpation of lesion of external ear	Excision of lesion of external ear	D02.1	CA34A - Excision or Biopsy, of Lesion of External Ear, 19 years and over –
	Destruction of lesion of external ear	D02.2	CA34B Excision or Biopsy, of Lesion of External Ear, 18 years and under
	Other specified	D02.8	
	Unspecified	D02.9	
Drainage of external ear	Drainage of haematoma of external ear	D041	CA54A -Minor Ear Procedures, 19 years and over CA54B- Minor Ear Procedures, 18 years and under
	Drainage of abscess of external ear	D042	
	Other specified drainage of external ear	D048	
	Unspecified drainage of external ear	D049	
Other operations on external ear	Biopsy of lesion of external ear	D06.1	CA34A-B
	Repair of lobe of external ear	D06.2	CA54A -Minor Ear Procedures, 19 years and over CA54B- Minor Ear Procedures, 18 years and under
	Repair of external ear NEC	D06.3	
	Graft of skin to external ear	D06.4	CA53A- Intermediate Ear Procedures, 19 years and over
	Flap of skin to external ear	D06.5	CA53B – Intermediate Ear Procedures, 18 years and under
	Other specified	D06.8	CA54A -Minor Ear Procedures, 19 years and over CA54B- Minor Ear Procedures, 18 years and under
	Unspecified	D06.9	
Other operations on ear	Biopsy of lesion of ear NEC	D28.1	CA34A-B

5.3 Nose

Procedure		OPCS-4 Code(s)	HRG4+ Service Setting
Operations on external nose	Excision of lesion of external nose	E09.1	CA16Z -Excision or Biopsy, of Lesion of External Nose
	Destruction of lesion of external nose NEC	E09.2	CA24A -Minor Nose Procedures, 19 years and over CA24B-Minor Nose Procedures, 18 years and under-
	Suture of external nose	E09.3	CA16Z -Excision or Biopsy, of Lesion of External Nose
	Shave of skin of nose	E09.4	CA16Z -Excision or Biopsy, of Lesion of External Nose
	Biopsy of lesion of external nose	E09.5	CA16Z -Excision or Biopsy, of Lesion of External Nose
Graft of skin to external nose	Other specified	E09.8	CA24A - B
Other operations on nose	Biopsy of lesion of nose NEC	E10.1	CA16Z -Excision or Biopsy, of Lesion of External Nose
	Other specified	E10.8	CA24A - B
	Unspecified	E109	CA24A - B
	Flap of skin to external nose	E66.1	CA23

5.4 Lip

Procedure		OPCS-4 Code(s)	HRG4+ Service Setting
Partial Excision of the Lip	Excision of vermillion border of lip and advancement of mucosa of lip	F011	*CA84A Intermediate, Mouth or Throat Procedures, 19 years and over, with CC Score 2+ DAYCASE
	Other specified partial excision of lip	F018	CA84B Intermediate, Mouth or Throat Procedures, 19 years and over, with CC Score 0-1
	Unspecified partial excision of lip	F019	CA84C Intermediate, Mouth or Throat Procedures, 18 years and under
Extirpation of lesion of lip	Excision of lesion of lip	F02.1	CA66- Excision or Biopsy, of Lesion of Mouth, 19 years and over
	Destruction of lesion of lip	F02.2	CA66-Excision or Biopsy, of Lesion of Mouth, 18 years and under
	Other specified	F02.8	
	Unspecified	F02.9	
Other repair of lip	Advancement of mucosa of lip NEC	F052	CA85A -Minor, Mouth or Throat Procedures, 19 years and over CA85B-Minor, Mouth or Throat Procedures, between 2 and 18 years *CA85C -Minor, Mouth or Throat Procedures, 1 year and under - DAYCASE
	Suture of lip	F05.3	CA86A Minimal, Mouth or Throat Procedures, 19 years and over
	Removal of suture from lip	F05.4	CA86B Minimal, Mouth or Throat Procedures, between 2 and 18 years *CA86C Minimal, Mouth or Throat Procedures, 1 year and under DAYCASE
	Other specified	F05.8	CA85A -C
	Unspecified	F05.9	
	Other operations on lip	Division of adhesions of lip	F06.1
Biopsy of lesion of lip		F06.2	CA66A Excision or Biopsy, of Lesion of Mouth, 19 years and over CA66B Excision or Biopsy, of Lesion of Mouth, 18 years and under
Shave of lip		F06.3	CA86A-C
Other specified		F06.8	CA85A-C

5.5 Rectum/Anus

Procedure		OPCS-4 Code(s)	HRG4+ Service Setting
Open extirpation of lesion of rectum	Open excision of lesion of rectum	H341	*FZ77C Major Large Intestine Procedures, 19 years and over, with CC Score 3+
	Open cauterisation of lesion of rectum	H342	*FZ77D Major Large Intestine Procedures, 19 years and over, with CC Score 1-2
	Open cryotherapy to lesion of rectum	H343	*FZ77E Major Large Intestine Procedures, 19 years and over, with CC Score 0
	Open laser destruction of lesion of rectum	H344	DAYCASE
	Open destruction of lesion of rectum NEC	H345	
	Other specified open extirpation of lesion of rectum	H348	
	Unspecified open extirpation of lesion of rectum	H349	
Excision of Anus	Excision of sphincter of anus	H47.1	*FZ21B Major Anal Procedures, 18 years and under
	Other specified	H47.8	*FZ21C Major Anal Procedures, 19 years and over, with CC Score 1+
	Unspecified	H47.9	*FZ21D Major Anal Procedures, 19 years and over, with CC Score 0 DAYCASE
Excision of Lesion of Anus	Excision of polyp of anus	H481	FZ23A Minor Anal Procedures, 19 years and over
	Excision of skin tag of anus	H482	*FZ23B Minor Anal Procedures, 18 years and under DAYCASE
	Excision of perianal wart	H483	
	Other specified excision of lesion of anus	H488	
	Unspecified excision of lesion of anus	H489	

Destruction of Lesion of Anus	Cauterisation of lesion of anus	H491	FZ23A Minor Anal Procedures, 19 years and over FZ23B Minor Anal Procedures, 18 years and under
	Laser destruction of lesion of anus	H492	*FZ21B – C DAYCASE
	Cryotherapy to lesion of anus	H493	
	Other specified destruction of lesion of anus	H498	FZ23A -B
	Unspecified destruction of lesion of anus	H499	

5.6 Scrotum/Penis

Procedure		OPCS-4 Code(s)	HRG4+ Service Setting
Excision of lesion of scrotum	Excision of scrotum	N01.1	*LB52A Major Open, Scrotum, Testis or Vas Deferens Procedures, with CC Score 2+ *LB52B Major Open, Scrotum, Testis or Vas Deferens Procedures, with CC Score 0-1 DAYCASE
	Excision of lesion of scrotum	N01.2	LB54A -Minor, Scrotum, Testis or Vas Deferens Procedures, 19 years and over OP £131 - DC £1,046
	Destruction of lesion of scrotum	N01.3	LB54C-Minor, Scrotum, Testis or Vas Deferens Procedures, between 2 and 18 years -DC ONLY £1,251 LB54D-Minor, Scrotum, Testis or Vas Deferens Procedures, 1 year and under -DC ONLY £1,264
	Other specified extirpation of scrotum	N018	*LB52A -B DAYCASE
	Unspecified extirpation of scrotum	N019	LB54A- C

Other operations on scrotum	Biopsy of lesion of scrotum	N03.1	LB54A -D
	Suture of scrotum	N033	
Expiration of lesion of testis	Excision of lesion of testis	N071	LB54A -D
	Destruction of lesion of testis	N072	
	Other specified extirpation of lesion of testis	N078	
	Unspecified extirpation of lesion of testis	N079	
Operations on male perineum	Operations on skin of male perineum NEC	N24.2	*LB52A Major Open, Scrotum, Testis or Vas Deferens Procedures, with CC Score 2+ *LB52B Major Open, Scrotum, Testis or Vas Deferens Procedures, with CC Score 0-1 DAYCASE
	Excision of male periurethral tissue NEC	N24.3	
	Incision of male periurethral tissue	N24.4	
	Other specified	N24.8	
Expiration of lesion of penis	Excision of lesion of penis	N271	LB56A Minor Penis Procedures, 19 years and over *LB56C Minor Penis Procedures, between 2 and 18 years DAYCASE *LB56D Minor Penis Procedures, 1 year and under DAYCASE
	Cauterisation of lesion of penis	N272	
	Destruction of lesion of penis NEC	N273	
	Extracorporeal shockwave lithotripsy to lesion of penis	N274	
	Other specified extirpation of lesion of penis	N278	
	Unspecified extirpation of lesion of penis	N279	
	Biopsy of lesion of penis	N321	

Non-operative interventions to male genitalia	Dermatological non-operative interventions involving the scrotum	N35.1	LB43Z Treatment of Erectile Dysfunction -
	Dermatological non-operative interventions involving the penis	N35.2	
	Dermatological non-operative interventions involving the male perineum	N35.3	
	Other specified	N35.8	
	Unspecified	N35.9	

5.7 Vulva/Perineum

Procedure		OPCS-4 Code(s)	HRG4+ Service Setting
Excision of lesion of vulva NEC	Marsupialisation of lesion of vulva	P05.3	MA22Z Minor Lower Genital Tract Procedures
	Excision of lesion of vulva NEC	P05.4	
Excision of lesion of vulva	Laser destruction of lesion of vulva	P061	MA23Z Minimal Lower Genital Tract Procedures
	Cryosurgery to lesion of vulva	P062	
	Cauterisation of lesion of vulva	P063	
	Excision of lesion of labia	P06.5	MA22Z Minor Lower Genital Tract Procedures
	Other specified extirpation of lesion of vulva	P068	
	Unspecified extirpation of lesion of vulva	P069	
Other operations on vulva	Biopsy of lesion of vulva	P09.1	MA23Z Minimal Lower Genital Tract Procedures –
	Drainage of lesion of	P092	

	vulva		
	Biopsy of lesion of labia	P09.4	
	Other specified other operations on vulva	P098	
	Unspecified other operations on vulva	P099	UZ06
Extirpation of lesion of female perineum	Excision of lesion of female perineum	P11.1	MA23Z Minimal Lower Genital Tract Procedures
	Laser destruction of lesion of female perineum	P11.2	
	Cauterisation of lesion of female perineum	P11.3	
	Destruction of lesion of female perineum NEC	P11.4	
	Other specified	P11.8	
	Unspecified	P11.9	
Other operations on female perieum	Drainage of female perineum	P131	MA23Z Minimal Lower Genital Tract Procedures –
	Excision of sweat gland bearing skin of female perineum	P137	MA22Z Minor Lower Genital Tract Procedures
	Other specified other operations on female perineum	P138	
	Unspecified other operations on female perineum	P139	UZ06
Other operations on vagina	Freeing of adhesions of vagina	P291	*MA30Z Intermediate Female Pelvic Peritoneum Adhesion Procedures - DAYCASE
	Biopsy of lesion of vagina	P293	MA23Z Minimal Lower Genital Tract Procedures
	Other specified other operations on vagina	P298	
	Unspecified other operations on vagina	P299	UZ06

5.8 Umbilicus

Procedure		OPCS-4 Code(s)	HRG4+ Service Setting
Operations on umbilicus	Biopsy of lesion of umbilicus	T29.4	FZ13C- Minor Therapeutic or Diagnostic, General Abdominal Procedures, 19 years and over – *FZ13D Minor Therapeutic or Diagnostic, General Abdominal Procedures, 18 years and under - DAYCASE
	Extirpation of lesion of umbilicus	T29.3	*FZ27D -Intermediate Therapeutic General Abdominal Procedures, 18 years and under
	Other specified	T29.8	*FZ27E-Intermediate Therapeutic General Abdominal Procedures, 19 years and over, with CC Score 3+ - *FZ27F-Intermediate Therapeutic General Abdominal Procedures, 19 years and over, with CC Score 1-2 * FZ27G-Intermediate Therapeutic General Abdominal Procedures, 19 years and over, with CC Score 0 Daycase

Appendix 1: Skin Specific Site Codes

Skin specific sites which will be added to procedure codes from Chapter S		
Nipple -	Includes: Skin of nipple	Z15.6
Eyebrow -	Includes: Skin of eyebrow	Z16.2
Eyelid -	Includes: Skin of eyelid	Z16.4
External ear -	Includes: Skin of external ear	Z20.1
External nose -	Includes: Skin of external nose	Z22.1
Lip -	Includes: Skin of lip	Z25.1
Prepuce -	Includes: Skin of prepuce	Z42.6
Penis -	Includes: Skin of penis	Z42.7
Scrotum -	Includes: Skin of scrotum	Z43.1
Male perineum -	Includes: Skin of male perineum	Z43.6
Vulva -	Includes: Skin of vulva	Z44.3
Female perineum -	Includes: Skin of female perineum	Z44.4
Labia -	Includes: Skin of Labia	Z44.4
Skin of face – (Includes: Subcutaneous tissue of face) <i>Excludes: Eyebrow (Z16.2) Skin of eyelid (Z16.4) Skin of external ear (Z20.1) Skin of external nose (Z22.1) Lip (Z25.1)</i>		Z47
Skin of forehead		Z47.1
Skin of temple		Z47.2
Skin of cheek		Z47.3
Skin of nasolabial area		Z47.4
Skin of chin		Z47.5
Specified skin of face NEC		Z47.8
Skin of face NEC		Z47.9
Skin of other part of head or neck – <i>(Includes: Subcutaneous tissue of other part of head or neck)</i>		Z48
Skin of scalp		Z48.1
Skin of neck		Z48.2
Skin of specified part of head NEC		Z48.8
Skin of head NEC		Z48.9
Skin of trunk – (Includes: Subcutaneous tissue of trunk) <i>Excludes: Skin of prepuce (Z42.6) Skin of penis (Z42.7) Skin of scrotum (Z43.1) Skin of male perineum (Z43.6)</i>		Z49

<i>Skin of vulva (Z44.3)</i> <i>Skin of female perineum (Z44.4)</i>	
Skin of breast - Excludes: Nipple (Z15.6)	Z49.1 Excludes:(Z15.6)
Skin of axilla	Z49.2
Skin of anterior trunk	Z49.3
Skin of back	Z49.4
Skin of buttock	Z49.5
Skin of shoulder	Z49.6
Skin of groin	Z49.7
Specified skin of trunk NEC	Z49.8
Skin of trunk NEC	Z49.9
Skin of other site – (Includes: Subcutaneous tissue of other site)	Z50
Skin of arm	Z50.1
Skin of arm	Z50.1
Skin of hand	Z50.2
Skin of finger	Z50.3
Skin of leg NEC	Z50.4
Skin of foot NEC	Z50.5
Skin of toe	Z50.6
Skin of ankle	Z50.7
Skin of specified site NEC	Z50.8
Skin NEC	Z50.9
Umbilicus - <i>Includes:Skin of umbilicus</i>	Z53.2

Glossary of Terms

HES Hospital Episode Statistics

The national repository for record level hospital data concerning all episodes of inpatient and day case care (submitted via SUS as the APC dataset), from 1989 onwards.

Clinical Classifications

OPCS-4 (for procedures) and ICD-10 (for diagnosis) are statistical classifications and NHS Fundamental Information Standards published under section 250 of the Health and Social Care Act 2012. Both are mandated nationally for use across the NHS. The classifications consist of an exhaustive set of mutually exclusive categories and codes to aggregate data at a pre-prescribed level of specialisation for a specific purpose, with definitions and business rules for their use. Statistical classifications provide a foundation for collecting, aggregating, analysing, and comparing statistical data.

Consultant-Led

A service where a consultant retains overall clinical responsibility for the service, care, professional team or treatment. The consultant will not necessarily be physically present for all consultant-led activity, but the consultant takes clinical responsibility for each patient's care.

Healthcare Resource Groups

HRGs are clinically meaningful groupings of patient activity derived primarily from procedure (OPCS-4) and diagnosis (ICD-10) codes within patient records. They are used, amongst other things, as a means of determining fair and equitable reimbursement for healthcare services, by providing consistent 'units of currency' to support standardised commissioning across the NHS, at a local, regional and national level.

Grouping

The NHS payment system relies on patient-level data. 'Grouping' is the process of using clinical information such as diagnosis codes (in admitted patient care only), procedure codes (in admitted patient care and outpatient care), treatment codes (A&E only) and investigation codes (A&E only) to classify patients to casemix groups structured around healthcare resource groups. HRGs are groupings of clinically similar conditions or treatments that use similar levels of healthcare resources.

HRG Procedure Hierarchies

Where a patient has more than one procedure recorded, the dominant (highest expected resource use) procedure will be used to derive the HRG. Each procedure is assigned a hierarchical value associated with its expected resource. In the event of two (or more) procedures being recorded within a single patient record with the same procedure hierarchy, the first in the patient record will drive HRG grouping at both the episode and spell level. The surgical HRGs are designed to identify

where more than one procedure has taken place within a single hospital admission and intended to reflect the higher expected resource use of patient care.

HRG Diagnosis Hierarchies

Each Admitted Patient Care (APC) Finished Consultant Episode (FCE) will have a primary diagnosis recorded, reflecting the primary reason for care, and as determined by the clinical record for the patient. Each diagnosis that is valid in the primary position of the patient record is assigned a hierarchical level associated with its expected resource consequences.

Complication and comorbidity splits

Complication and comorbidity (CC) splits are a way of incorporating varying patient severity and complexity levels within the design of the HRGs. The majority of HRGs are split by complication and comorbidity by use of a CC list. The purpose of each CC list is to identify secondary diagnoses that result in expected additional resources being used by patients. It is important to attempt to describe severity and complexity as concepts where severity describes the extent of a particular condition and complexity describes the multiple natures of problems and conditions that a patient has. Dual-coded diagnoses often provide a way of describing the severity of a condition and are a principle used in disease staging. CC splits are used in particular in the diagnosis-driven HRGs as a way of indicating varying illness severity for patients with the same primary diagnosis.

Currency

A 'currency' is a unit of healthcare for which a payment is made. Under the Health and Social Care Act 2012, a healthcare service for which a national price is payable must be specified in the national tariff. A currency can take one of several forms. We use spell-based HRGs as the currency for admitted patient care and some outpatient procedures. The currencies for A&E services are based on A&E attendances.

Outpatient Care Tariff

National prices for consultant-led outpatient attendances are based on clinic type categorised according to Treatment Function Code (TFC). There are separate prices for first and follow-up attendances, for each TFC, as well as for single professional and multi-professional clinics.

Admitted patient care Tariff

Spell-based HRG4+ is the currency design for admitted patient care covering the period from admission to discharge under the care of one consultant for their entire spell (one finished consultant episode (FCE)). National prices for admitted patient care cover the care received by a patient during their spell in hospital, including the costs of services such as diagnostic imaging. The costs of some elements of the care pathway, such as critical care and high-cost drugs, are excluded from national prices. These costs are paid under the rules applicable to local pricing. The national price to be applied is determined by date of discharge.

National Casemix Office (NCO)

The NCO is an impartial, independent body accountable to the NHS, NHS England, NHS Improvement (previously known as Monitor) and the Department of Health. Our remit is to develop and enforce national standards underpinning the monitoring, measurement and improvement of healthcare performance at a local, regional and national level.

SNOMED CT

A structured clinical vocabulary for use in an electronic health record. It is an NHS Fundamental Standard published under section 250 of the Health and Social Care Act 2012. . SNOMED CT supports the exchange of concepts at the level of detail required for direct management of care within an electronic health record and for exchange of that information across healthcare providers.

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