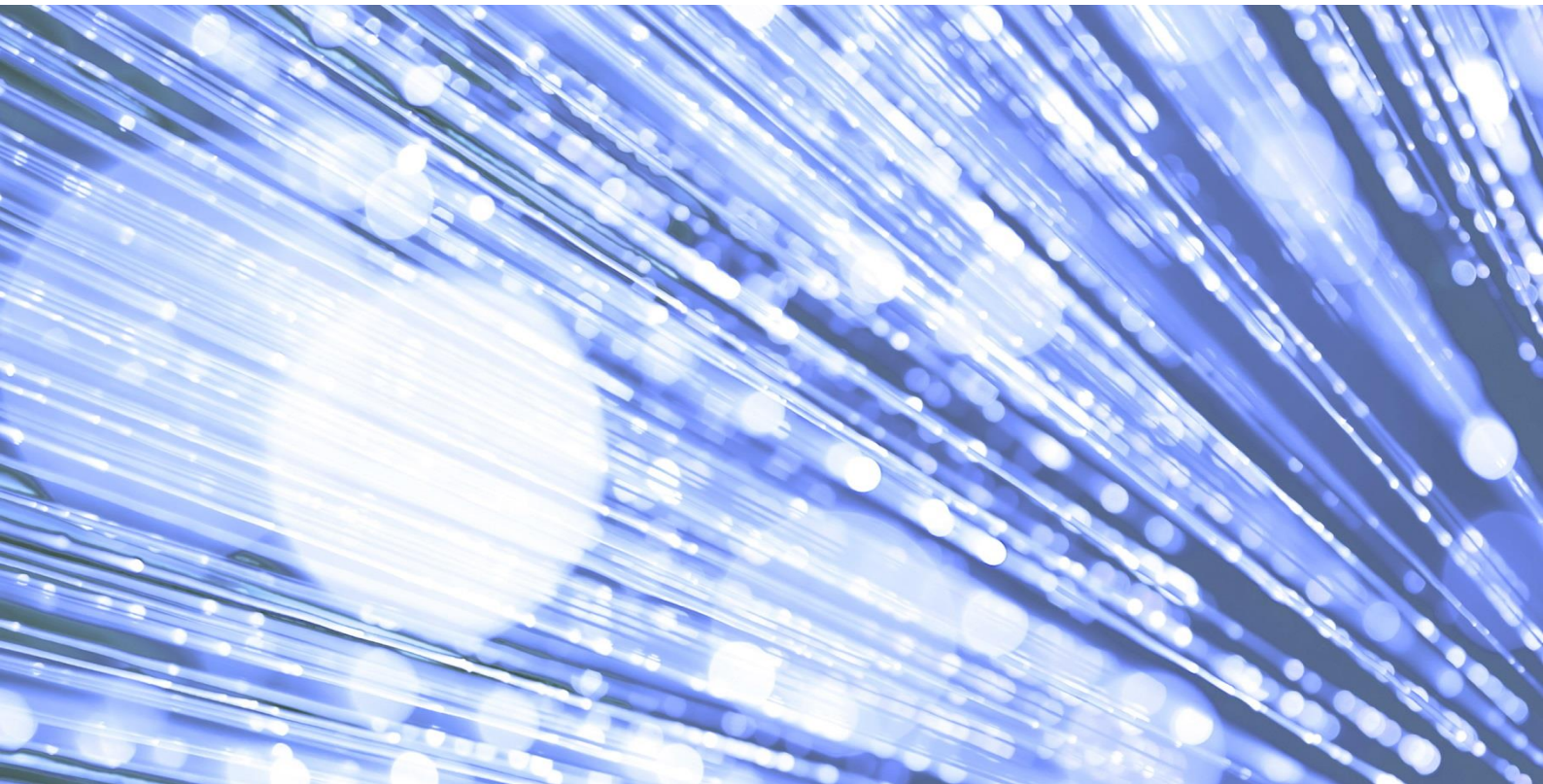


# Chemotherapy Regimens Clinical Coding Standards and Guidance OPCS-4 April 2020

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## Introduction

The National Tariff Chemotherapy Regimens List is published to enable the collection, reporting and costing of chemotherapy regimens in the NHS in England.

The Terminology and Classifications Delivery Service is responsible for the maintenance and development of OPCS-4 and associated national clinical coding standards. The clinical coding standards and guidance are updated to align with any updates to the Regimen list.

## Purpose of Document

This document provides the clinical coding standards and guidance relating to the coding of chemotherapy regimens using the National Tariff Chemotherapy Regimens List and mapping table to ensure consistent application of the OPCS-4 classification.

This standards and guidance document is principally intended for clinical coding professionals who undertake clinical coding in secondary care. It can also be used as a reference document by clinicians, data analysts and other healthcare professionals.

## Background

NHS England and NHS Improvement have joint responsibility for the NHS payment system from the Department of Health under the rules set out in the Health and Social Care Act 2012 (the 2012 Act).

The two fundamental features of the National Tariff Payment System are nationally determined currencies and tariffs. Currencies are the unit of healthcare for which a payment is made. Tariffs are the set prices for a given currency.

The chemotherapy regimens are currently mapped to the following:

- a. OPCS-4 Classification of Interventions and Procedures version 4.9 codes (commonly referred to as OPCS-4.9) to support data collection for secondary uses.
- b. Healthcare Resource Group (HRG) are the unit of currency used in England to support the National Tariff Payment System, OPCS-4 codes are grouped to an HRG.

The Terminology and Classifications Delivery Service publishes the regimens list (on behalf of the NHS England and NHS Improvement) and the Chemotherapy Regimens Clinical Coding Standards and Guidance OPCS-4 are published on [Delen](#)

All queries regarding The National Tariff Payment System should be sent to: [pricing@improvement.nhs.uk](mailto:pricing@improvement.nhs.uk).

## Enquiries

Information Standards Service Desk

Telephone: 0300 30 34 777

[Information.standards@nhs.net](mailto:Information.standards@nhs.net)

For Information about the Terminology and Classifications Delivery Service:

<https://digital.nhs.uk/article/290/Terminology-and-Classifications>

For details on how to register for OPCS-4 data files go to the Technology Reference-data Update Distribution (TRUD) website at:

<https://isd.hscic.gov.uk/trud3/user/guest/group/61/pack/10>

# Chemotherapy Regimens Clinical Coding Standards and Guidance OPCS-4

The National Clinical Coding Standards OPCS-4 reference book (available from [Delen](#)) contains the clinical coding standards that must be applied when assigning OPCS-4 codes.

This document provides the clinical coding standards and guidance specifically relating to the coding of chemotherapy regimens which must be applied when using the National Tariff Chemotherapy Regimens List and mapping table to ensure consistent application of the OPCS-4 classification. The standards and guidance will assist clinical coders to identify the relevant chemotherapy regimen(s) recorded in the medical record and select the correct OPCS-4.9 code(s).

The National Tariff Chemotherapy Regimens list spreadsheet consists of four parts as follows:

- Introduction containing general information
- Adult Regimens listed alphabetically by common regimen abbreviation
- Paediatric Regimens listed by disease group, protocol, regimen name and drug identifier
- Summary of changes showing individual changes from the previous published list
- Other cancer drugs

Clinical coding departments should discuss and agree, with the responsible oncology team members (oncologists, haematologists and pharmacists), how regimens will be documented, as the Regimens List cannot be used alone without clinical consensus. The National Tariff Chemotherapy Regimens List must therefore be given to the responsible oncology team members to help them decide what regimen names they use locally, to enable the coding department to apply the corresponding codes.

If electronic prescribing systems for systemic anti-cancer therapy (SACT) are used to collate coding information and attendances, the responsible oncology teams and coding departments must be involved in the mapping of the relevant codes to the individual regimens contained within the electronic prescribing system.

The main challenges are to agree regimen names, cycle length for all regimens, and the correct use of code **X72.4 Delivery of subsequent element of cycle of chemotherapy for neoplasm**.

The Chemotherapy Clinical Coding Standards and Guidance must be used in combination with the standards and guidance contained within the National Clinical Coding Standards OPCS-4 reference book to ensure that the fundamental Rules, Conventions and Coding Standards are always applied.

The format applied within the reference book is replicated in the Chemotherapy regimens Coding standards and Guidance. See the National Clinical Coding Standards OPCS-4 Reference book for further details regarding the format used within the national standards publications.

The unique identifiers for Chemotherapy Regimens Coding Standards begin with 'CRCS' and the number of the standard followed by the title (e.g. **CRCS1: Coding chemotherapy regimens**).

# Chemotherapy Regimens Clinical Coding Standards and Guidance

## CRCS1: Coding chemotherapy regimens

The following codes and sequencing must be used when coding Chemotherapy regimens:

### First day or attendance of any cycle of a chemotherapy regimen (including when a cycle of the same regimen is repeated)

Inpatient:

- the procurement code (**X70, X71**). Only the first day of a new cycle is coded when chemotherapy is delivered as an inpatient.

Outpatient and daycases:

- the procurement code (**X70, X71**) and
- the corresponding delivery code (**X72, X73**)

### Subsequent days or attendances for the *same* cycle (including subsequent attendances for a repeated cycle)

Inpatient:

- no OPCS-4 codes are assigned. Subsequent delivery of the same cycle is not coded when given as an inpatient.

Outpatient and daycases:

- the delivery code **X72.4 Delivery of subsequent element of cycle of chemotherapy for neoplasm**.

This is a generic code that applies to all subsequent deliveries of chemotherapy within a cycle at each *day case* or *outpatient* attendance only and must **not** be used on inpatient episodes.

Some regimens are very similar and may only differ in the dosage of a drug(s) or in the number of days in the cycle. Therefore, any regimen in the medical record that differs from the Regimen Name in this list must be queried and clarified in the medical record by the responsible consultant.

When the responsible consultant changes the cycle length the procurement and delivery code will remain the same but must not be coded until the responsible consultant confirms commencement of a new cycle.

Where a chemotherapy regimen does not follow a cycle i.e. there is no usual cycle length stated on the regimen list (stated as variable), but continues in the same regimen for a long time, i.e. the patient receives the treatment every day without stopping, then the procurement code (for inpatients, day cases and outpatients) must be coded every 28



days. This does not apply to exclusively oral chemotherapy regimens that may have a duration of treatment which is longer than 28 days.

Where a regimen labelled as an adult regimen is prescribed for a paediatric patient the codes for the adult regimen must be used and vice versa when a regimen labelled as a paediatric regimen is prescribed for an adult patient.

For patients who attend an outpatient or daycase appointment for chemotherapy and are subsequently admitted the outpatient/day case chemotherapy would be coded as per the instructions above depending on whether this is the first day of a new cycle or a subsequent attendance for the same cycle. If the patient is then admitted and becomes an inpatient, chemotherapy would only be coded if a new cycle is commenced during the inpatient stay and the chemotherapy procurement code would be assigned.

## Regimen

A regimen describes in full the name, drugs, doses, route and time of delivery of a specified systemic anti-cancer therapy. Each regimen has a code for procurement; this refers to the cost of the drug, transportation, storage and pharmacy preparation resource at a site. The majority of regimens also have a code for delivery (administration) of the chemotherapy drug(s). Some hospitals deliver regimens as inpatients and some deliver them as day cases or outpatients, however there are some chemotherapy regimens that can only be administered as part of an inpatient consultant episode. These regimens are identified by "N/A" in the delivery OPCS-4 column.

Each regimen name is followed by its component drugs. Some regimens can have the same name and are shown more than once on the list, this is because the drug dosing ranges for one of the component drugs can be different, where this is the case the drug dosage is also specified alongside the component drugs on the list. This is important as the procurement costing bands, and delivery codes may be different.

Where acronyms are used for Regimen names these have also been used in the list. The long and short versions of the regimen names are shown in separate columns on the list.

The addition of a supplementary drug to a regimen, such as Rituximab, is always listed either at the end, or the beginning, of the regimen name, e.g. CHOP becomes CHOP R, CVP becomes CVP R, ICE becomes ICER. These same regimens may also be found documented in the medical record as RCHOP, RCVP and RICE.

## Cycle

All chemotherapy regimens have a number of days listed for the usual cycle length. The usual cycle length refers to the total number of days in a cycle, *including the rest days* and is an indicative figure showing when the procurement and delivery codes should next be coded. Sometimes the regimen specifies that the treatment should be repeated a number of times, each of these repetitions is called a cycle. The cycle could last from a few days in duration to months so this should be verified locally for each regimen.

Sometimes the responsible consultant will decide to change the cycle length in the best interests of the patient. This is especially the case with haematology cancers as the cycle lengths often depend on white blood cell levels (blood count) recovering between administrations.

The price bands for long term regimens (e.g. those that have a usual cycle length of 12 months) have been calculated per month, e.g. Hydroxycarbamide. There are only a small number of chemotherapy regimens that last for months and are not cyclical. If there is any uncertainty the coder must check with the responsible consultant.

It is vital to accurately identify when a new treatment cycle is starting and when a subsequent element of an existing cycle is given; clarification must be sought from the responsible consultant when this is not clear.

### **Attendance**

An attendance describes each time the patient visits the hospital as an inpatient, outpatient or day case.

### **Adult and paediatric regimens**

There is variability among names of adult regimens in the UK, so expect there to be variations to the names of regimens and drugs at different sites across the UK. Check under both letters when two drugs are named, e.g. Vinorelbine (IV) + Carboplatin is listed under Carboplatin + Vinorelbine IV.

Paediatric regimens have more complex names than adult regimens and require extra caution. Paediatric regimens tend to have a larger number of cycles over a longer period. The regimen name is listed after the trial name, e.g. FLAG + Idarubicin is an adult regimen and AML Interim Guidelines FLA-Ida is a paediatric regimen. Paediatric regimens include cancer research trials, and additionally specify the component drugs in the regimen.

Each regimen is labelled as either adult or paediatric, this indicates their most common usage, however some regimens can be prescribed for both adult and paediatric patients.

### **Examples:**

*A breast cancer patient attending as an outpatient receives Trastuzumab IV 7-day loading dose followed by Trastuzumab IV 7 day maintenance dose on a weekly basis. This is repeated every seven days.*

*Cycle 1, Trastuzumab IV 7-day loading dose (outpatient)*

**X70.5 Procurement of drugs for chemotherapy for neoplasm for regimens in Band 5**

**X72.3 Delivery of simple parenteral chemotherapy for neoplasm at first attendance**



*Cycle 2, Trastuzumab IV 7-day maintenance dose (outpatient)*

**X70.3 Procurement of drugs for chemotherapy for neoplasm for regimens in Band 3**

**X72.3 Delivery of simple parenteral chemotherapy for neoplasm at first attendance**

The loading and maintenance doses are two different chemotherapy regimens, so both require coding. Code **X72.4 Delivery of subsequent element of cycle of chemotherapy for neoplasm** must **not** be used because each attendance is for the start of a new cycle; both are given at seven-day cycle intervals as specified in the regimen list.

*A lymphoma patient is receiving adult regimen ABVD. This consists of four drugs (Doxorubicin, Vinblastine, Bleomycin and Dacarbazine) and is administered every 14 days during daycase attendances.*

*Cycle 1, ABVD (daycase)*

**X70.2 Procurement of drugs for chemotherapy for neoplasm for regimens in Band 2**

**X72.2 Delivery of complex parenteral chemotherapy for neoplasm at first attendance**

A day case attendance requires the assignment of both procurement and delivery codes. These codes must be repeated for the first attendance of each new cycle, i.e. these codes are repeated every 14 days as this is the cycle length stated in the table. Even when the second attendance is locally referred to as a subsequent or labelled 1b the codes are repeated every 14 days.

*A sarcoma patient receives adult regimen Doxorubicin + Ifosfamide chemotherapy as an inpatient. This consists of Doxorubicin treatment on day one followed by 24 hours of Ifosfamide + Mesna continuous infusion. This is repeated every 21 days.*

*Doxorubicin + Ifosfamide (inpatient)*

**X70.4 Procurement of drugs for chemotherapy for neoplasm for regimens in Band 4**

No delivery codes are required as the treatment was delivered on an inpatient consultant episode.

*An inpatient is prescribed adult BEP 5-day chemotherapy for a testicular solid tumour. The chemotherapy consists of three different drugs (Etoposide, Cisplatin and Bleomycin) these are administered during an inpatient episode, and then on two consecutive outpatient treatments which are given at seven-day intervals. The whole cycle is repeated every 21 days.*

*Day 1, Cycle 1, BEP 5 day (inpatient)*

**X70.3 Procurement of drugs for chemotherapy for neoplasm for regimens in Band 3**

No delivery code is assigned as this is an inpatient episode.

*Day 8, Cycle 1, BEP 5 day (outpatient)*

**X72.4 Delivery of subsequent element of cycle of chemotherapy for neoplasm**

This is the first subsequent outpatient attendance within the cycle; therefore, the **X72.4** delivery code is assigned.

*Day 15, Cycle 1, BEP 5 day (outpatient)*

**X72.4 Delivery of subsequent element of cycle of chemotherapy for neoplasm**

This is the second subsequent outpatient attendance within the cycle; therefore, the **X72.4** delivery code is assigned.

*Days 16 to 21 = rest day*

*Day 1, Cycle 2, Bep 5 day (inpatient)*

**X70.3 Procurement of drugs for chemotherapy for neoplasm for regimens in Band 3**

Day 1 of the second cycle is coded in the same way as day 1 of the first cycle. Days 8 and 15 of the second cycle would also be coded the same as Days 8 and 15 of the first cycle.

*A patient with Hodgkin lymphoma is receiving the CHLVPP regimen as an outpatient. This consists of one day of treatment with Vinblastine, intravenously with a saline infusion. The patient is also given a two-week course of Chlorambucil, Procarbazine and Prednisolone, all taken as tablets at home. On Day 8 of each cycle, the patient returns as an outpatient to receive a subsequent treatment with Vinblastine.*

*Day 1, cycle 1, CHLVPP (intravenous Vinblastine and saline infusion as outpatient and Chlorambucil, Procarbazine and Prednisolone orally at home).*

**X70.3 Procurement of drugs for chemotherapy for neoplasm regimens in Band 3**

**X72.3 Delivery of simple parenteral chemotherapy for neoplasm at first attendance**

On day 1 the oral component of the regimen must not be coded; where a regimen includes oral and parenteral administrations, the parenteral administration will determine the delivery code used.

*Day 8, cycle1, Vinblastine (outpatient)*

**X72.4 Delivery of subsequent element of cycle of chemotherapy for neoplasm**

Day 8 is a subsequent element of treatment within the cycle and is administered as an outpatient therefore the only code required is the **X72.4**.

### CRCS2: Route of administration: Route of administration

Where chemotherapy is administered intrathecally (into the cerebrospinal fluid in the spinal cord), intravesically (into the bladder) or intracavitarily (into a body cavity) a body system chapter code that classifies the route of administration must be sequenced before the relevant procurement / delivery codes in categories **X70-X72** (depending if this is as an inpatient, outpatient or day case, (See [CRCS1: Coding chemotherapy regimens](#)). The following codes and sequencing must be used:

#### Intravesical administration of chemotherapy

**M49.4 Introduction of therapeutic substance into bladder**

**X70-X72 Procurement / delivery codes for the chemotherapy regimen administered**

#### Intrathecal administration of chemotherapy

**A54.2 Injection of therapeutic substance into cerebrospinal fluid**

**X70-X72 Procurement / delivery codes for the chemotherapy regimen administered**

Where a patient receives a chemotherapy regimen that contains a component drug which is administered via intrathecal injection this must be coded in addition to the codes for the main regimen itself. Whilst the intrathecal drug may be listed as a component drug of the main regimen, the intrathecal drug procurement and delivery codes are listed separately to the main regimen. They may be administered on the same day as the main regimen drugs or at a separate attendance.

### **Intracavitary administration of chemotherapy**

Body system chapter code classifying introduction/injection of therapeutic or cytotoxic substance into a body cavity

**X70-X72 Procurement / delivery codes for the chemotherapy regimen administered**

### **Examples:**

*A patient with transitional cell carcinoma (TCC) of the bladder attends as a day case on the first day of the first cycle for installation of intravesical Mitomycin chemotherapy.*

*Day 1, Cycle 1, Mitomycin intravesical (day case)*

**M49.4 Introduction of therapeutic substance into bladder**

*Includes: Instillation of therapeutic substance into bladder*

**X70.1 Procurement of drugs for chemotherapy for neoplasm for regimens Band 1**

**X72.2 Delivery of complex parenteral chemotherapy for neoplasm at first attendance**

Code **M49.4** must be assigned to classify an intravesical installation followed by the appropriate chemotherapy regimen codes from categories **X70-X72**. Both procurement and delivery codes are assigned as this is the first day of the cycle of Mitomycin intravesical delivered as a day case.

*A patient is prescribed eight cycles of adult regimen CHOP-R 21 which is administered as a day case. On day 2 of each cycle the patient receives intrathecal methotrexate also administered as a day case.*

*Day 1, Cycle 1, CHOP-R 21 days (day case)*

**X71.4 Procurement of drugs for chemotherapy for neoplasm for regimens in Band 9**

**X72.2 Delivery of complex parenteral chemotherapy for neoplasm at first attendance**

Both procurement and delivery codes are assigned as this is the first day of the cycle of CHOP-R 21 days delivered as a day case.

*Day 2, Cycle 1, Methotrexate intrathecal (day case)*

**A54.2 Injection of therapeutic substance into cerebrospinal fluid**

**X70.1 Procurement of drugs for chemotherapy for neoplasm for regimens in Band 1**

**X72.3 Delivery of simple parenteral chemotherapy for neoplasm at first attendance**

Code **A54.2** must be assigned to classify an intrathecal injection followed by the appropriate chemotherapy regimen codes from categories **X70-X72**. Both procurement and delivery codes are assigned as this is the first day of the cycle of intrathecal methotrexate delivered as a day case.

### CRCS3: Oral and parenteral chemotherapy administration

If a regimen includes both oral (via the mouth) and parenteral administration (via a **route** other than the mouth or rectum, i.e. via infusion, injection or implantation), the parenteral administration will determine the delivery code.

Only when all of the drugs in the regimen are delivered orally can the code **X73.1 Delivery of exclusively oral chemotherapy for neoplasm** be used. This includes regimens where one or more of the listed components is delivered intrathecally; whilst the intrathecal drug is listed as a component drug of the main regimen, the intrathecal drug procurement and delivery codes are listed with separate procurement and delivery codes to the main regimen, (See **CRCS2: Routes of administration**). Code **X73.1** must therefore still be assigned in these instances along with the body system chapter code for method of delivery plus the procurement and delivery codes for the intrathecal component.

The procurement and delivery code must be assigned to the attendance where the patient is given the drug(s) to take home and receives counselling and advice on taking the drug at home.

If a patient is given a prescription of more than one cycle of the chemotherapy drugs the procurement code must be assigned the same number of times as the number of cycles prescribed.

The delivery code must only be assigned once.

**See also CRCS6: Missing Regimens.**

Oral chemotherapy regimen prescriptions may be given to a patient for a period of up to three months before the patient needs to be reviewed. The patient will receive counselling and advice on how to take all of the prescribed cycles of the regimen at home during the same attendance by a responsible consultant, a pharmacist or a specialist chemotherapy practitioner; this will usually be within the oncology unit.

### Example:

*A patient attends the outpatient haemato-oncology clinic and is prescribed 3 cycles of Hydroxycarbamide, the patient receives counselling and advice by a specialist haemato-oncologist and is given a 3-month supply of the drug to take at home.*

**X70.1 Procurement of drugs for chemotherapy for neoplasm for regimens in Band 1**

**X70.1 Procurement of drugs for chemotherapy for neoplasm for regimens in Band 1**

**X70.1 Procurement of drugs for chemotherapy for neoplasm for regimens in Band 1**

**X73.1 Delivery of exclusively oral chemotherapy for neoplasm**

The procurement code must be assigned 3 times as 3 cycles of oral Hydroxycarbamide chemotherapy has been prescribed

### CRCS4: Combinations of regimens

All regimens are listed separately in the chemotherapy regimens list, combinations of regimens are not included, therefore in cases where a combination of regimens is prescribed and these are administered at the same outpatient or daycase attendance then the procurement code (**X70, X71**) and the corresponding delivery code (**X72, X73**) for each regimen must be assigned. Each procurement code must be sequenced before its corresponding delivery code.

There is no national standard for which regimen should be sequenced first, however this will usually be the first documented in the patient's medical record.

### Examples:

*A breast cancer patient is prescribed FEC-T, this consists of 3 concurrent cycles of FEC 100, once completed this is then followed by 3 cycles of Docetaxel 100mg all cycles are given as day case attendances.*

*Day 1, Cycle 1, 2, 3 FEC 100*



**X70.2 Procurement of drugs for chemotherapy for neoplasm for regimens in Band 2**

**X72.3 Delivery of simple parenteral chemotherapy for neoplasm at first attendance**

*Day 1, Cycle 1, 2, 3 Docetaxel 100mg*

**X71.2 Procurement of drugs for chemotherapy for neoplasm for regimens in Band 7**

**X72.3 Delivery of simple parenteral chemotherapy for neoplasm at first attendance**

### CRCS5: Patient Access Scheme (PAS)

The cycles which are covered by the Patient Access Scheme are specified within the regimen name. The free cycles have N/A stated in the procurement column to indicate that a procurement code is not required.

Chemotherapy cycles administered as part of an outpatient or day case which are covered by the Patient Access Scheme must only be assigned a delivery code from categories (X72, X73) but not a procurement code from categories (X70, X71).

There are a number of regimens that are available for use in the NHS through the Patient Access Scheme. Patient access schemes are special ways pharmaceutical companies can propose to enable patients to gain access to high cost drugs.

The [Pharmaceutical Price Regulation Scheme 2014](#) makes provisions for manufacturers and sponsors to submit proposals for patient access schemes to the Department of Health. These schemes involve innovative pricing agreements designed to improve cost effectiveness and facilitate patient access to specific drugs or other technologies.

NICE was commissioned by the DH to set up the Patient Access Schemes Liaison Unit (PASLU) to advise on the feasibility of patient access scheme proposals from manufacturers and sponsors. Through these schemes trusts may receive a specified number of cycles free of charge. These free cycles could be at the commencement, or from a specified point in the treatment.

For example, Gefitinib: cycles 1 to 2 & 4 onwards, Gefitinib: cycle 3 only (PAS). Under the Patient Access Scheme regimen cycles 1 - 2 are free. However, if the patient continues with the treatment at cycle 3 then under this scheme the trust will pay a one-off payment for the cost of any further cycles irrespective of the number which is given, this could be any number.

Clarification must be sought from the responsible consultant in instances where it is unclear in the patient's medical record whether the patient is attending for administration of a cycle covered by the Patient Access Scheme.

## CRCS6: Missing regimens

If a regimen name does not appear on the National Tariff Chemotherapy Regimens List, first check with the responsible consultant as it may be that they recognise the drugs used and call them by a different regimen name, or it may be that it is an adult clinical trial (**See CRCS7: Chemotherapy trials**). Do not code a different regimen from the one in the medical notes unless a responsible consultant has verified it is the same regimen.

If a regimen is still identified as missing from the list:

- For inpatients, day cases and outpatients - assign the procurement code **X70.8 Other specified procurement of drugs for chemotherapy for neoplasm in Bands 1-5**
- For day cases and outpatients – also assign the delivery code **X72.9 Unspecified delivery of chemotherapy for neoplasm**
- On subsequent days or attendances for the same cycle (for day cases and outpatients only) – assign the delivery code **X72.4 Delivery of subsequent element of cycle of chemotherapy for neoplasm**

**The exception to this is oral chemotherapy**; if an oral chemotherapy regimen is identified as being missing from the list this must be coded as:

- For inpatients, day cases and outpatients - assign the procurement code **X70.8 Other specified procurement of drugs for chemotherapy for neoplasm in Bands 1-5**
- For day cases and outpatients – also assign the delivery code **X73.1 Delivery of exclusively oral chemotherapy for neoplasm**

## CRCS7: Chemotherapy trials

Where an adult clinical trial consists of a listed regimen with added trial drug(s) then only the existing regimen is coded. The additional trial component must not be coded.

Adult clinical trial drugs **must not** be coded using OPCS-4 codes at categories **X70-X73** and they **must not** be classified as missing chemotherapy regimens. If the patient attends solely for the purpose of receiving the trial drugs the IV injection or infusion must be coded using the relevant OPCS-4 code.

Paediatric regimens are the exception as they **do** include cancer research trials, and additionally specify the component drugs in the regimen.

The National Tariff Chemotherapy Regimens List includes the majority of the regimens that are in common use in the UK. Regimens containing a drug which does not have a current UK marketing authorisation have been excluded.

Adult cancer research is in general excluded from HRGs and the national tariff with the exception of paediatric regimens. Standard treatment arms and standard components of experimental regimens are included. Where a trial consists of a listed regimen with added trial drug(s) then the additional component will be paid for by the drug company, research organisation or through other identified funding and must not be coded.

### CRCS8: Non-neoplastic diseases and conditions

The chemotherapy regimens codes must **only** be assigned if they are being used specifically for systemic anti-cancer therapy for the treatment of malignant or in-situ neoplasms. Where a drug that appears on the chemotherapy regimens list is used for the treatment of **non-neoplastic/non-malignant** diseases and conditions these must not be coded using the **Chemotherapy for neoplasm codes (X70-X73)**.

### CRCS9: Supportive care therapies related to cancer treatment

Granulocyte-colony stimulating factor (G-CSF) given as supportive care to treat the effects of systemic anti-cancer therapy must only be coded when:

- it is confirmed that the G-CSF is in addition to the chemotherapy regimen itself and is **not a component drug** of the patient's chemotherapy regimen
- and the patient attends **solely for the purpose** of receiving G-CSF.

One of the following two codes must be assigned depending on the method of delivery:

**X38.7 Subcutaneous injection of haematological growth factor**

**X29.2 Continuous intravenous infusion of therapeutic substance NEC**

G-CSF given as supportive care to treat the effects of systemic anti-cancer therapy must not be coded when:

- it is confirmed that the G-CSF **is a component drug** of the patient's chemotherapy regimen (as it is included in the OPCS-4 code for the chemotherapy regimen).

When G-CSF is administered or supplied to a patient in the treatment of **non-neoplastic** related neutropenic conditions then these are coded using codes **X29.2** (if solely admitted for administration of G-CSF) or **X38.7**.

Zoledronic acid, Pamidronate or Ibandronate are examples of a group of medicines called bisphosphonates and are therefore also supportive care therapies, which are also not included on the Chemotherapy Regimens list. The code **X29.2 Continuous intravenous infusion of therapeutic substance NEC** must be used for day cases and inpatients when

the patient has been **admitted solely for the purpose** of an intravenous infusion of Zoledronic acid, Pamidronate or Ibandronate.

One of the main side effects in patients undergoing systemic anti-cancer therapy is a reduction in the number of white blood cells. The reduction in white blood cells reduces the body's ability to fight infection, increasing the likelihood of the patient developing an infection. If an infection develops, then chemotherapy may have to be reduced or delayed, compromising the patient's treatment, which can result in the progression of their condition.

G-CSF therapy is given to patients undergoing chemotherapy for systemic anti-cancer therapy to stimulate the bone marrow to produce white blood cells more quickly, decreasing the risk of the patient developing an infection.

G-CSF therapy is also used in the treatment of patients with non-neoplastic conditions and diseases who have an infection, such as neutropenic patients with sepsis. They may also be administered to patients with non-neoplastic conditions and diseases as a prophylactic measure to reduce the risk of infection, such as in patients with advanced HIV with persistent neutropenia. Another use of G-CSF is to stimulate the production of stem cells before harvesting them for use in peripheral blood stem cell transplants.

Filgrastim, Lenograstim and Pegfilgrastim are examples of different types of G-CSF.

G-CSF therapy is administered via subcutaneous injection or as an intravenous infusion.

Supportive care therapies, such as Bisphosphonates and granulocyte-colony stimulating factor (G-CSF) are only included in the Regimens list where they are included as a standard component of a regimen, for example the regimen FLAG contains G-CSF as a standard component.

### CRCS10: Hormonal/hormonal antagonist drug treatment (X74.1)

The code **X74.1 Cancer hormonal therapy drugs Band 1** must only be used for the coding of cancer hormonal treatment drugs when directed to this code using the National Tariff Chemotherapy Regimens List. It must only be coded once per Hospital Provider Spell. If it is administered during a number of Consultant Episodes during the same Hospital Provider Spell it must only be coded on one of these episodes, usually the first consultant episode in which the drug was administered.

The **.8** and **.9** at category **X74 Other chemotherapy drugs** must **NOT** be used for coding other chemotherapy drugs.

These drugs act by altering the production or activity of particular hormones in the body. They are most commonly used to treat breast and advanced prostate cancer. The type of hormone therapy given depends on the type of cancer being treated.

A Hospital Provider Spell starts when a Consultant, Nurse or Midwife assumes responsibility for the care following a decision to admit the patient. This may be before formal admission procedures have been completed and the patient is transferred to a ward. The spell ends when the patient is discharged. A spell may contain any number of Consultant Episodes.

More information is available at:

[http://www.datadictionary.nhs.uk/data\\_dictionary/nhs\\_business\\_definitions/h/hospital\\_provider\\_spell\\_de.asp?shownav=1](http://www.datadictionary.nhs.uk/data_dictionary/nhs_business_definitions/h/hospital_provider_spell_de.asp?shownav=1)

### Example:

*A patient with advanced prostate cancer is prescribed Abiraterone*

#### **X74.1 Cancer hormonal drugs Band 1**

#### **CRCS11: Chemo-radiation**

When coding chemo-radiotherapy the radiotherapy element must be coded in addition to the codes for the chemotherapy regimen using the OPCS-4 codes within radiotherapy categories **X65, X67-X69**.

***See also National Clinical Coding Standards OPCS-4 PCSX20: Radiotherapy (X65, X67-X69) for the national standards for coding radiotherapy.***

There are a number of regimens listed that have a component of radiotherapy; these are sometimes referred to as chemo-radiation. These can be given concurrently to the chemotherapy on the same day or at a separate attendance.

There is no national standard for the sequencing of these chemotherapy codes with the radiotherapy codes, this would usually be the first type of treatment mentioned within the patients care record.

**CRCS12: Electrochemotherapy/electroporation (Y12.3)**

Where electrochemotherapy or electroporation is performed following delivery of a chemotherapy regimen this must be coded as follows:

Body system chapter code

**Y12.3 Electrochemotherapy to lesion of organ NOC**

*Includes: Electroporation to lesion of organ NOC*

Chapter Z site code(s)

**Z94.- Laterality of organ** (if a paired organ see **CSZ2 Laterality of operation (Z94)**)

These must be sequenced after the relevant procurement/delivery codes in categories **X70-X72** (depending if this is as an inpatient, outpatient or daycase, (see **CRCS1: Coding chemotherapy regimens**)).

Following administration of chemotherapy a probe is placed onto/around the tumour site. This sends an electric pulse to the tumour changing the outer layer of the cancer cell making it easier for the chemotherapy drug to penetrate inside the cell.

**Example:**

*A patient is prescribed cisplatin electrochemotherapy for malignant melanoma of left shoulder carried out as a daycase.*

- X70.1 Procurement of drugs for chemotherapy for neoplasm for regimens in Band 1**
- X72.1 Delivery of complex chemotherapy for neoplasm including prolonged infusional treatment at first attendance**
- S60.8 Other specified other operation on skin**
- Y12.3 Electrochemotherapy to lesion of organ NOC**
- Z49.6 Skin of shoulder**
- Z94.3 Left sided operation**



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## Table of Changes

Location of change	Description of change
<b>Throughout</b>	<p>Changed OPCS-4.8 to OPCS-4.9.</p> <p>Changed Clinical Classifications Service to Terminology and Classifications Delivery Service.</p>
<b>Introduction</b>	<p>The National Tariff Chemotherapy Regimens List is currently published to enable the collection, reporting and costing of chemotherapy regimens in the NHS in England. <del>This is the last planned update to the regimen list by NHS England (NHSE) in this format.</del></p> <p><del>NHSE are currently working on a revised approach to capturing information about chemotherapy delivery mechanisms and generating appropriate reimbursement over the next eighteen months ready for implementation in 2019/20.</del></p> <p>The <a href="#">Terminology &amp; Clinical Classifications Delivery</a> Service is responsible for the maintenance and development of OPCS-4 and associated national clinical coding standards. The clinical coding standards and guidance are updated <del>by the Clinical Classifications Service</del> to align with any updates to the Regimen list.</p>
<b>Background</b>	Updated link to location of the regimens list.
<b>CRCS3: Oral and parenteral chemotherapy administration</b>	<p><u>Only</u> when <u>all</u> of the drugs in the regimen are delivered orally can the code <b>X73.1 Delivery of exclusively oral chemotherapy for neoplasm</b> be used. <a href="#">This includes</a> <del>The exception are these</del> regimens where one <a href="#">or more of if the</a> listed components is delivered intrathecally; whilst the intrathecal drug is listed as a component drug of the main regimen, the intrathecal drug procurement and delivery codes are listed with separate procurement and delivery codes to the main regimen, (<a href="#">See CRCS2: Routes of administration</a>).</p>
<b>CRCS8: Non-neoplastic diseases and conditions</b>	<p>The chemotherapy regimens codes must <b>only</b> be assigned if they are being used specifically for systemic anti-cancer therapy for the treatment of malignant or in-situ neoplasms. Where a drug that appears on <del>both</del> the chemotherapy regimens list <del>and the High Cost Drugs list</del> is used for the treatment of <b>non-neoplastic/non-malignant</b> diseases and conditions these must <u>not</u> be coded using the <b>Chemotherapy for neoplasm codes (X70-X73)</b>.<del>National Tariff High Cost Drugs List.</del></p>

<p><b>Guidance</b></p>	<p><del><b>For full standards for coding high cost drugs refer to the National Tariff High Cost Drugs List and High Cost Drugs Clinical Coding Standards and Guidance which can be downloaded from Delen.</b></del></p> <p><del>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.</del></p> <p><del>Examples include:</del></p> <ul style="list-style-type: none"> <li><del>———— <b>Rituximab</b></del></li> <li><del>———— <b>Thalidomide</b></del></li> <li><del>———— <b>Bevacizumab</b></del></li> </ul>
<p><b>CRCS9: Supportive care therapies related to cancer treatment</b></p>	<p>When G-CSF is administered or supplied to a patient in the treatment of <b>non-neoplastic</b> related neutropenic conditions then these <u>are coded using codes <b>X29.2</b> (if solely admitted for administration of G-CSF) or <b>X38.7</b>.</u></p> <p><del>must be coded if applicable using the appropriate code from the National Tariff High Cost Drugs List. The High Cost Drugs code <b>X90.3 Neutropenia drugs Band 1</b> <b>must not</b> be used to code neutropenic conditions which result from systemic anti-cancer therapy.</del></p>