Accuracy of Clinical Coding for Procedures Performed in The ENT Ward Treatment Room

Katharine Hamlett, Rachel Edmiston, John de Carpentier
Royal Preston Hospital, ENT Department

Background

Within ENT departments, many patients are often seen on the ward as ward attenders in ‘treatment rooms’

A number of basic procedures can be carried out in these ‘treatment rooms’ e.g. FNE, nasal cautery, aural microsuction etc.

The Capita coding document in 2014 identified very poor levels of clinical coding within the NHS¹

We identified that for all patients seen in our ward treatment room, only the ‘ward attender’ tariff (£68.41) was being paid to the ENT department - due to lack of awareness surround clinical coding

A huge potential loss of income was highlighted

Results

First audit: **£1716.71 loss** of income in 1 week (15 patients seen)

Second audit: **£2532.60 gain** of income in 1 week (20 patients seen)

1st audit cycle breakdown: (15 patients seen, 17 procedures)
Ward Attender Tariff = **£68.41 x 15 = £1026.15**

3 x Flexible nasal endoscopies = £103.54 x 3 = **£310.62**
9 x Micro-suction = **£88.01** x 9 = **£ 792.09**
1 x Pope wick insertion = **£124.25** x 1 = **£124.25**
1 x Pope wick removal = **£117** x 1 = **£117**
3 x I&D head & neck abscess = **£124.25** x 3 = **£372.75**

Total money lost = £1716.71

Estimate per month = £6866.84
Estimate per year = £82,402.08!! – potential revenue loss!

Objectives

- To improve the ENT junior doctors’ engagement with clinical coding
- To ensure that departmental funding reflects the procedural workload undertaken within the ENT treatment room
- To improve treatment room documentation

ENT WARD ATTENDER PROCEDURE CODING

ENT CODING TABLE – tick applicable codes

Code	Name	Performed
E062	Anterior nasal packing	
E063	Removal of nasal packing	
E068	Other specified packing nose	
E069	Unspecified nasal packing	
E051	Nasal cautery	
E093	Suture external nose	
D152	Ear micro-suction	
S564	Dressing of skin of head/neck/ear	
S565	Attention to dressing skin of head/neck/ear	
S471	Incision and drainage of neck abscess	
S411	Primary suture of skin of head/neck	
S412	Delayed primary suture of skin of head/neck	
S413	Secondary suture of skin of head/neck	
S414	Resuture of skin of head/neck	
S418	Other specified suture of skin of head/neck	
S419	Unspecified suture of skin of head/neck	
S433	Removal of suture from skin of head/neck	
E426	Tracheostomy tube change	
E65.9	Flexible Nasendoscopy	
G345 & Y037	Attention to NG Tube	
G478 & Y032	Replacement of NG Tube	
D073	Removal of foreign body from EAC	
E085	Removal of foreign body from nose	
E274	Removal of foreign body from pharynx	
F242	Removal of foreign body from tongue	
F322	Removal of foreign body from palate	
F364	Removal of foreign body from tonsil	

ENT FOLLOW-UP – if applicable

Consultant	Follow-up

Patient sticker:

Name:
DN:
DOB:

Ward attender coding sheet created + procedure codes

2nd audit cycle breakdown: (20 patients seen, 24 procedures)
Ward Attender Tariff = **£68.41 x 20 = £1368.20**

7 x Flexible nasal endoscopies = £103.54 x 7 = **£724.78**
7 x Micro-suction = **£88.01** x 7 = **£616.07**
1 x Dressing to head/neck = **£124.25** x 1 = **£124.25**
3 x Attention to dressings = **£117** x 3 = **£351.00**
2 x I&D head and neck abscess = **£124.25** x 2 = **£248.50**
3 x Suturing of head / neck = **£117.00** x 3 = **£351.00**
1 x Removal of sutures = **£117.00** x 1 = **£117.00**

Total money gained by accurate coding = £2532.60!!

Estimate per year gained = £131,695.20!

Methods

1) First audit cycle:

- 1 week data collection – all patients seen in treatment room
- All procedures recorded
- Procedure tariffs obtained – income loss calculated
- Presented at local audit meeting to raise coding awareness

2) Second audit cycle:

- Development of integrated coding/clerking proforma
- Introduction to team & ward clerks
- 1 week data collection – all patients seen in treatment room
- All procedures recorded
- Procedure tariffs obtained – income loss calculated
- Figures presented to ENT business managers

100% SHO engagement with using clerking & coding proformas

Conclusions

This easily replicable closed-loop audit was able to hugely improve the yearly income for our ENT department to ensure that the funding reflects the departmental workload

Clinical coding should be recognised for its importance in ensuring that departmental performance reflects the budget it receives.

Additional funding can help to improve patient care

References

1 - Quality of clinical coding in the NHS. Capita. September 2014