

Diagnostics waiting times and activity

*Guidance on completing the “diagnostic
waiting times & activity” monthly data
collection*

First published: October 2006

Updated: 11 March 2015

**Prepared by
Analytical Service (Operations)**

This data collection and accompanying definitions and guidance have been approved by the SCCI (Standards Committee for Care Information) (ref: R00341).

Contents

Introduction	3
1. Diagnostics Waiting Times (Patients Still Waiting)	6
2. Diagnostics activity (Tests/procedures)	8
2.1 Categories of activity	9
3. Definition of each diagnostic group	11
4. Contact details/further information	19
ANNEX A: Audiology tests to be included	20
ANNEX B: OPCS 4.7 Codes	27

Changes since previous guidance

Since the previous version, no substantive changes have been made to this document and the underlying definitions remain the same. The main changes we have made include:

- Updating the list of OPCS codes from v4.3 to v4.7
- Removing references to PCTs
- Updating the list of FAQs, which accompany this document
- Update on 11/03/15: Removed tests U11.1, U11.2 and U11.3 from the list of codes to report in Annex B. Clarified rules on reporting vascular ultrasound tests (see page 28).
- Update on 12/05/15: Corrected the code for Computed Tomography of Kidneys in Annex B.
- Update on 10/08/15: Changes made to Annex B for clarity.

Introduction

The purpose of this collection is to measure waits and monitor activity for 15 key diagnostic tests. See section 3 for the tests that are reported. Early diagnosis is important to patients and central to improving outcomes, for example early diagnosis of cancer improves survival rates. Bottlenecks in diagnostic services can significantly lengthen patient waiting times to start treatment.

Diagnostic activity data can be used to assess recent and future demand for diagnostic tests and to inform plans to deal with future demand growth. The data collection covers tests/procedures where the primary purpose of the admission or appointment is diagnostic, irrespective of referral route or setting.

The form is split into 2 sections:

- Diagnostics waiting times
- Diagnostics activity

Further guidance on completing each section is shown in the sections below.

Who should complete the form?

The data will be collected online via Unify2. NHS providers will download a spreadsheet form and enter their data broken down by commissioner. There is functionality in the form which semi-automates this and which produces a "total" sheet for the provider. Providers then upload their completed spreadsheet online. After a designated cut-off date, Unify2 will then pull together all provider returns, aggregate the data and produce returns at commissioner and provider level. Commissioners will then need to review their data online, validate its accuracy, make any amendments, including adding in any data relating to either voluntary, independent sector or non-English residents. The Commissioner will then sign off the return and it will then be submitted online to NHS England.

The population for which the commissioner is responsible can be derived from the NHS England document 'Who Pays? Determining responsibility for payments to providers', which can be found at:

<http://www.england.nhs.uk/wp-content/uploads/2014/05/who-pays.pdf>

Definition of diagnostic test/procedure

By “diagnostic”, this means a test or procedure used to identify and monitor a person’s disease or condition and which allows a medical diagnosis to be made. In contrast, a “therapeutic procedure” is defined as a procedure which involves actual treatment of a person’s disease, condition or injury. Therapeutic procedures should be excluded from this return.

In some cases, procedures are intended as diagnostic up until a point during the procedure, when the healthcare professional makes a decision to undertake a therapeutic treatment at the same time, e.g. electrophysiology studies (a diagnostic cardiac procedure that often results in the immediate insertion of a pace-maker). These procedures should still be reported, i.e. include all tests/procedures that are intended to be diagnostic.

Tests carried out as part of national screening programmes do not count as a diagnostics test/procedure for the purposes of this return. Patients waiting for a test/procedure as part of a screening programme (e.g. routine smear tests) should not be included in this return. However, any subsequent diagnostic procedures that are triggered by an abnormal screening result should be included in the return (e.g. Colonoscopy following positive screening for occult blood).

1. Diagnostics Waiting Times (Patients Still Waiting)

Patient waiting times for the following groups of tests and procedures should be reported:

1. Imaging - Magnetic Resonance Imaging
2. Imaging -
3. Imaging - Non-obstetric ultrasound Computed Tomography
4. Imaging - Barium Enema
5. Imaging - DEXA Scan
6. Physiological Measurement - Audiology – Audiology Assessments
7. Physiological Measurement - Cardiology - echocardiography
8. Physiological Measurement - Cardiology - electrophysiology
9. Physiological Measurement - Neurophysiology - peripheral neurophysiology
10. Physiological Measurement - Respiratory physiology - sleep studies
11. Physiological Measurement - Urodynamics - pressures & flows
12. Endoscopy - Colonoscopy
13. Endoscopy - Flexi sigmoidoscopy
14. Endoscopy - Cystoscopy
15. Endoscopy – Gastroscopy

Section 3 gives further guidance on what types of tests and procedures to include in each grouping.

Who to Include

Include all patients waiting for a diagnostic test/procedure funded by the NHS. This includes all referral routes (i.e. whether the patient was referred by a GP or by a hospital-based clinician or other route) and also all settings (i.e. outpatient clinic, inpatient ward, x-ray department, primary care one-stop centres etc.).

Who to Exclude

Do **not** include waits for diagnostic tests/procedures where:

- The patient is waiting for a **planned** (or surveillance) diagnostic test/procedure and the patient is recorded on a planned waiting list, i.e. a procedure or series of procedures as part of a treatment plan which is required for clinical reasons to be carried out at a specific time or repeated at a specific frequency, e.g. 6-month check cystoscopy (more detailed guidance on waiting times for planned patients is available in section 3.6 of the FAQs document);
- The patient is waiting for a procedure as part of a **screening programme** (e.g. routine repeat smear test etc.);
- The patient is an **expectant mother booked for confinement**;
- The patient is **currently admitted to a hospital bed** and is waiting for an emergency or unscheduled diagnostic/test procedure as part of their inpatient treatment.

Only include patients waiting where the prime purpose of the wait is for a diagnostic test/procedure, i.e. do not include patients waiting for a therapeutic

operation on the inpatient waiting list who may require routine diagnostic tests/procedures following their admission.

How to Count the Waiting Time

For each patient still waiting, report their length of wait in weeks on the last day of the month in question.

To measure the waiting times:

- **The clock starts** when the request for a diagnostic test or procedure is made. For Choose and Book referrals, this is the time that the UBRN is converted, i.e when the patient has accepted an appointment.
- **The clock stops** when the patient receives the diagnostic test/procedure.

If a patient cancels or misses an appointment for a diagnostic test/procedure, then the diagnostic waiting time for that test/procedure is set to zero and the waiting time starts again from the date of the appointment that the patient cancelled/missed. Where this presents a significant technical challenge and doing so does not adversely affect wait times the same clock can continue if there is still an intention to carry out a diagnostic test.

Similarly, if a patient turns down reasonable appointments, i.e 2 separate dates and 3 weeks notice, then the diagnostic waiting time for that test/procedure can be set to zero from the first date offered.

Patients waiting for more than one diagnostic test / procedure

Patients waiting for 2 separate diagnostic tests/procedures concurrently should have 2 independent waiting times clocks – one for each test/procedure. For example, patient presenting with breathlessness could have a heart or a lung condition and therefore there might be the need to have cardiology and respiratory tests concurrently.

Alternatively if a patient needs test X initially and once this test has been carried out, a further test (test Y) is required – in this scenario the patient would have one waiting times clock running for test X. Once test X is complete, a new clock is started to measure the waiting time for test Y.

2. Diagnostics activity (Tests/procedures)

Report the number of tests/procedures (actual number carried out during the month in question) for the following defined groupings:

1. Imaging - Magnetic Resonance Imaging
2. Imaging - Computed Tomography
3. Imaging - Non-obstetric ultrasound
4. Imaging - Barium Enema
5. Imaging - DEXA Scan
6. Physiological Measurement - Audiology - Audiology Assessments
7. Physiological Measurement - Cardiology - echocardiography
8. Physiological Measurement - Cardiology - electrophysiology
9. Physiological Measurement - Neurophysiology - peripheral neurophysiology
10. Physiological Measurement - Respiratory physiology - sleep studies
11. Physiological Measurement - Urodynamics - pressures & flows
12. Endoscopy - Colonoscopy
13. Endoscopy - Flexi sigmoidoscopy
14. Endoscopy - Cystoscopy
15. Endoscopy – Gastroscopy

What to include

Include all relevant tests and procedures funded by the NHS. This includes all referral routes (i.e. whether the patient was referred by a GP or by a hospital-based clinician or other route) and all settings in which they are carried out (i.e. outpatient clinic, inpatient ward, x-ray department, primary care one-stop centre etc.).

How to count activity

Count one unit of activity for each distinct clinical test/procedure carried out. Examples are shown below

- Patient having angiography has one scan immediately prior to injecting contrast dye and then a further scan after injection of contrast dye – this would count as one distinct clinical test/procedure even though two scans have been carried out as part of the procedure. Alternatively if a patient has an angiography followed by an echocardiography on the same day, count this as two distinct clinical tests/procedures.
- Similarly, a patient having more than one MR scan of a knee AT THE SAME VISIT would count as one unit of activity. However, patient having one CT scan of a knee and one CT scan of a shoulder would count as two units of activity.
- For audiology, as above, count tests done in audiology assessment as ONE unit of activity. For example, an assessment may involve a number of tests, but essentially it is one package of activity that the patient is waiting for. Examples of packages of tests are shown in Annex A

2.1 Categories of activity

Waiting list tests/procedures – excluding planned

Count the number of diagnostic tests or procedures carried out during the month for which the patient had waited on a waiting list. Include all relevant tests/procedures irrespective of the referral route (i.e. whether the patient was referred by a GP or by a hospital-based clinician or other route) and also irrespective of the setting in which they are carried out (e.g. inpatient ward, x-ray department, outpatient clinic etc.).

If the procedure is carried out as an inpatient or daycase admission, the following admission method codes apply: 11, 12.

In the audiology section, patients who attend an ENT clinic and are then sent for an immediate audiology assessment should be counted as WAITING LIST patients. In effect, these patients will have a waiting time of zero as they are seen on the same day.

Planned tests/procedures (surveillance)

Count the number of planned (or surveillance) diagnostic tests or procedures carried out during the month for which the patient had waited on a planned waiting list. A planned diagnostic test/procedure is a procedure or series of procedures carried out as part of a treatment plan which are required for clinical reasons to be carried out at a specific time or repeated at a specific frequency.

Examples include:

- 6 month check cystoscopy
- CT staging diagnosis e.g. monitoring tumour growth or soft tissue degeneration.
- An audiology test carried out under a set care plan, e.g. patient comes back for a re-test in 6 months time. In audiology, it is important to stress than patients coming via ENT clinics can be classed either as planned or waiting list depending on their circumstances.

Include all relevant tests/procedures irrespective of the referral route (i.e. whether the patient was referred by a GP or by a hospital-based clinician or other route) and also irrespective of the setting in which they are carried out (e.g. inpatient ward, x-ray department, outpatient clinic etc.).

If a patient is classed as planned because they clinically have to wait a period of time (as above), the patient should be booked in for an appointment at the appropriate time. They should not have to wait a period of time (a hidden waiting list) after this time has elapsed. For example, a patient having a re-test 6 months on should be booked in around 6 months later. They should not get to 6 months, then have to wait again. This is not an acceptable use of a planned list.

If the procedure is carried out as an inpatient or daycase admission, the following admission method code applies: 13.

Unscheduled tests/procedures

Count the number of diagnostic tests or procedures carried out during the month on patients following an emergency admission, as well as any diagnostic tests/procedures on patients in A&E. Include all relevant tests/procedures irrespective of the referral route (i.e. whether the patient was referred by a GP or by a hospital-based clinician or other route) and also irrespective of the setting in which they are carried out (e.g. inpatient ward, x-ray department, outpatient clinic etc.).

The following admission codes apply: 21,22,23,24,28,2A,2B,2C,2D,31,32.

In the audiology section, patients who attend an ENT clinic and are then sent for an immediate audiology assessment should be counted as WAITING LIST patients. In effect, these patients will have a waiting time of zero as they are seen on the same day.

3. Definition of each diagnostic group

Imaging – Magnetic Resonance Imaging (MRI)

Magnetic resonance imaging (MRI) is similar to a CT scan but uses Magnetism and radio waves to build up a series of cross sectional images. MRI pictures are so precise that they often provide as much information as directly looking at the tissues. For this reason you can form two-or three-dimensional images that may be viewed on a monitor.

MR angiography (MRA) is an MRI study of the blood vessels. It utilises MRI technology to detect, diagnose and aid the treatment of heart disorders, stroke, and blood vessel diseases. MRA provides detailed images of blood vessels without using any contrast material, although today a special form of contrast usually is given to make the MRI images even clearer. The procedure is painless, and the magnetic field is not known to cause tissue damage of any kind.

Imaging – Computed Tomography (CT)

Computed tomography (CT)-sometimes called CAT scan- is another x-ray technique using a scanner that takes a series of pictures across the body allowing the radiologist to view the images in two dimensional or three dimensional form. Spiral CT is the most modern form of this imaging with the pictures being produced in only a few seconds...

CT imaging is particularly useful because it can show several types of tissue with great clarity, including organs such as the liver, spleen, pancreas and kidneys. Using specialised equipment and expertise to create and interpret CT scans of the lower gastrointestinal (GI) tract, the colon, and the rectum, can produce accurate diagnoses of the symptoms of abdominal pain. Often, no additional diagnostic work-up is necessary and treatment planning can begin immediately.

Imaging - Non-obstetric ultrasound

Ultrasound consists of high frequency sound waves too high for the human ear to detect, rather like the noise used by bats and dolphins to determine where they are. Ultrasound scanning is used for examining soft tissue and fluid filled organs in the body such as the bladder and gallbladder, which do not show up clearly on X-rays. It can detect abnormalities such as tumours.

Ultrasound waves cannot easily pass through bone or gas, so it is of less use for some parts of the body - for example, those parts of the body surrounded by bone like the brain and spinal cord. The lungs and the intestines are also not suitable for ultrasound examination.

Obstetric ultrasounds are defined as ultrasounds on the reproductive tract of pregnant women. These should be excluded.

Do not include non-obstetric ultrasound procedures covered in other test categories on the form, e.g. exclude echocardiography.

Imaging – DEXA Scan

A DEXA scan (Dual-energy X-ray absorptiometry) is used to determine bone density. The procedure involves a low dose of X-rays passed across the body. X-rays are separated into beams of differing intensity enabling the scan to detect the density of bone and soft tissue separately.

It is a fast and accurate test, and is preferred over other X-ray procedures as it is more sensitive. DEXA scans measure the calcium content in the bones - this cannot be evaluated in other plain film X-rays. In addition, DEXA can be used to detect other bone disorders and conditions, and to monitor the relative amounts of body fat and muscle in the body.

The scan usually takes between 10 and 30 minutes. No preparation for the test is required and the patient can go straight home immediately.

Imaging – Barium Enema

A barium enema is a radiographic procedure that uses X-rays to examine the large bowel (colon and rectum). It is used to detect abnormal findings in the large intestine. These may include cancer, non-cancerous growths (polyps), inflammation of the inner lining of the intestine, ulcers and other disease processes.

For 48 hours before the test, the patient needs to follow a special diet and take a special laxative preparation prior to the examination. Unless the patient is already in the hospital, it is done routinely in outpatients.

Physiological Measurement - Audiology – Audiology Assessments

Audiology involves a wide range of hearing and balance assessments. These assessments determine functional ability, possible pathologies and impact on related daily activities. Following assessment, an appropriate care pathway is selected for treatment (e.g. surgery for cochlear implant) and support, but more often for rehabilitative support strategies (e.g. programmed digital signal processing (DSP or 'digital') hearing aids, counselling, assistive listening devices) to improve the ability to participate in daily activities.

All waits for assessment (whether consultant led or Direct Access) should be included in this line of the monthly collection. This also includes paediatric waits. It should include the following categories of tests from the national census:

- Referral for hearing aid assessment (new patients)
- Re-referral for hearing aid assessment
- Referral for complex needs hearing aid assessment
- Bone anchored hearing aid (BAHA) assessment
- Referral for cochlear implant candidacy assessment (adult)
- Adult audio-vestibular assessment
- Tinnitus assessment
- Balance assessment

- Referral for cochlear implant candidacy assessment (paediatric)
- Paediatric hearing services following newborn screening
- Audiological assessment at 2nd and 3rd tier clinic (pre-school and school-age)

Referrals made to a service operating the 'assess and fit' model should be reported as a Direct Access Audiology pathway. Where these services are established in order to deliver 18 weeks pathways, it is not necessary to report the waiting times on the DM01. However, waiting list activity should be reported as it forms part of the data completeness calculation for Direct Access audiology RTT return.

Waits for re-assessment for an upgrade to a digital hearing aid or new digital hearing aid should be included once a review has taken place and it has been decided that the patient requires assessment for a possible new hearing aid. They should then appear on a waiting list. Such reviews may be conducted by telephone, questionnaire or in person by an audiology assistant.

Children who are seen by a school nurse should be included on the waiting list once a referral has been made. School nurse activity does not form part of this return, although subsequent tests following referral will.

Details of the tests that are included in these categories are given in Annex A. Please see general notes for filling in the activity section in section 2 above.

Physiological Measurement - Cardiology – echocardiography (Echos)

A technique which uses high frequency sound waves (ultrasound) to produce images of the heart. The images obtained are then used to detect structural and/or functional abnormalities of the heart. It is either performed by putting a probe on the external surface of the chest (usually referred to as "echos") or in a more invasive procedure where the probe is passed into the oesophagus.

This diagnostic test provides visual information regarding the function of the heart, enables inspection of the heart valves to check whether they are opening and closing properly and allows for measurement of the heart's chambers, major blood vessels and the thickness of the heart walls. Doppler ultrasound studies give information regarding the direction and velocity of blood flow within the heart.

Echocardiography is used in the diagnosis of heart failure, valve disease, congenital heart disease, cardiomyopathy (disease of the heart muscle), pericardial effusion (fluid surrounding the heart) and to detect the presence of thrombus (blood clots), infective vegetation's and tumours in the heart. The two most common methods of undertaking the procedure are described further below:

- 1) Transthoracic echocardiogram (TTE) - a non-invasive procedure where the probe is placed on the external chest wall. This procedure is the most commonly performed type of echocardiogram. TTE is also used during a technique known as stress echocardiography (or exercise test). This specialist technique enables assessment of cardiac function when the heart is working harder (either during exercise or following injection of a drug that increases the heart rate and contractility).
- 2) Transoesophageal echocardiogram (TOE) - during this procedure a small flexible tube on which a probe is mounted, is passed into the oesophagus. As the oesophagus lies directly behind the heart, the pictures obtained using this approach are usually of superior quality and are particularly valuable in patients who have had valve replacements, those with a suspected blood clot or infection in the heart and in patients where inadequate images have been obtained using the transthoracic approach. The technique requires the patient to be sedated or under general anaesthetic and is usually performed under the direction of medical cardiologists.

Physiological Measurement - Cardiology – electrophysiology

Electrophysiology studies (EPS) is an invasive procedure (carried out as either a day case or an in-patient) and undertaken in the cardiac catheterisation laboratory (cardiac cath lab). It involves placing catheters with multiple electrodes at specific sites within the heart, using x-ray and/or electromagnetic imaging techniques to correctly position them. The procedure demands the use of complex equipment to enable the acquisition of multiple recordings from the heart to be monitored, recorded and stored.

An EPS procedure provides a detailed analysis of the heart's electrical conduction system to assess whether it functions correctly, to locate the site of abnormalities and support treatment to patients using a technique known as radiofrequency ablation (destroying the small area of tissue that is causing or involved in the problem).

An EPS procedure may often result in immediate treatment being carried out on the patient. During the EPS procedure, the operator will use electrical stimuli to deliberately induce rhythm disturbances in order to establish a diagnosis. The operator will usually interpret the results at the time and treatment in the form of ablation or insertion of a device, for example an ICD (implantable cardioverter defibrillator) or pacemaker, may be undertaken at the same time. EPS procedures should however be reported in the diagnostics data collection if they are initially intended as diagnostic or part diagnostic, regardless of whether or not a treatment was subsequently carried out at the time. Please refer to section 1.3 of the guidance for further information on this.

Physiological Measurement - Neurophysiology - peripheral neurophysiology

Peripheral neurophysiology includes two tests:

- 1) **Nerve Conduction Studies (NCS)** - measure the function of the peripheral nervous system, i.e. nerves and muscles. NCS involves supramaximal surface electrical stimulation of sensory, motor and/or mixed nerves (median, ulnar, radial, tibial, sural and peroneal are the most common nerves investigated) with the resultant waveform recorded by surface or needle electrodes over the relevant muscle or nerve. The amplitude and latency is recorded and conduction velocity calculated. Other investigations include Thermal Threshold Testing, Decrement Testing etc.
- 2) **Electromyography (EMG)** - is a diagnostic procedure that measures the electrical activity of the muscle to gather information about muscular system. It is used to investigate the causes of muscular weakness, spinal problems, MND (Motor Neurone Disease) and a large variety of disorders affecting the peripheral nervous system. EMG is performed in conjunction with other NCS and clinical examination.

Electrical activity from muscle fibres is recorded with a concentric needle electrode inserted in the muscle, at rest, during partial and full voluntary contraction. Examinations can be lengthy (over one hour). More complex investigations are less commonly performed e.g. single fibre studies.

These tests are performed by one of the following – Consultant Clinical Neurophysiologist, Clinical Physiologist (Neurophysiology) or doctors in other specialties trained in Neurophysiology. A consultant usually reports the investigation results.

Physiological Measurement - Respiratory physiology - sleep studies

Sleep studies encompass a broad range of technologies employed to study and diagnose a variety of sleep-breathing problems, including sleep disruption from airway obstruction and related nocturnal ventilatory failure. The tests involve monitoring the patient while asleep and making an assessment of a number of physiological measurements including chest wall movement, the flow of air through the nose and mouth, oxygen levels in the blood, arousal rates (pulse rises) and/or sleep staging as well as monitoring body position. One of the key outcome measures caused by sleep disordered breathing are daytime measures of sleepiness or blood gas levels. Tests are often used to differentiate between benign snoring and obstructive sleep apnoea.

Although different combinations of techniques can be used, sleep studies generally fall into the following categories:

- Oximetry.- Basic assessment of overnight oxygen levels.
- Actigraphy. - Basic assessment of nocturnal limb movements.
- Cardiopulmonary Sleep Studies (Non-EEG) (or Semi-polysomnography) - Complex multi-channel recording of breathing patterns, oxygen levels and sound to determine degree of suspected sleep disordered breathing.
- Full polysomnography (EEG, EOG, EMG). - Highly complex assessment of sleep pattern, coupled with data obtained from semi-polysomnographic studies.
- Multiple sleep latency test / maintenance of wakefulness test (MWT) - Determination of the drive to sleep or the ability to remain awake by studying sleep onset during the day after full polysomnography.
- Osler test - A non-EEG method of the multiple sleep latency test / maintenance of wakefulness test (MWT).
- Nasal CPAP - Assessment of patients with obstructive sleep apnoea where a diagnostic test is required (if purely therapeutic do not include)

The majority of these tests will involve a respiratory physiologist although respiratory physicians may be involved in the reporting and interpretation – particularly of the more complex investigations.

Urodynamics – pressures & flows

The lower urinary tract comprises the bladder (a reservoir for the storage and expulsion of urine) and the urethra (which acts as a valve to contain urine within the bladder during urine storage and acts as a conduit to convey urine away from the body during voiding). Urodynamics is an umbrella term describing physiological measurements of the bladder and urethra's ability to fulfil these functions, including pressures & flows.

In pressure & flows studies, the pressure inside the bladder is monitored as the patient empties their bladder and the urinary flow rate is measured simultaneously. This test helps identify the cause of any voiding difficulty by determining whether the difficulty is because of some obstruction (e.g. an enlarged prostate) or whether it is due to a bladder of poor contractility (poor squeeze).

Urodynamics tests are generally carried out in a urological or gynaecological department. A minority of other specialties also house urodynamic facilities. It is rarely carried out in a dedicated “physiological measurement” laboratory.

The main healthcare professionals who carry out urodynamics are doctors (principally urologists and gynaecologists), and nurses. Physiotherapists, clinical scientists, physiological measurement technicians also carry out urodynamics but these are in the minority and there are only a few of these who will carry it out as the sole/principal investigator.

Endoscopy – Colonoscopy

A colonoscopy is an examination of the lining of the colon (large bowel) using a flexible fibre optic tube.

A colonoscopy is useful as a check for certain bowel conditions and to help establish the cause of symptoms such as changes in bowel habit or pain in the abdomen. It may sometimes be required to confirm the results of other examinations, for example a barium enema.

During the procedure, a biopsy may be taken for further examination. The procedure may also be used to remove polyps found on the lining of the colon.

Endoscopy - Flexible Sigmoidoscopy

A procedure to examine the lining of the rectum and lower colon. It may be required to confirm the results of other examinations for example a barium enema or as part of a cancer-screening programme.

During the procedure, a biopsy may be taken for further examination.

Endoscopy - Cystoscopy

A cystoscopy is an examination of the bladder and the urethra which is performed either as an aid to diagnosis of lower urinary tract symptoms; or as part of a treatment plan relating to a specific condition, e.g. bladder tumour or stones.

Flexible and rigid cystoscopes enable a variety of procedures for example biopsies, bladder stone removal, to treat bladder tumours or for the diagnosis and follow up of most bladder tumours.

Endoscopy – Gastroscopy

Endoscopy is the direct visual examination of any part of the interior of the body by means of an optical viewing instrument. Endoscopes are steerable, flexible, cylindrical instruments usually containing multiple channels and equipped with fibre optics for illuminating and viewing. An endoscope may be introduced to the body through a natural orifice - the nose, mouth, urethra or anus, or through a small surgical incision made for the purpose.

Many therapeutic endoscopic operations are carried out at the same time as an endoscopic diagnostic procedure. If a diagnostic endoscopic procedure proceeds to a therapeutic endoscopic procedure on the same site, during the same theatre visit, it is not necessary to code the diagnostic procedure in addition. Therefore, OPCS codes that maybe both diagnostic and therapeutic endoscopies are listed in this guidance. Please note that endoscopies that are entirely therapeutic should not be included.

Gastroscopy (Upper Gastro Intestinal endoscopy) is a procedure to examine the lining of the upper part of the gastrointestinal tract using a thin flexible fibre optic tube (endoscope). It is usually performed to evaluate symptoms of persistent upper abdominal pain, nausea, vomiting and difficulty in swallowing or bleeding from the upper gastrointestinal tract.

Gastroscopy may follow other diagnostic tests such as X-rays. It can detect early cancer and can assist in distinguishing between benign and malignant conditions when biopsies of suspicious areas are obtained.

4. Contact details/further information

If you have any comments on the document or any queries, please contact:

Paul Steele
Senior Manager - Analytical Service (Operations)
NHS England
5E15 Quarry House, Leeds,
LS2 7UE
0113 825 0576

Email: unify2@dh.gsi.gov.uk

ANNEX A: Audiology tests to be included

THESE ARE THE TESTS THAT SHOULD BE INCLUDED IN THESE FIGURES. HOWEVER, PLEASE BEAR IN MIND THAT WE ARE NOT COUNTING ACTIVITY IN TERMS OF INDIVIDUAL TESTS, BUT IN TERMS OF AUDIOLOGY ASSESSMENTS, WHICH MAY INVOLVE MORE THAN ONE TEST

As a guide, where a patient is having tests from two distinct groups of tests (as identified in the full list below), then this would count as two units of activity. Otherwise, count as one unit.

For example, using the embedded file below, if a patient has a Pure Tone Audiometry, Otoscopy and Glasgow Hearing Aid Benefit Profile, these can be found under one group, so counts as one unit of activity. However, if they have a middle ear analysis and a videostagmography, this is in two distinct areas and would be two unit of activity.



C:\Temp\Audiological
Tests.xls

ADULT AUDIOLOGY

Referral for hearing aid assessment (new patients).

Re-referral for hearing aid assessment (existing patients).

Test	Function	Indication
TTSA criteria (or locally developed referral criteria).	Suitability criteria for direct referral to audiology or ENT.	Hearing Impairment.
Otoscopy.	Clinical examination of external auditory meatus, ear drum and gross structures of middle ear.	Outer/middle ear pathologies.
Pure Tone Audiometry.	Behavioural assessment of frequency specific hearing thresholds and requires active cooperation from the patient. Sound may be applied monaurally by means of an earphone (air conduction audiometry), or vibrations may be applied to	Conductive or sensorineural hearing loss.

	the skull by a bone vibrator (bone-conduction audiometry).	
Tympanometry & Reflexes.	Functional analysis of outer ear, eardrum and middle ear	Outer/middle ear pathologies and VII & VIII cranial nerve function.
Loudness Discomfort Level test.	Behavioural assessment for sound levels at which patients experience discomfort as a function of frequency.	Enables calculation of effective Dynamic Range of hearing and also indicates whether loud sounds are experienced as excessively loud compared to normal hearing listeners (this recruitment is often experienced with sensorineural pathologies).
Glasgow Hearing Aid Benefit Profile (GHABP) - part I.	Assess initial disability & handicap of hearing impairment.	Needs assessment - disability & handicap.

Referral for complex needs hearing aid assessment, fitting and follow-up

Learning disability hearing assessment. New & Re-assessment adult patients with learning disability follow generic adult hearing aid pathway (as above), but require additional considerations as highlighted in 'Do Once & Share LD auditory assessment' care pathway and the following:

Test	Function	Indication
Threshold Auditory brainstem Response - tone pip ABR (air conduction).	To determine frequency specific air conducted hearing thresholds - recommended procedure (if required).	Hearing impairment.
Threshold Auditory brainstem Response - bone conduction ABR.	Follow-up assessment following referral from NHSP to determine bone conducted hearing thresholds - recommended to be performed when elevated air conduction levels recorded (if required).	Hearing impairment.
Transient Evoked Oto-acoustic emissions.	Assesses outer hair cell function - objective test of inner ear function (if required).	Conductive or sensorineural hearing loss.

Bone Anchored Hearing Aid (BAHA) assessment (new & existing patients)

Test	Function	Indication
Referral suitability criteria completed.	Suitability criteria against agreed referral guidelines.	Severe to profound hearing impairment.
AB word lists.	Speech discrimination tests.	Speech & lip-reading ability (aided & unaided).

Otoscopy, Pure Tone Audiometry, Tympanometry & Reflexes, Loudness Discomfort Level test, Threshold Auditory Brainstem Response - tone pip ABR (air conduction), Threshold Auditory Brainstem Response - bone conduction ABR , Transient Oto-acoustic Emissions, Transient Oto-acoustic Emissions, Unaided & Aided Soundfield Thresholds. New patients - Glasgow Hearing Aid Benefit Profile (GHABP) - part I. Existing patients - Glasgow Hearing Aid Difference Profile (GHADP) - part I.

Referral for Cochlear implant candidacy assessment (adult)

As generic adult hearing pathway (as above), additionally Threshold Auditory Brainstem Response - tone pip ABR (air conduction), Threshold Auditory brainstem Response - bone conduction ABR , Transient Evoked Oto-acoustic Emissions (as above) and:

Test	Function	Indication
Unaided & aided soundfield thresholds.	Soundfield measurement of unaided & aided hearing levels.	Unaided & aided hearing levels.
BKB sentences or other speech material.	Assess speech in noise	Speech & lip-reading ability (aided & unaided).

Device implanted – there will be device specific diagnostic test to ensure appropriate implantation and functionality.

Tuning of cochlear implant – device specific diagnostic test to ensure functionality and mapping of electrodes.

Follow up of cochlear implant patients makes extensive use of diagnostics tests to measure outcome and guide rehabilitation (depending on age and ability of patient).

Adult Audio-Vestibular Diagnostic Services

Tests will also include: Otoscopy, Pure Tone Audiometry, Tympanometry & Reflexes.

Test	Function	Indication
Cortical Electric Response Audiometry (ERA).	To determine frequency specific air conducted cortical hearing thresholds – recommended.	Undertaken to determine hearing thresholds at specific frequencies when either patient is unable to respond or malingering is suspected.
Electrocochleography.	To determine potential differences within cochlear.	Performed when patient is suspected of having endolymphatic hydrops or 'Menieres' type symptoms.
Neuro-otological Auditory Brainstem Response (air conduction).	To determine functionality and integrity of cranial nerve VIII. Identifies retro-cochlear lesions, such as demyelisation and lesions.	Retro-cochlear lesions.

Middle ear analysis.	Otoscopy, Tympanometry & reflexes.	
Transient Evoked Oto acoustic emissions (OAE). Distortion Product Oto-acoustic emissions. Spontaneous Oto-acoustic emissions.	Diagnostic assessment of outer hair cell function - objective test of inner ear function. Diagnostic assessment of outer hair cell function - objective test of inner ear function.	Hearing impairment pathology including potential inner hair cell impairment.
Pure tone audiometry (as above).		

Tinnitus assessment

Tests will include Otoscopy, Pure Tone Audiometry, Tympanometry & Reflexes and standard blood tests (VDRL, FBC, TFT, Glucose, Electrolytes).

Balance assessment

Balance investigation (tests will include Otoscopy, Pure Tone Audiometry, Tympanometry & reflexes).

Test	Function	Indication
Caloric irrigation test.	Using water or air irrigations, function and impairments of vestibular organs of inner ears can be assessed.	Balance disorders.
Electronystagmography.	Using surface mounted skin electrodes, nystagmus can be recorded.	Balance disorders.
Videonystagmography.	Using video goggles nystagmus can be recorded.	Balance disorders.
Benign Paroxysmal Positional Vertigo (BPPV).	Using a series tests and if positive a range of particle repositioning manoeuvres, free floating otoconia can be repositioned to treat affects of BPPV (Hallpike / positional assessment, Side lying test, Epley repositioning manoeuvre assessment, Semont manoeuvre, Brandt Daroff, Bar-B-Que role).	Benign Paroxysmal Positional Vertigo (BPPV).
Posturography.	Dynamic Force plate - Functional assessment of 3 dynamics within balance function - visual, proprioceptive and vestibular	Balance disorders.

PAEDIATRIC AUDIOLOGY

Referral for Cochlear implant candidacy assessment (paediatric) (see Referral for Cochlear implant candidacy assessment (adult)).

Paediatric hearing services following newborn screening

Test	Function	Indication
Newborn Hearing Screening.	Neonatal screen to assess outer hair cell function - used to identify congenital hearing impairment.	Congenital hearing impairment.
Automated Auditory Brainstem Response (AABR).	Automated Auditory Evoked potential test - used to assess function of VII cranial nerve and determine hearing levels at a predetermined pass level.	Congenital hearing impairment.

Audiological assessment at 2nd tier clinic (pre-school).

Screening clinic which assess hearing thresholds, middle ear function and speech discrimination ability of pre-school children. Discharges, reviews or refers onward to 3rd tier consultant led clinics as required.

Test	Function	Indication
Distraction Test.	Behavioural assessment of frequency specific hearing thresholds. Suitable for children with developmental level of 6-10 months.	Conductive or sensorineural hearing loss.
Visual Reinforcement Audiometry.	Behavioural assessment of frequency specific hearing thresholds. Suitable for children with developmental level of 6-30 months.	Conductive or sensorineural hearing loss.
Performance Test.	Behavioural assessment of frequency specific hearing thresholds. Suitable for children with developmental level of 30-42 months.	Conductive or sensorineural hearing loss.
Co-operative speech test.	Speech discrimination test - used to assess receptive and expressive language development and to cross check behaviourally acquired hearing thresholds. Age range 18-24 months.	Conductive or sensorineural hearing loss.

McCormick Toy Test.	Speech discrimination test - used to assess receptive and expressive language development and to cross check behaviourally acquired hearing thresholds. Age range 24-42 months.	Conductive or sensorineural hearing loss.
---------------------	---	---

Tests also include: Otoscopy, Tympanometry & High Frequency Reflexes for outer / middle ear pathologies.

Audiological assessment at 2nd tier clinic (school-age)

Tests include: McCormick Toy Test, Pure Tone Audiometry, Otoscopy, Tympanometry & High Frequency Reflexes.

Test	Function	Indication
Play Audiometry.	Behavioural assessment of frequency specific hearing thresholds. Suitable for children with developmental level of 42+ months.	Conductive or sensorineural hearing loss.
Manchester Picture Test.	Speech discrimination test - used to assess receptive and expressive language development and to cross check behaviourally acquired hearing thresholds. Age range 42-72 months.	Conductive or sensorineural hearing loss.
AB Word lists.	Speech discrimination test - used to assess receptive and expressive language development and to cross check behaviourally acquired hearing thresholds. Age range 72+ months.	Conductive or sensorineural hearing loss.

Audiological assessment at 3rd tier clinic (pre-school)

Diagnostic audiological assessment clinic. To provide assessment and diagnostic results. Review, discharge, refer for medical intervention and other onward referral. Confirmation of hearing loss undertaken and informed options as part of habilitation initiated.

Tests include: Distraction Test, Visual Reinforcement Audiometry, Performance Test, McCormick Toy Test, Otoscopy, Tympanometry & High Frequency Reflexes.

Test	Function	Indication
Transient Oto-acoustic emissions.	Assesses outer hair cell function - objective test of inner ear function.	Conductive or sensorineural hearing loss.

Co-operative speech test.	Speech discrimination test - used to assess receptive and expressive language development and to cross check behaviourally acquired hearing thresholds. Age range 18-24 months.	Conductive or sensorineural hearing loss.
---------------------------	---	---

Audiological assessment at 3rd tier clinic (school-age)

Tests include: Performance Test, Play Audiometry, Pure Tone Audiometry, Transient Oto-acoustic Emissions, McCormick Toy Test, Manchester Picture Test, AB Word lists, Otoscopy, Tympanometry & High Frequency Reflexes.

ANNEX B: OPCS 4.7 Codes

When using this list to determine what category to report a test or procedure, use the **first** number in the header of the table to identify the category. For example, a test appearing in table '3.2 - Endoscopic Ultrasound - Non-Obstetric' would be counted as a Non-Obstetric Ultrasound test, as it is 3rd in the order of tests.

The order of the 15 key tests is as follows.

1. Imaging - Magnetic Resonance Imaging
2. Imaging - Computed Tomography
3. Imaging - Non-obstetric ultrasound
4. Imaging - Barium Enema
5. Imaging - DEXA Scan
6. Physiological Measurement - Audiology – Audiology Assessments
7. Physiological Measurement - Cardiology - echocardiography
8. Physiological Measurement - Cardiology - electrophysiology
9. Physiological Measurement - Neurophysiology - peripheral neurophysiology
10. Physiological Measurement - Respiratory physiology - sleep studies
11. Physiological Measurement - Urodynamics - pressures & flows
12. Endoscopy - Colonoscopy
13. Endoscopy - Flexi sigmoidoscopy
14. Endoscopy - Cystoscopy
15. Endoscopy – Gastroscopy

1.1 - Magnetic resonance imaging - MRI

OPCS 4.7 Code	Description of Test / Procedure
U01.2	Magnetic resonance imaging of whole body
U05.2	Magnetic resonance imaging of head
U05.3	Functional magnetic resonance imaging of head
U05.5	Magnetic resonance imaging of spine
U07.2	Magnetic resonance imaging of chest
U08.5	Magnetic resonance imaging of abdomen
U09.3	Magnetic resonance imaging of pelvis
U10.3	Cardiac magnetic resonance imaging
U13.3	Magnetic resonance imaging of bone
U16.2	Magnetic resonance cholangiopancreatography
U21.1	Magnetic resonance imaging NEC (<i>not elsewhere classified</i>)
U37.1	Magnetic resonance imaging of kidneys

1.2 - Magnetic resonance angiography - MRA

OPCS 4.7 Code	Description of Test / Procedure
U11.7	Magnetic resonance angiography (<i>vascular system</i>)

2.1 - Computerised tomography - CT

OPCS 4.7 Code	Description of Test / Procedure
U01.1	Computerised tomography of whole body
U05.1	Computerised tomography of head
U05.4	Computerised tomography of spine
U06.1	Computerised tomography of sinuses
U07.1	Computerised tomography of chest
U08.1	Computerised tomography of abdomen NEC (<i>not elsewhere classified</i>)
U09.1	Computerised tomography of pelvis
U10.1	Cardiac computed tomography for calcium scoring
U10.2	Cardiac computed tomography angiography
U11.4	Computed tomography scan of cerebral vessels
U13.6	Computed tomography of bone
U17.5	Computed tomography of colon
U21.2	Computed tomography NEC (<i>not elsewhere classified</i>)
U35.4	Computed tomography of pulmonary arteries
U37.2	Computed tomography of kidneys

2.2 - Positron emission tomography – PET

OPCS 4.7 Code	Description of Test / Procedure
U21.3	Positron emission tomography NEC (not elsewhere classified)

3.1 - Ultrasound – Non-Obstetric

OPCS 4.7 Code	Description of Test / Procedure
U06.3	Ultrasound of thyroid gland
U08.2	Ultrasound of abdomen
U09.2	Ultrasound of pelvis
U12.2	Ultrasound of scrotum
U12.3	Ultrasound of kidneys
U12.4	Ultrasound of bladder
U13.2	Ultrasound of bone
U21.6	Ultrasound scan NEC (<i>not elsewhere classified</i>)
C87.4	Ultrasonic evaluation of retina
K51.2	Intravascular ultrasound of coronary artery
Q55.5	Transvaginal ultrasound examination of female genital tract

Vascular Ultrasound tests should not be reported in the DM01 return. Please report these tests in part 11 of the diagnostic census instead.

3.2 - Endoscopic Ultrasound - Non-Obstetric

OPCS 4.7 Code	Description of Test / Procedure
G16.2	Diagnostic fibreoptic endoscopic ultrasound examination of oesophagus
G45.2	Fibreoptic endoscopic ultrasound examination of upper gastrointestinal tract
J09.2	Laparoscopic ultrasound examination of liver and biopsy of lesion of liver
J09.3	Laparoscopic ultrasound examination of liver NEC (<i>not elsewhere classified</i>)
J17.1	Endoscopic ultrasound examination of liver and biopsy of lesion of liver
J17.8	Other specified endoscopic ultrasound examination of liver
J17.9	Unspecified endoscopic ultrasound examination of liver
J51.1	Laparoscopic ultrasound examination of bile duct and biopsy of lesion of bile duct
J51.8	Other specified laparoscopic ultrasound examination of bile duct
J51.9	Unspecified laparoscopic ultrasound examination of bile duct
J53.1	Endoscopic ultrasound examination of bile duct and biopsy of lesion of bile duct
J53.8	Other specified endoscopic ultrasound examination of bile duct
J53.9	Unspecified endoscopic ultrasound examination of bile duct
J73.1	Laparoscopic ultrasound examination of pancreas and biopsy of lesion of pancreas
J73.8	Other specified laparoscopic ultrasound examination of pancreas
J73.9	Unspecified laparoscopic ultrasound examination of pancreas
J74.1	Endoscopic ultrasound examination of pancreas and biopsy of lesion of pancreas
J74.8	Other specified endoscopic ultrasound examination of pancreas
J74.9	Unspecified endoscopic ultrasound examination of pancreas
T43.3	Diagnostic endoscopic ultrasound examination of peritoneum
T43.4	Diagnostic endoscopic ultrasound examination of peritoneum and biopsy of intraabdominal organ

4 - Barium Enema, Barium Swallow

OPCS 4.7 Code	Description of Test / Procedure
U17.3	Barium swallow
U17.4	Barium Enema

5 - DEXA Scan (Dual-energy X-ray absorptiometry)

OPCS 4.7 Code	Description of Test / Procedure
U13.1	Bone densitometry

6 - Audiology Assessment

OPCS 4.7 Code	Description of Test / Procedure
U24.1	Pure tone audiometry
U24.2	Balance assessment
U24.3	Hearing assessment
U24.8	Other specified diagnostic audiology
U24.9	Unspecified diagnostic audiology

7 - Cardiology - Echocardiography

OPCS 4.7 Code	Description of Test / Procedure
U20.1	Transthoracic echocardiography (TTE)
U20.2	Transoesophageal echocardiography (TOE)
U20.3	Intravascular echocardiography
U20.4	Epicardial echocardiography
U20.5	Stress echocardiography
U20.6	Fetal echocardiography
U20.8	Other specified diagnostic echocardiography
U20.9	Unspecified diagnostic echocardiography
K58.5	Transluminal intracardiac echocardiography

8 - Cardiology - Electrophysiology

OPCS 4.7 Code	Description of Test / Procedure
K58.2	Percutaneous transluminal electrophysiological studies on conducting system of heart

9 – Neurophysiology – Peripheral Neurophysiology

OPCS 4.7 Code	Description of Test / Procedure
A84.2	Electromyography
A84.3	Nerve conduction studies

10 - Respiratory physiology - Sleep studies

OPCS 4.7 Code	Description of Test / Procedure
A84.7	Sleep studies NEC (<i>not elsewhere classified</i>)
U33.1	Polysomnography (<i>Includes cardiopulmonary sleep studies</i>)

11 - Urodynamics

OPCS 4.7 Code	Description of Test / Procedure
U26.4	Urodynamics NEC (<i>not elsewhere classified</i>)
M47.4	Urodynamic studies using catheter

12- Colonoscopy

OPCS 4.7 Code	Description of Test / Procedure
H20.1	Fibreoptic endoscopic snare resection of lesion of colon
H20.2	Fibreoptic endoscopic cauterisation of lesion of colon
H20.3	Fibreoptic endoscopic laser destruction of lesion of colon
H20.4	Fibreoptic endoscopic destruction of lesion of colon NEC
H20.5	Fibreoptic endoscopic submucosal resection of lesion of colon
H20.6	Fibreoptic endoscopic resection of lesion of colon NEC
H20.8	Other specified endoscopic extirpation of lesion of colon
H20.9	Unspecified endoscopic extirpation of lesion of colon
H22.1	Diagnostic fibreoptic endoscopic examination of colon and biopsy of lesion of colon
H22.8	Other specified endoscopic examination of colon
H22.9	Unspecified endoscopic examination of colon

13 - Flexible Sigmoidoscopy

OPCS 4.7 Code	Description of Test / Procedure
H23.1	Endoscopic snare resection of lesion of lower bowel using fibreoptic sigmoidoscope
H23.2	Endoscopic cauterisation of lesion of lower bowel using fibreoptic sigmoidoscope
H23.3	Endoscopic laser destruction of lesion of lower bowel using fibreoptic sigmoidoscope
H23.4	Endoscopic destruction of lesion of lower bowel using fibreoptic sigmoidoscope NEC
H23.5	Endoscopic submucosal resection of lesion of lower bowel using fibreoptic sigmoidoscope
H23.6	Endoscopic resection of lesion of lower bowel using fibreoptic sigmoidoscope NEC
H23.8	Other specified endoscopic extirpation of lesion of lower bowel using fibreoptic sigmoidoscope
H23.9	Unspecified endoscopic extirpation of lesion of lower bowel using fibreoptic sigmoidoscope
H25.1	Diagnostic endoscopic examination of lower bowel and biopsy of lesion of lower bowel using fibreoptic sigmoidoscope
H25.2	Diagnostic endoscopic examination of lower bowel and sampling for bacterial overgrowth using fibreoptic sigmoidoscope

H25.8	Other specified diagnostic endoscopic examination of lower bowel using fiberoptic sigmoidoscope
H25.9	Unspecified endoscopic examination of lower bowel using fiberoptic sigmoidoscope

14.1 - Ureteroscopy

OPCS 4.7 Code	Description of Test / Procedure
M30.1	Endoscopic retrograde pyelography
M30.2	Endoscopic catheterisation of ureter
M30.3	Endoscopic ureteric urine sampling
M30.4	Nephroscopic ureteroscopy
M30.5	Diagnostic endoscopic examination of ureter and biopsy of lesion of ureter NEC
M30.6	Diagnostic endoscopic examination of ureter and biopsy of lesion of ureter using rigid ureteroscope
M30.8	Other specified endoscopic examination of ureter
M30.9	Unspecified endoscopic examination of ureter

14.2 - Cystoscopy

OPCS 4.7 Code	Description of Test / Procedure
M45.1	Diagnostic endoscopic examination of bladder and biopsy of lesion of bladder NEC (<i>not elsewhere classified</i>)
M45.2	Diagnostic endoscopic examination of bladder and biopsy of lesion of prostate NEC (<i>not elsewhere classified</i>)
M45.3	Diagnostic endoscopic examination of bladder and biopsy of lesion of bladder using rigid cystoscope
M45.4	Diagnostic endoscopic examination of bladder and biopsy of lesion of prostate using rigid cystoscope
M45.5	Diagnostic endoscopic examination of bladder using rigid cystoscope
M45.8	Other specified diagnostic endoscopic examination of bladder
M45.9	Unspecified diagnostic endoscopic examination of bladder

14.3 - Urethroscopy

OPCS 4.7 Code	Description of Test / Procedure
M77.1	Diagnostic endoscopic examination of urethra and biopsy of lesion of urethra
M77.8	Other specified diagnostic endoscopic examination of urethra
M77.9	Unspecified diagnostic endoscopic examination of urethra

14.4 - Other Cystoscopy

OPCS 4.7 Code	Description of Test / Procedure
M42.1	Endoscopic resection of lesion of bladder
M42.2	Endoscopic cauterisation of lesion of bladder
M42.3	Endoscopic destruction of lesion of bladder NEC
M42.8	Other specified endoscopic extirpation of lesion of bladder
M42.9	Unspecified endoscopic extirpation of lesion of bladder
M43.1	Endoscopic transection of bladder
M43.2	Endoscopic hydrostatic distension of bladder
M43.3	Endoscopic overdistension of bladder NEC
M43.4	Endoscopic injection of neurolytic substance into nerve of bladder
M43.8	Other specified endoscopic operations to increase capacity of bladder
M43.9	Unspecified endoscopic operations to increase capacity of bladder
M65.1	Endoscopic resection of prostate using electrocure
M65.2	Endoscopic resection of prostate using punch
M65.3	Endoscopic resection of prostate NEC
M65.4	Endoscopic resection of prostate using laser
M65.8	Other specified endoscopic resection of outlet of male bladder
M65.9	Unspecified endoscopic resection of outlet of male bladder

15.1 - Gastroscopy

OPCS 4.7 Code	Description of Test / Procedure
G45.1	Fibreoptic endoscopic examination of upper gastrointestinal tract and biopsy of lesion of upper gastrointestinal tract
G45.2	Fibreoptic endoscopic ultrasound examination of upper gastrointestinal tract
G45.3	Fibreoptic endoscopic insertion of Bravo pH capsule into upper gastrointestinal tract
G45.4	Fibreoptic endoscopic examination of upper gastrointestinal tract and staining of gastric mucosa
G45.8	Other specified fibreoptic endoscopic examination of upper gastrointestinal tract
G45.9	Unspecified fibreoptic endoscopic examination of upper gastrointestinal tract

15.2 - Duodenoscopy (limited examination of duodenum only)

OPCS 4.7 Code	Description of Test / Procedure
G55.1	Diagnostic endoscopic examination of duodenum and biopsy of lesion of duodenum
G55.8	Other specified diagnostic endoscopic examination of duodenum
G55.9	Unspecified diagnostic endoscopic examination of duodenum

15.3 - Jejunoscopy

OPCS 4.7 Code	Description of Test / Procedure
G65.1	Diagnostic endoscopic examination of jejunum and biopsy of lesion of jejunum
G65.8	Other specified diagnostic endoscopic examination of jejunum
G65.9	Unspecified diagnostic endoscopic examination of jejunum

15.4 - Ileoscopy/Enteroscopy

OPCS 4.7 Code	Description of Test / Procedure
G80.1	Diagnostic endoscopic examination of ileum and biopsy of lesion of ileum
G80.2	Wireless capsule endoscopy
G80.3	Diagnostic endoscopic balloon examination of ileum
G80.8	Other specified diagnostic endoscopic examination of ileum
G80.9	Unspecified diagnostic endoscopic examination of ileum

15.5 – Other Gastroscopy

OPCS 4.7 Code	Description of Test / Procedure
G14.1	Fibreoptic endoscopic snare resection of lesion of oesophagus
G14.2	Fibreoptic endoscopic laser destruction of lesion of oesophagus
G14.3	Fibreoptic endoscopic cauterisation of lesion of oesophagus
G14.4	Fibreoptic endoscopic injection sclerotherapy to varices of oesophagus
G14.5	Fibreoptic endoscopic destruction of lesion of oesophagus NEC
G14.6	Fibreoptic endoscopic submucosal resection of lesion of oesophagus
G14.7	Fibreoptic endoscopic photodynamic therapy of lesion of oesophagus
G14.8	Other specified fibreoptic endoscopic extirpation of lesion of oesophagus
G14.9	Unspecified fibreoptic endoscopic extirpation of lesion of oesophagus
G16.1	Diagnostic fibreoptic endoscopic examination of oesophagus and biopsy of lesion of oesophagus
G16.2	Diagnostic fibreoptic endoscopic ultrasound examination of oesophagus
G16.3	Diagnostic fibreoptic insertion of Bravo pH capsule into oesophagus
G16.8	Other specified diagnostic fibreoptic endoscopic examination of oesophagus
G16.9	Unspecified diagnostic fibreoptic endoscopic examination of oesophagus

G17.1	Endoscopic snare resection of lesion of oesophagus using rigid oesophagoscope
G17.2	Endoscopic laser destruction of lesion of oesophagus using rigid oesophagoscope
G17.3	Endoscopic cauterisation of lesion of oesophagus using rigid oesophagoscope
G17.4	Endoscopic injection sclerotherapy to varices of oesophagus using rigid oesophagoscope
G17.8	Other specified endoscopic extirpation of lesion of oesophagus using rigid oesophagoscope
G17.9	Unspecified endoscopic extirpation of lesion of oesophagus using rigid oesophagoscope
G19.1	Diagnostic endoscopic examination of oesophagus and biopsy of lesion of oesophagus using rigid oesophagoscope
G19.2	Diagnostic endoscopic insertion of Bravo pH capsule using rigid oesophagoscope
G19.8	Other specified diagnostic endoscopic examination of oesophagus using rigid oesophagoscope
G19.9	Unspecified diagnostic endoscopic examination of oesophagus using rigid oesophagoscope
G43.1	Fibreoptic endoscopic snare resection of lesion of upper gastrointestinal tract
G43.2	Fibreoptic endoscopic laser destruction of lesion of upper gastrointestinal tract
G43.3	Fibreoptic endoscopic cauterisation of lesion of upper gastrointestinal tract
G43.4	Fibreoptic endoscopic sclerotherapy to lesion of upper gastrointestinal tract
G43.5	Fibreoptic endoscopic destruction of lesion of upper gastrointestinal tract NEC
G43.6	Fibreoptic endoscopic injection therapy to lesion of upper gastrointestinal tract NEC
G43.7	Fibreoptic endoscopic rubber band ligation of upper gastrointestinal tract varices
G43.8	Other specified fibreoptic endoscopic extirpation of lesion of upper gastrointestinal tract
G43.9	Unspecified fibreoptic endoscopic extirpation of lesion of upper gastrointestinal tract