

The Financial Impact of Coding Inaccuracies in Eye Casualty

Kavita Aggarwal, Audrey Shwe-Tin, Stella Hornby, Ella Barnett
Oxford University Hospital NHS Foundation Trust, Oxford, OX3 9DU, United Kingdom

Introduction

- There is an aging population and increased demand for healthcare resources with a target of over 2.6 million extra patient encounters expected annually by 2029¹. For the additional patients, NHS expenditure also had to grow. It went from £131.8 billion to £161.1 billion in 2010 to 2023/24².
- Oxford University NHS Foundation Trust had 14,284 A&E attendances in July 2025³ of which around **3% of all A&E attendances are due to ophthalmology**⁴.
- In the current NHS system, clinical coding plays a vital role as a tool for audit, benchmarking and surveillance. Any activity is then translated into chargeable income for the department.
- Inaccurate coding results in financial deficits for NHS trusts** which directly impacts the maintenance and development of services, equipment and staff.

Aims and Methods

- Evaluate the lost revenue from coding inaccuracy in Oxford University Hospital eye casualty.
- Single centre retrospective audit looking at patients attending eye casualty from May 2024 - May 2025. Data was obtained from coding sheets, Medisoft and the Trust audit tool Orbit.
- Oxford trainee survey on coding confidence, accessibility and knowledge.

Results

- From May 2024- May 2025, there was a total of 16,325 total eye casualty patients. In April, there was 1426 patients of which **43%** had no procedure recorded against them.
- Of those who had a clinical code, 99% of them were for imaging. This has resulted in a **£6,666 loss** per calendar month. If this was extrapolated for the year, this is a **£80,000 loss**.
- 16/71 trainees and fellows completed a survey on coding confidence and knowledge.

Tariff per procedure

The 2025/26 NHS Payment Scheme dictates that hospitals are paid via ‘Tariff per procedure’ or a ‘block contract’. Some of the common procedures and their tariffs are listed below:



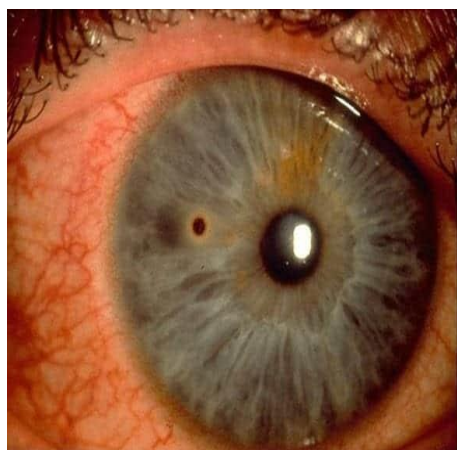
Outpatient visit = £163



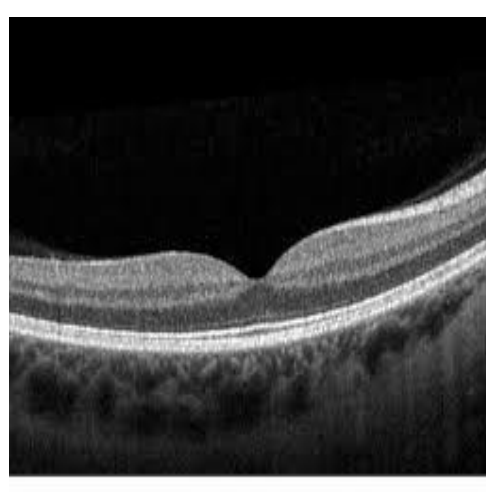
Optos = £113



Conjunctival fb removal £162



Corneal fb removal £162



OCT imaging = £117

If we code for removal of one corneal foreign body a day = **£42,000 a year**

Conclusion

- We are underreporting clinical activity, mainly procedures rather than imaging undertaken in eye casualty and this has huge financial impact.
- Clinicians are not aware of the financial implications of incorrect coding and are not confident coding.
- Through redesign of the coding form, staff training and improvement in coding reviews to look at those missed could result in increase revenue for the department and reinvested for better patient care

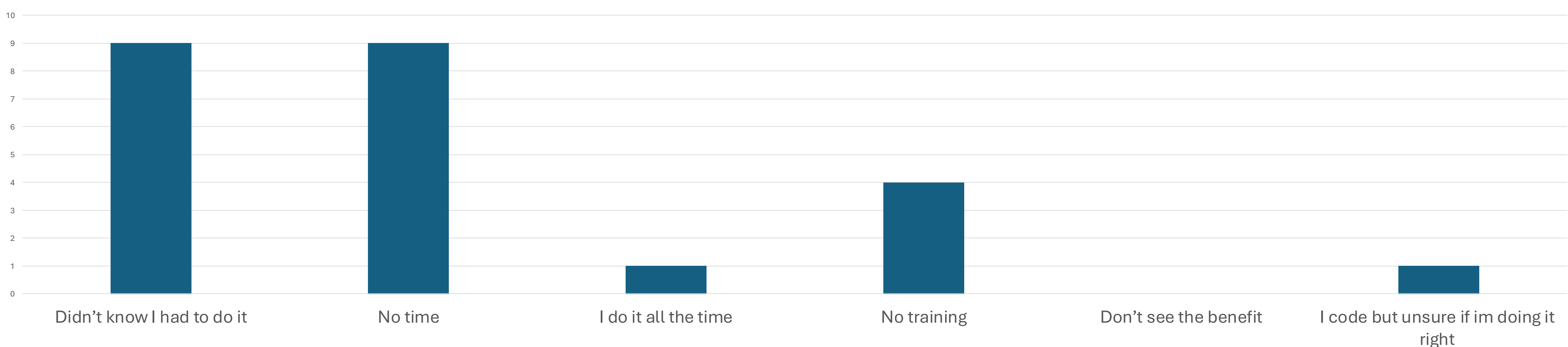
Discussion

- The coding sheet is very busy and it is easy to tick the wrong box in a rush.
- A paper form is outdated – could this be integrated into Medisight?
- The paper forms can be lost before getting to the coder
- Coders in outpatients are the receptionists so if the box isn’t ticked, we don’t get paid. Whereas inpatients have separate coders who will filter discharge summaries for codes.
- Presenting coding income at clinical governance may help clinicians understand the need and benefit of correct coding.

Current coding sheet in Oxford

PLEASE TICK RELEVANT OPTION AND ADD DIAGNOSIS		LOW	MEDIUM	HIGH
RTT Clock Starts	First definitive treatment given	10		
RTT Clock Starts	Start Active Monitoring - Patient Initiated	31		
RTT Clock Starts	Start Active Monitoring - Hospital Initiated	32		
RTT Clock Starts	Patient DNA's First Appointment	33		
RTT Clock Starts	Hospital Decision Not to Treat (DISCHARGE)	34		
RTT Clock Starts	Refer to another Trust or Treatment (Or to complete transfer form)	35		
RTT Clock Starts	Clock Continues, No Treatment Plan Decision Made Yet, Refer to Diagnostic/Assessment/Add to Waiting List (Or to Complete Yellow Form)	36		
RTT Clock Starts	First Definitive Treatment Previously Given	91		
RTT Clock Starts	Active Monitoring Continues	92		
RTT Clock Starts	Diagnosis Given Only (Diagnosis's Start RTT Clock)	93		
RTT Clock Starts	Decision to Re-Treat Existing or Related Condition after period of active monitoring (New RTT Clock Start)	94		
RTT Clock Starts	DISCHARGE PATIENT BACK TO GP			
RTT Clock Starts	ANOTHER APPOINTMENT TO BE GIVEN			
RTT Clock Starts	CORNEAL/ANEXAL			
RTT Clock Starts	No Clinic Procedures Performed			
RTT Clock Starts	C19.9 Unspecified Incision of Eyelid			
RTT Clock Starts	C22.2 Biopsy of Lesion of Eyelid			
RTT Clock Starts	C22.4 Injection into Eyelid (e.g. Local Anesth)			
RTT Clock Starts	C86.7 Injection Therapeutic Substance (e.g. Botuli)			
RTT Clock Starts	C27.6 Epilation of Eyelash (es)			
RTT Clock Starts	C22.9 Unspecified Other Operations on Eyelid			
RTT Clock Starts	C27.3 Impaction of Nasolacrimal Duct			
RTT Clock Starts	C27.4 Removal of Tube from Nasolacrimal Duct			
RTT Clock Starts	C28.3 Occlusion of Lacrimal Punctum			
RTT Clock Starts	C46.3 Excision of Lesion of Cornea			
RTT Clock Starts	C46.3.3 Cauterisation of Lesion of Cornea			
RTT Clock Starts	C53.3 Corneal Grafting			
RTT Clock Starts	GLAUCOMA/CATARACT			
RTT Clock Starts	No Clinic Procedures Performed			
RTT Clock Starts	C64.4 Removal of Unusable Suture Post Surgery			
RTT Clock Starts	C64.9 Unspecified Incision of Cornea			
RTT Clock Starts	C63.4 Subconjunctival Injection			
RTT Clock Starts	C47.2 Adjustment of Suture of Cornea			
RTT Clock Starts	C65.1 Placement of Therapeutic Contact Lens on Cornea			
RTT Clock Starts	C66.4 Iridoplasty			
RTT Clock Starts	C61.1 Laser Trabeculoplasty (SLT)			
RTT Clock Starts	C62.3 Laser Iridotomy			
RTT Clock Starts	POSTERIOR SEGMENT			
RTT Clock Starts	No Clinic Procedures Performed			
RTT Clock Starts	C82.6 Laser Photocoagulation (Intracavitary)			
RTT Clock Starts	C82.5 Panretinal Laser Photocoagulation (Macrophage/Diside)			
RTT Clock Starts	C85.5 Retinotomy			
RTT Clock Starts	C86.9 Injection Therapeutic Substance into Posterior Segment			
RTT Clock Starts	C89.2 Injection of Steroid into Posterior Segment			
RTT Clock Starts	NEURO / STRABISMUS			
RTT Clock Starts	No Clinic Procedures Performed			
RTT Clock Starts	C43.8 Removal of conjunctival suture			
RTT Clock Starts	C87.3 Tomography of Retina (e.g. OCT)			
RTT Clock Starts	C87.1 Digital Imaging of Retina (retina photos, AFI)			
RTT Clock Starts	C87.5 Scanning Laser Ophthalmoscopy Evaluation of Retina			
RTT Clock Starts	C67.4 Ultrasound (O-Scan)			
RTT Clock Starts	C87.5 Scanning Laser Ophthalmoscopy Evaluation of Retina (HRT/OCT)			
RTT Clock Starts	A84.4 Evoked Potential Recording (Flash VEP, P-R VER, PO VEP)			
RTT Clock Starts	A84.5 Electretinography NEO (PERG)			
RTT Clock Starts	A84.6 Patient Electoretinograph (ERG)			

Survey results from Trainees and fellows in Oxford on coding confidence, accessibility and knowledge



References

- Government's plan for 18-week NHS waiting times: is it realistic?, The Health Foundation (2025). Available from: <https://www.health.org.uk/reports-and-analysis/analysis/government-s-plan-for-18-week-nhs-waiting-times-is-it-realistic#:~:text=Our%20analysis%20estimates%20that%20this,an%20annual%20increase%20of%202.4%25>.
- Unlocking reform and financial sustainability: NHS payment mechanisms for the integrated care age. The NHS Alliance (2026) Available from <https://www.nhsconfed.org/publications/unlocking-reform-and-financial-sustainability>
- NHS Digital, 2025
- Emergency Eye Care Commissioning Guidance. NHS Digital (2025). Available from <https://www.rcophth.ac.uk/wp-content/uploads/2021/12/Emergency-Eye-Care-Commissioning-Guidance.pdf>