Nordic Casemix Centre - Case

#982 - OR value of proc codes KEDE1B and KEDE1A (on other ultrasound examination codes)

2025-09-03 13:00 - Kristiina Kahur

Status:	Closed	**Start date:**	2025-09-03
Priority:	Minor	**Spent time:**	0.00 h
Assignee:			
Category:			
Initiator:	Nordic Casemix Centre	**Target year:**	2027
MDC:		**Owner / responsible:**	Nordic Casemix Centre
Target Grouper:	FIN, ICE, NOR		

Description

This case emerged during updates of Swedish primary classifications (see #976) and concerns the OR value of NSCP+ codes KEDE1B *Rectal ultrasound examination of prostate* in relation to OR value of KEDE1A *Percutaneous ultrasound examination of prostate.*

The issue was discussed during EG Autumn meeting and it was decided to create a separate ticket for countries to check their data and confirm if they want to keep current OR values of KEDE1B or change it.

KEDE1A has OR 0 in all versions.
National codes mapped to KEDE1A:
•FIN - KE1AE Eturauhasen ultraäänitutkimus
•ICE - KEDE1A Percutaneous utlrasound examination fo prostata
•LAT - KEDE51 Prostatas Eksterna ultrasonografija
•NOR - SKE0AK UL Prostata - ekstern undersøkelse
•SWE - AK046 Ultraljudsundersökning, prostata och vesiklar
•SWE (new) AK118 Transperineal ultraljudsundersökning av prostata och vesiklar
•SWE (new) AK130 Datortomografi, urografi

KEDE1B has OR 0 in ICE, FIN and NOR versions, SWE suggest to give OR 2 value to KEDE1B
National codes mapped to KEDE1B:
•FIN - KE1BE Eturauhasen ultraäänitutkimus peräsuolen kautta
•ICE - KEDE1B Rectal ultrasound examination of prostate
•NOR - SKE0BK UL Prostata - transluminal undersøkelse
•SWE (new) - AK117 Transrektal ultraljudsundersökning av prostata och vesiklar

The argument to give code **KEDE1B** OR 2 instead of OR 0 was that rectal ultrasound of prostate is generally considered the more demanding procedure than percutaneous ultrasound of prostate.

Even though the OR values of those two codes were discussed during the meeting, it might be reasonable for countries to have a look and check the OR values of all ultrasound codes.

It was decided that in 2026PR version, code **KEDE1B** (and respective national codes) will get OR 2 value in SWE version and there is no changes in FIN, ICE and NOR version, i.e. we keep OR 0.

We will get back to this in 2026 Spring meeting.

History

#5191 - 2026-01-22 13:01 - Lotta Sokka

Finland does not want this change in our 2027 version.

When analyzing our data we found no cases where proc code KEDE1A (KE1AE *Eturauhasen ultraäänitutkimus*) had been used, so we couldn't compare costs between these two procedures.

Cases where proc code KEDE1B (KE1BE *Eturauhasen ultraäänitutkimus peräsuolen kautta*) had been used were mainly grouped to either 912O *Disease or disorder of the male reproductive system, short therapy w/o significant procedure* or 911O *Disease or disorder of the kidney and urinary tract, short therapy w/o significant procedure*. The mean cost for 912O was 274 € (for 912O cases where KEDE1B had been used 394 €) and for 911O 326 € (448€ for the cases where KEDE1B had been used).

If OR value for KEDE1B was changed to 2, the cases would mainly be grouped to either 812O *Non-extensive procedure of male reproductive system,*

short therapy (mean cost 967 €) or 811O *Non-extensive procedure of urinary tract, short therapy* (mean cost 937 €). In terms of cost homogeneity, KEDE1B cases do not really fit into these two groups.

Clinically we do acknowledge that resourcewise KEDE1B is more demanding than KEDE1A. However, as Finland is aiming to work on the gender neutral grouping this year and this would be a part of that solution, we don't want to change the OR value at this point.

#5226 - 2026-02-24 14:12 - Mats Fernström

Mats Fernström, the National Board of Health and Welfare, Sweden, 2026-02-24 (SWE ID C1048)

2025-09-03 Kristiina wrote "it might be reasonable for countries to have a look and check the OR values of all ultrasound codes". We agree on that because we are not consistent on that matter. Some have OR 1, some OR 2 but most have OR 0.

In the Swedish version of NordDRG, the OR property 2 has a rather low impact. Out of 4 576 rules in the table drg_logic there are only 120 rules with the letter P. Most of them (109 rules) are about endoscopy. However, the OR value can be seen as a very rough estimate of resource consumption and then we have thought of a principal thinking:

- Ultrasound procedures that require laparotomy, laparoscopy, thoracotomy, or incision of the skin could have OR 1.
- Ultrasound procedures that require endoscopy could have OR 2.
- Ultrasound procedures that are performed transcutaneous could have OR 0 (zero) except when needle biopsy is performed, then OR 2 is probably more adequate.

With this principle in mind, we tried the following six changes on our patient database for 2024:

- **AF032** Intrakoronart ultraljud och doppler (**FNDE1B** Intravascular ultrasonography of coronary arteries) *from OR 2 to OR 1*.
- **AP052** Intravasalt ultraljud (**PXDE1B** Endovascular ultrasonography) *from OR 2 to OR 1*
- **TKE20** Punktionsbiopsi av prostata med MR-ultraljudsfusionsteknik, transrektal (**KEXX00** Prostate needle biopsy) *from OR 0 to OR 2*.
- **TKE23** Punktionsbiopsi av prostata med MR-ultraljudsfusionsteknik, transperineal (**KEXX00** Prostate needle biopsy) *from OR 0 to OR 2*.
- **XGX10** Intrapleural ultraljudsundersökning (**GXDE00** Intrapleural ultrasonography) *from OR 2 to OR 1*.
- **XPX30** Endovaskulärt ultraljud (**PXDE1B** Endovascular ultrasonography) *from OR 2 to OR 1*.

The result was that we got a lot of cases in DRG Z60 'Annan sällsynt, eller felaktig, kombination av huvuddiagnos och åtgärd' (DRG 477 'Other rare or incorrect combination of principal diagnosis and procedure') because of the change from OR 2 to OR 1 for FNDE1B, PXDE1B and GXDE00. The question then is whether these cases really are incorrectly primary coded or whether the grouping logic needs to be supplemented with new rules that lead to adequate descriptive DRGs. We need to investigate this further, which will take time so it will not be finished to the EG meeting. Thus, we want to postpone this task. In the meantime, the group can consider our proposal for principles.

#5235 - 2026-03-04 10:26 - Lotta Sokka

We reviewed the additional procedure codes whose OR value Sweden wants to change, and **Finland does not want this change**.

In principle, we understand the reason behind the proposal. However, when analysing our data, we noticed that only three of these codes: FN1BE *Sepelvaltimoiden ultraäänitutkimus katetrin kautta* (FNDE1B *Intravascular ultrasound of coronary arteries*), XGX10 *Ultraäänitutkimus keuhkon pinnalta* (GXDE00 *Intrapleural ultrasound)* and KE1AT *Eturauhasen kudosnäytteen otto UÄ-ohjauksessa* (KEXX00 *Needle biopsy of prostate*) were used, and all of them also have a specific PROCPR that actually determines the grouping result, not the OR value:

FNDE1B -> PROCPR 05S05 *Cardiac catheterization*

GXDE00 -> PROCPR 04E02 *Endoscopy of airways and organs for respiratory problems*

KEXX00 -> PROCPR 12V02 *Male genital intervention*.

Also, as mentioned above, our plan is also to develop a gender-neutral grouping logic, to which some of these codes belong.

#5289 - 2026-03-08 19:20 - Kristīne Putniņa

In the Latvian data, in 2025, similarly to Finland, there are no ultrasound codes coded extensively. In principle - KEDE51 once and GXDE00 116 times. Latvia refuses these changes.

#5292 - 2026-03-09 10:51 - Malle Avarsoo

Estonia does not need this change.

#5325 - 2026-03-16 07:55 - Kristiina Kahur

- Status changed from Active to Closed

2026-03-10 Expert group

No changes will be made in any national version regarding proc code's KEDE1B OR value, i.e. the national differences remain as described above.

A separate case will be created by the NCC about the principles of how to harmonize OR values of ultrasound procedures.

This case is closed.

2026-09-20