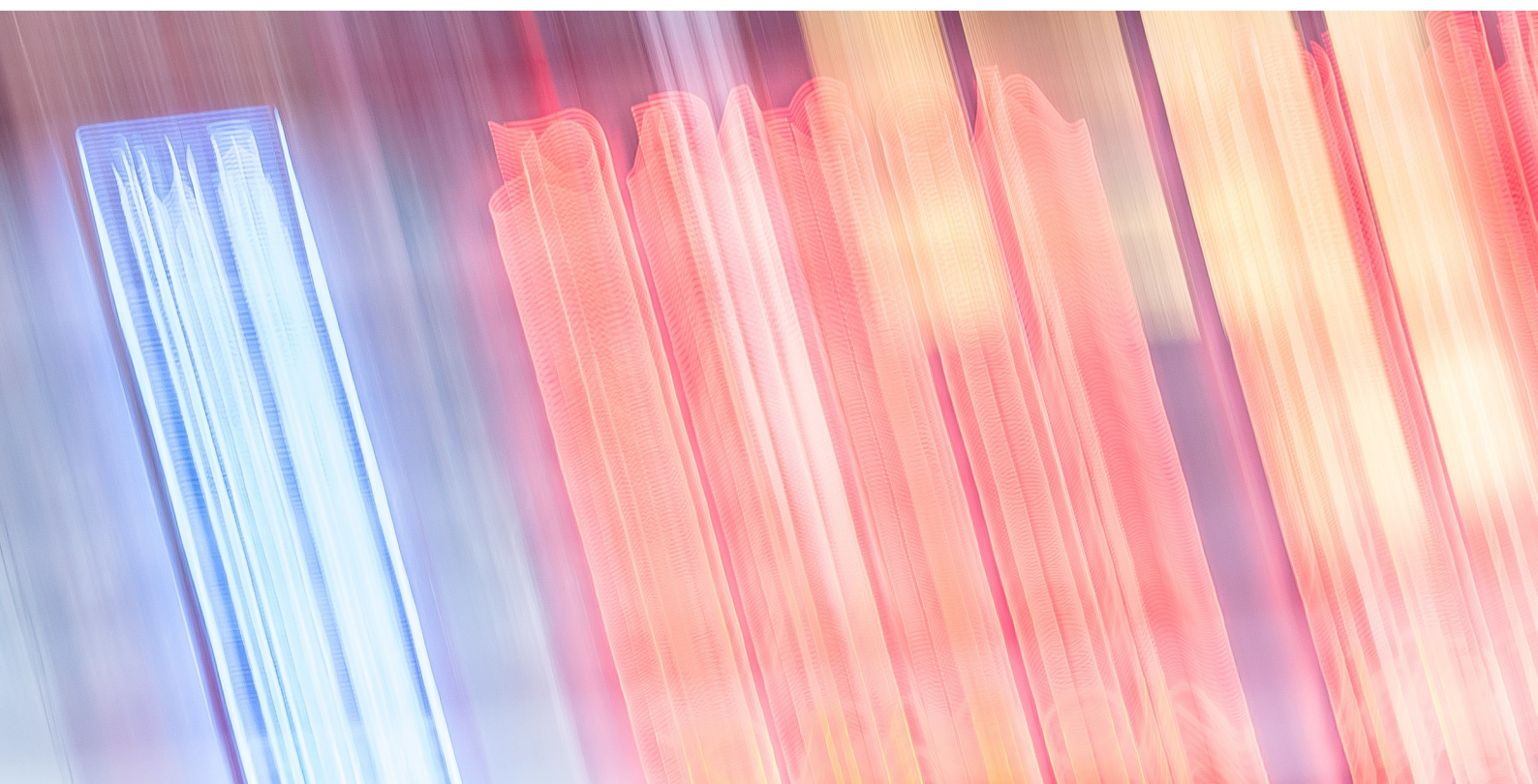


Table of Coding Equivalences (Analysis) Specification

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Introduction

The OPCS-4.9 Table of Coding Equivalences (Analysis) is designed to assist with the comparison of data collected according to OPCS-4.9 with that collected according to previous versions of OPCS-4 back to OPCS-4.2. The NHS, Department of Health and Social Care (DHSC) and other users should find this table of use when analysing data sets containing different versions of OPCS-4.

The Table of Coding Equivalences (ToCE) is not a tool to enable conversion of data from one update to another or to enable the generation of OPCS-4.9 codes from data coded to the previous versions.

No attempt has been made to map to Healthcare Resource Groups (HRGs). The National Casemix Office is responsible for the conversion of OPCS-4 codes for use in HRGs and associated groupers.

Purpose

This document explains the content and use of the ToCE file.

Status of Table of Coding Equivalences (ToCE)

The ToCE issued with OPCS-4.9 is the source of mapping equivalences between OPCS-4.8, OPCS-4.7, OPCS-4.6, OPCS-4.5, OPCS-4.4, OPCS-4.3, and OPCS-4.2. It replaces previous versions of the table.

Updates are released in conjunction with updates to the OPCS-4 classification. Feedback from users may merit earlier change to the data file and potentially clarification to the specification.

Limitations of the equivalences

The OPCS-4.2 classification was updated for the first time since 1990 during 2005-6; subsequently OPCS-4.3 was implemented in April 2006. During that time the level of change, in terms of clinical knowledge, practice and new techniques, and requirements of the classification itself, had been significant. The requirement for the 2005-6 update was based on an immediate need to provide a modern classification that supported HRG V4 and Payment by Results as part of the financial flows across the NHS.

The creation of equivalences can be difficult where maintenance releases are infrequent or non-existent, as was the case with OPCS-4.3. For example, some original concepts may have become broader in meaning and be used to capture procedures that may not strictly be reflected in the code description. The terms used to express concepts and clinical language have also changed so that procedures may be described by broader or more specific concepts.

The update of the classification without a change to the existing code structure, and within the boundaries of associated editorial rules, has required the introduction of new conventions (e.g. principal and extended categories) which will also make equivalences increasingly more complex.

The extensive knowledge of all versions required by the developers of the ToCE indicates the extremely complex nature of the task of identifying even partial maps. Furthermore, these maps will on many occasions be difficult to use and in consequence will be of relatively little value in terms of the intelligence they yield about the data. For example, some of the categories have been deemed unmappable (i.e. map back to NONE).

These unmappable categories reflect the extent of developments in medical practice and should not be taken as a reflection of the efficiency of the mapping process. In addition, the identification of 'groups of equivalent codes' in the file may frequently only show where some general equivalences exist and from which only general and tentative assumptions can be made.

It is worth noting that the reflection of clinical work, in a statistically oriented system, requires an element of expert coding judgement. Building products that state the equivalences between two updates of the system also requires an element of expert judgement. It is always the case in such circumstances that use of the system and products will precipitate queries. It is expected that this may, ultimately, reveal areas where change is warranted. This is recognised as an unavoidable and essential part of the development process.

OPCS-4.9 Mappings

Mappings

The ToCE provides analysts with a guide to the codes that should have been used for the same procedure, but coded using OPCS-4.8, OPCS-4.7, OPCS-4.6, OPCS-4.5, OPCS-4.4, OPCS-4.3 or OPCS-4.2 in place of OPCS-4.9.

Completeness of Mappings

All, OPCS-4.8 codes are included in OPCS-4.9 with the exception of the following retired codes:

L99.1	Code retired - refer to introduction
M16.4	Code retired - refer to introduction
M28.1	Code retired - refer to introduction
M28.2	Code retired - refer to introduction
M28.3	Code retired - refer to introduction

See [Specific Changes](#) section for the full list of retirements and changes to descriptions since OPCS-4.2.

Spreadsheet layout

The OPCS-4.9 ToCE spreadsheet contains eight columns – see table below:

Column 1	OPCS-4.2 Code
Column 2:	OPCS-4.3 Code
Column 3:	OPCS-4.4 Code
Column 4:	OPCS-4.5 Code
Column 5:	OPCS-4.6 Code
Column 6:	OPCS-4.7 Code
Column 7:	OPCS-4.8 Code

Column 8: OPCS-4.9 Code

Column 9: Description

Column 10: Notes

For example:

OPCS-4.2	OPCS-4.3	OPCS-4.4	OPCS-4.5	OPCS-4.6	OPCS-4.7	OPCS-4.8	OPCS-4.9	Description	Notes
A01.1	A01.1	A01.1	A01.1	A01.1	A01.1	A01.1	A01.1	Hemispherectomy	
A01.1	A01.2	A01.2	A01.2	A01.2	A01.2	A01.2	A01.2	Total lobectomy of brain	
A01.3	A01.3	A01.3	A01.3	A01.3	A01.3	A01.3	A01.3	Partial lobectomy of brain	
A01.8	A01.8	A01.8	A01.8	A01.8	A01.8	A01.8	A01.8	Other specified major excision of tissue of brain	
A01.9	A01.9	A01.9	A01.9	A01.9	A01.9	A01.9	A01.9	Unspecified major excision of tissue of brain	

It is distributed as a Microsoft Excel spreadsheet as part of the OPCS-4 System Data files via [TRUD](#).

ToCE Spreadsheet notation

Approximately 85% of the maps have “one to one” relationships across all versions because the codes are unchanged. However, several of the maps are complex, therefore a special notation, as described in the table below, has been used to show how codes are to be combined.

Symbol	Description
+	Indicates that a combination of two or more codes is equivalent to an OPCS-4 code
or	Indicates that an OPCS-4 code will map to an alternative code(s) (either a or b).
+/or	Signifies ‘and/or’ and indicates that any combination of codes is equivalent to an OPCS-4 code
NONE	Indicates that an OPCS-4 code cannot be represented
()	Used to group combinations of codes and distinguish between alternatives

ToCE mappings

The Table will map codes from OPCS-4.9 to OPCS-4.8 to OPCS-4.7 to OPCS-4.6 to OPCS-4.5 to OPCS-4.4 to OPCS-4.3 to OPCS-4.2 in the following ways:

One to one mapping: where a single OPCS-4.9 code maps to a single earlier code. This is usually a code mapping to itself since the code has been present since OPCS-4.2. Frequently, a newer code will map back to one earlier code.

OPCS-4.2	OPCS-4.3	OPCS-4.4	OPCS-4.5	OPCS-4.6	OPCS-4.7	OPCS-4.8	OPCS-4.9	Description
A01.1	A01.1	A01.1	A01.1	A01.1	A01.1	A01.1	A01.1	Hemispherectomy
A62.8	A62.6	A62.6	A62.6	A62.6	A62.6	A62.6	A62.6	Microsurgical graft to multiple peripheral nerves NEC

One to none mapping: where an OPCS-4 code has been introduced that has no equivalence in the earlier OPCS-4 versions (shown as “NONE”).

OPCS-4.2	OPCS-4.3	OPCS-4.4	OPCS-4.5	OPCS-4.6	OPCS-4.7	OPCS-4.8	OPCS-4.9	Description
NONE	NONE	A70.7	A70.7	A70.7	A70.7	A70.7	A70.7	Application of transcutaneous electrical nerve stimulator

One to many mappings: where an OPCS-4 code may map back to a combination of codes. The plus (+) sign is used to indicate the combination. The majority of combinations attach an OPCS-4 A to X code with a Y or Z code. However, some combinations (e.g. **D14.4** below) use codes from within the A to X chapters to represent a new OPCS-4 code.

OPCS-4.2	OPCS-4.3	OPCS-4.4	OPCS-4.5	OPCS-4.6	OPCS-4.7	OPCS-4.8	OPCS-4.9	Description
A70.8 + Y33.1	A70.8 + Y33.1	A70.6	A70.6	A70.6	A70.6	A70.6	A70.6	Acupuncture NEC
A36.8 + Y30.9 + Z03.2	A36.4	A36.4	A36.4	A36.4	A36.4	A36.4	A36.4	Radial optic neurotomy (ii)
D14.8 + D10.8	D14.4	D14.4	D14.4	D14.4	D14.4	D14.4	D14.4	Combined approach tympanoplasty

Mapping alternative combinations: The 'or' and '+' can be combined to form alternative combinations. Here parentheses are used to separate the alternatives.

OPCS-4.2	OPCS-4.3	OPCS-4.4	OPCS-4.5	OPCS-4.6	OPCS-4.7	OPCS-4.8	OPCS-4.9	Description
(L85.1 +/or L87.1 +/or L87.4 +/or L87.5 +/or L87.6 +/or L87.8 +/or L87.9)	L84.1	L84.1	L84.1	L84.1	L84.1	L84.1	L84.1	Combined operations on primary long saphenous vein

A category followed by a full stop and dash (e.g. **Y01.-**) indicates that codes from the whole of this category should be considered by the analyst as relevant.

OPCS-4.2	OPCS-4.3	OPCS-4.4	OPCS-4.5	OPCS-4.6	OPCS-4.7	OPCS-4.8	OPCS-4.9	Description
B20.8 + Y01.-	B20.8 + Y01.-	B17.8	B17.8	B17.8	B17.8	B17.8	B17.8	Other specified transplantation of thymus gland

Mapping OPCS-4.3 sister categories: If the code was a “sister” category (see [Sister Categories section](#) below) in OPCS-4.3 the coder was instructed to use the .8 and .9 of lower number sister category. The lower number sister code is outside the parentheses and the higher number sister code within the parentheses. The sister categories became Principal and Extended categories in OPCS-4.4.

OPCS-4.2	OPCS-4.3	OPCS-4.4	Description
L94.8	L94.8(L99.8)	L94.8	Other specified therapeutic transluminal operations on vein
L94.9	L94.9(L99.8)	L94.9	Unspecified therapeutic transluminal operations on vein
L94.8	L94.8(L99.8)	L99.8	Other specified other therapeutic transluminal operations on vein
L94.9	L94.9(L99.9)	L99.9	Unspecified other therapeutic transluminal operations on vein

Mapping principal and extended categories: A special note in the Notes column highlights the .8 and .9 codes of these categories. The analyst is instructed to check the .8 and .9 of the principal category. [See Annex 1](#) for a full list of principal and extended categories, with new additions in OPCS-4.9 shown in bold.

OPCS-4.2	OPCS-4.3	OPCS-4.4	Description	Notes
A10.8	A10.8	A10.8	Other specified other operations on tissue of brain	For analysis of this principal/extended category, check both A10.8 and A11.8
A10.9	A10.9	A10.8	Unspecified other operations on tissue of brain	For analysis of this principal/extended category, check both A10.9 and A11.9
A11.8	A11.8	A11.8	Other specified operations on tissue of brain	For analysis of this principal/extended category, check both A10.8 and A11.8
A11.9	A11.9	A11.9	Unspecified operations on tissue of brain	For analysis of this principal/extended category, check both A10.9 and A11.9

Effect on data

Data analysis may be affected in one of three ways:

- If a procedure was recorded using a pre-existing unchanged code, the code will map to itself in the ToCE and there should be no effect on the code produced. (See [Completeness of mappings](#) section.)

- If the procedure is new to OPCS-4.9 or OPCS-4.8 etc and it could not be coded to a preceding version, then no equivalent code can be produced. The procedure will be mapped to NONE.
- If the procedure is new to OPCS-4.9 or OPCS-4.8 etc and it could have been coded in previous versions, then the OPCS-4.9 code can be replaced by the OPCS-4.8, OPCS-4.7, OPCS-4.6, etc code or codes, where present, on the spreadsheet, subject to date of collection of the data. [See Annex 2](#) for the national dates of implementation of OPCS-4 versions.

In the instances where there are mapping alternatives, then analysts will need to use the guidance provided and their judgement, informed by clinical coding advice as necessary, as to the mapping that is most suitable.

Specific Changes

OPCS-4.9 Retirement of codes / change in description

The following changes have been implemented:

Fetal tracheal plug procedures

The diagnosis has been removed from the following codes:

R01.2 Fetoscopic insertion of tracheal plug for congenital diaphragmatic hernia

R04.6 Percutaneous insertion of fetal tracheal plug for congenital diaphragmatic hernia

These codes can now be used when performed for other diagnoses.

Percutaneous transluminal venoplasty

Existing subcategory code **L99.1** and description has been retired.

The retired subcategory codes and description are represented as follows in the OPCS-4.9 Volume 1 - Tabular List and Codes and Titles:

L99.1 Code retired – refer to introduction

The mapping at **L94.6** includes a note informing analysts that all procedures previously coded at **L99.1** will now be coded to **L94.6**. Prior to the introduction of OPCS-4.9 both codes should be used for analysis purposes.

Percutaneous nephrolithotomy

Existing subcategory code **M16.4** and description has been retired.

The retired subcategory code and description are represented as follows in the OPCS-4.9 Volume 1 - Tabular List and Codes and Titles:

M16.4 Code retired – refer to introduction

The mapping at **M09.4** includes a note informing analysts that all procedures previously coded at **M16.4** will now be coded to **M09.4**.

Kidney stone removal

The following Inclusion notes at category **M09** have been amended to make it clear that percutaneous nephroscopic procedures are captured here:

M09 **Therapeutic endoscopic operations on calculus of kidney**
Includes: Nephroscopic percutaneous lithotripsy extraction of calculus of kidney
 Nephroscopic percutaneous lithotripsy of calculus of kidney
 Percutaneous lithotripsy of calculus of kidney NEC
Excludes: Therapeutic ureteroscopic operations on kidney (M07)

Category **M07** has been created to make it clear that ureteroscopic procedures on the kidney are captured here:

M07 **Therapeutic ureteroscopic operations on kidney**
Excludes: Nephroscopic percutaneous extraction of calculus of kidney (M09)
 Nephroscopic percutaneous lithotripsy of calculus of kidney NEC (M09)
 Other therapeutic endoscopic operations on kidney (M10)
Note: **It is not necessary to code additionally any mention of diagnostic**
 endoscopic examination of kidney (M11.3, M11.9)
M07.1 **Ureteroscopic laser fragmentation of calculus of kidney**
M07.2 **Ureteroscopic extraction of calculus of kidney NEC**
M07.8 **Other specified**
M07.9 **Unspecified**

Prior to OPCS-4.9 category **M09** classified both percutaneous nephroscopic procedures and ureteroscopic procedures on the kidney.

Ureteric stone procedures

Existing subcategory codes **M28.1**, **M28.2** and **M28.3** and descriptions has been retired.

The retired subcategory codes and descriptions are represented as follows in the OPCS-4.9 Volume 1 - Tabular List and Codes and Titles:

M28.1 **Code retired - refer to introduction**
M28.2 **Code retired - refer to introduction**
M28.3 **Code retired - refer to introduction**

The mappings at **M28.1**, **M28.2** and **M28.3** include notes informing analysts that:

- All procedures previously coded at **M28.1** will now be coded to **M27.1**
- All procedures previously coded at **M28.2** will now be coded to **M27.2**
- All procedures previously coded at **M28.3** will now be coded to **M27.3**.

OPCS-4.8 Retirement of codes / change in meaning

The following change has been implemented:

Maintenance of nephrostomy tube

Existing subcategory code **M06.4** and description has been retired

The retired subcategory code and description are represented as follows in the OPCS-4.8 Tabular Volume 1 and Codes and Titles:

M06.4 **Code retired – refer to introduction**

Small bone

The term 'small' has been deleted and replaced with 'short' to comply with the classification of bones used by clinicians and also to align with ICD-10; the changes are as follows:

W19.4 **Primary open reduction of fracture of short bone and fixation using screw**

W24.4 Closed reduction of fracture of short bone and fixation using screw

O17.4 Remanipulation of fracture of short bone and fixation using screw

OPCS-4.7 Retirement of codes / change in meaning

The following changes have been implemented:

Feticide

Existing category **R03 Selective destruction of fetus** and all associated sub-classifications have been retired.

New category at **R06** with associated sub-classifications have been created.

The retired category is represented as follows in the OPCS-4.8 Tabular Volume 1 and the Codes and Titles file:

R03 Category retired – refer to introduction

The mapping includes a note informing analysts that the terms ‘early’ and ‘late’ are no longer used and have not been included in the new category **R06**. Gestational age is identified by the use of an additional code from category **Y98.- Gestational age**.

Procedures for congenital disorders of sex development

Existing subcategory code **X15.3 Excision of ovotestis** has been retired.

New category at **X16** with associated sub-classifications has been created.

The retired subcategory code and descriptions is represented as follows in the OPCS-4.8 Tabular Volume 1 and Codes and Titles:

X15.3 Code retired – refer to introduction

The mapping includes a note informing analysts that the ovotestis is a type of gonad and is included within the subcategories **X16.3**, **X16.4**, **X16.5** and **X16.6**. The codes are therefore not limited to just excision of ovotestis.

Hypertension drugs

The term ‘primary’ has been deleted from subcategory descriptors at **X82.1**, **X82.2**, **X82.3** and **X82.4** as follows:

X82.1 Pulmonary arterial hypertension drugs Band 1

X82.2 Pulmonary arterial hypertension drugs Band 2

X82.3 Pulmonary arterial hypertension drugs Band 3

X82.4 Pulmonary arterial hypertension drugs Band 4

OPCS-4.6 Retirement of codes / change in meaning

There were no retirements or change of meaning to codes.

Category **B34** description: mammary duct was updated to mammary duct because this is now the accepted clinical term.

OPCS-4.5 Retirement of codes / change in meaning

The OPCS-4 Editorial Board approved the changes listed below. The OPCS-4.5 ToCE equivalences and notes have been updated to reflect these changes

Radiotherapy - Retirement of codes X63 and X64

A number of OPCS-4 change requests were received from the National Cancer Action Group (NCAT) and the Radiotherapy Coding Working Group (RCWG) to develop the existing code categories to support both assignment and use of the codes in this rapidly developing area of radiotherapy. Due to the number and nature of changes suggested at the existing **X63** and **X64** categories, it was proposed that these two categories be retired and that two new categories be created. The OPCS-4 Editorial Board agreed to the change.

Consequently, the following changes were implemented:

- existing **X63** and **X64** categories and all associated sub-classifications have been retired,
- two new categories at **X67** and **X68** with associated sub-classifications have been created.

Antiretroviral - X86.6

The drugs that are provided in the High Cost Drugs list at **X86** are high cost anti-infective drugs. The current code description for **X86.6** Antiviral drugs Band 1, is clinically incorrect and does not reflect the associated drug type which is antiretroviral. This change was requested by DH and supported by the High Cost Drugs Steering Group with DH Pharmacy, DH PbR, NHS Pharmacists and IC Case-mix representatives. In view of the fact that all drugs linked to the code **X86.6** from the list of High Cost Drugs are antiretroviral drugs, the OPCS-4 Editorial Board approved the change as a typographical error that warranted correction to be clinically accurate.

Open debridement - W80

The current category description at code **W80** “Open debridement and irrigation of joint” and that at subcategory level **W80.1** are the same. The duplication leads to identical meaning at subcategories **W80.1** and **W80.9**. This raises the potential for inconsistent assignment as there are two codes to capture the same information. Editorial principles forbid modelling of duplicate descriptions in the classification and terminologies. This was considered by the OPCS-4 Editorial Board and in this instance the Board agreed to remove the ‘open’ from the category heading.

Although this broadens the category the meaning of the existing sub-categories are not compromised.

The OPCS-4.5 ToCE equivalences and notes were updated to reflect the above

OPCS-4.4: Change to category and sub-category descriptions at Y98

In consultation with the Department of Health Payment by Results team and the Information Centre for health and social care – Casemix team, it was identified that the original HRG requirement as expressed at **Y98** was unusable both from a coding and HRG perspective. This was escalated to the OPCS-4 Editorial Board who agreed that an exception could be made to the rules in this instance to enable appropriate coding of radiology procedures and radiology contrast procedures. Analysts therefore need to be aware of this change to the description of code **Y98** which has also been appropriately highlighted in the spreadsheet.

The change of description at code **Y98** required the introduction of a new category at code **Y97**. There are now two codes **Y98** Radiology procedures (previously Radiology contrast) and **Y97** Radiology with contrast.

Other OPCS-4 Changes

S52.2 and **S52.4** were removed from use in 2000 but remained in the OPCS-4.2 Tabular List as it had never been reprinted. These codes were removed in OPCS-4.3.

Sister categories

In OPCS-4.3 “sister” categories were introduced to support the extension of an existing three-digit category, where all available four-digit subcategories had been exhausted. Typically, the three-digit category headings had similar descriptions. Therefore, both sister categories had similar **.8** and **.9** subcategories. To ensure a consistent approach to code selection, coders were instructed to default to **.8** and **.9** of the lower number sister category. The **.8** and **.9** of higher code category should NOT be used. Guidance to this effect was issued in Coding Clinic Vol. 3, Issue 1, April 2006.

Principal and extended categories

In OPCS-4.4 sister categories were renamed principal and extended categories. Typically, the principal and extended three-digit category headings have similar descriptions. Therefore, both the principal and extended categories will have similar **.8** and **.9** subcategories. To ensure a consistent approach to code selection, users are instructed to default to **.8** and **.9** of the principal category. The **.8** and **.9** of **extended** categories should **NOT** be used.

Guidance on code selection for sister categories and principal and extended categories is provided to analysts at **.8** and **.9** in the Notes column.

Principal and extended categories continue to be used in OPCS-4.9. Coding guidance remains the same as that issued with OPCS-4.4.

Many to many maps

A combination of OPCS-4 codes may map back to a combination of codes (many to many maps) in a previous version. These combination codes were provided for codes **L66.1** – **L66.9** and **L71.6**, **L71.7** and **O01** – **O05** in the OPCS-4.4 ToCE. These chapter L codes were paired with Z codes to identify exact artery sites. See OPCS-4.4 ToCE specification for more details, as necessary.

These many to many maps are not included in the OPCS-4.9 ToCE.

Enquires

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For Information about the Clinical Classifications visit website:

<https://digital.nhs.uk/services/terminology-and-classifications/clinical-classifications>

Annex 1 Principal and Extended Categories

Principal and extended categories new to OPCS-4.9 are shown in bold.

Principle	Version	Extended
A02: Excision of lesion of tissue of brain	OPCS-4.7	A06: Other excision of lesion of tissue of brain
A10: Other operations on tissue of brain	OPCS-4.5	A11: Operations on tissue of brain
A38: Extirpation of lesion of meninges of brain	OPCS-4.5	A43: Other extirpation of lesion of meninges of brain
A84: Neurophysiological operations	OPCS-4.8	A82: Other neurophysiological operations
B28: Other excision of breast	OPCS-4.8	B41: Excision of breast
C22: Other operations on eyelid	OPCS-4.7	C23: Operations on eyelid
C46: Plastic operations on cornea	OPCS-4.4	C44: Other plastic operations on cornea
E02: Plastic operations on nose	OPCS-4.3	E07: Other plastic operations on nose
E09: Operations on external nose	OPCS-4.8	E66: Other operations on external nose
E14: Operations on frontal sinus	OPCS-4.3	E16: Other operations on frontal sinus
E48: Therapeutic fibreoptic endoscopic operations on lower respiratory tract	OPCS-4.8	E67: Other therapeutic fibreoptic endoscopic operations on lower respiratory tract
F14: Orthodontic operations	OPCS-4.3	F15: Other orthodontic operations
G14: Fibreoptic endoscopic extirpation of lesion of oesophagus	OPCS-4.8	G12: Other fibreoptic endoscopic extirpation of lesion of oesophagus
G15: Other therapeutic fibreoptic endoscopic operations on oesophagus	OPCS-4.8	G20: Therapeutic fibreoptic endoscopic operations on oesophagus
G43: Fibreoptic endoscopic extirpation of lesion of upper gastrointestinal tract	OPCS-4.3	G42: Other fibreoptic endoscopic extirpation of lesion of upper gastrointestinal tract
G44: Other therapeutic fibreoptic endoscopic operations on upper gastrointestinal tract	OPCS-4.4	G46: Therapeutic fibreoptic endoscopic operations on upper gastrointestinal tract
H15: Other exteriorisation of colon	OPCS-4.7	H32: Exteriorisation of colon

Principle	Version	Extended
H26: Endoscopic extirpation of lesion of sigmoid colon using rigid sigmoidoscope	OPCS-4.8	H37: Other endoscopic extirpation of lesion of sigmoid colon using rigid sigmoidoscope
J10: Transluminal operations on blood vessel of liver	OPCS-4.4	J77: Other transluminal operations on blood vessel of liver
J11: Transjugular intrahepatic operations on blood vessel of liver	OPCS-4.4	J06: Other transjugular intrahepatic operations on blood vessel of liver
J48: Other therapeutic percutaneous operations on bile duct	OPCS-4.4	J76: Therapeutic percutaneous operations on bile duct
K57: Other therapeutic transluminal operations on heart	OPCS-4.4	K62: Therapeutic transluminal operations on heart
K60: Cardiac pacemaker system introduced through vein	OPCS-4.8	K73: Other cardiac pacemaker system introduced through vein
K61: Other cardiac pacemaker system	OPCS-4.8	K74: Cardiac pacemaker system
L71: Therapeutic transluminal operations on other artery	OPCS-4.3	L66: Other therapeutic transluminal operations on artery
L76: Endovascular placement of stent	OPCS-4.3	L89: Other endovascular placement of stent
L94: Therapeutic transluminal operations on vein	OPCS-4.3	L99: Other therapeutic transluminal operations on vein
L97: Other operations on blood vessel	OPCS-4.4	O15: Operations on blood vessel
M19: Urinary diversion	OPCS-4.9	M24: Other urinary diversion
M49: Other operations on bladder	OPCS-4.4	M48: Operations on bladder
M53: Vaginal operations to support outlet of female bladder	OPCS-4.8	M57: Other vaginal operations to support outlet of female bladder
M55: Other open operations on outlet of female bladder	OPCS-4.3	M54: Open operations on outlet of female bladder
M64: Other open operations on outlet of male bladder	OPCS-4.6	M60: Open operations on outlet of male bladder
M70: Other operations on outlet of male bladder	OPCS-4.4	M71: Other operations on prostate
P21: Plastic operations on vagina	OPCS-4.3	P32: Other plastic operations on vagina
P23: Other repair of prolapse of vagina	OPCS-4.8	P28: Repair of prolapse of vagina
P24: Repair of vault of vagina	OPCS-4.8	P30: Other repair of vault of vagina

Principle	Version	Extended
Q13: Introduction of gametes into uterine cavity	OPCS-4.6	Q21: Other introduction of gametes into uterine cavity
Q54: Operations on other ligament of uterus	OPCS-4.8	Q57: Other operations on other ligament of uterus
R04: Therapeutic percutaneous operations on fetus	OPCS-4.9	R11: Other therapeutic percutaneous operations on fetus
S62: Other operations on subcutaneous tissue	OPCS-4.7	S63: Operations on subcutaneous tissue
T52: Excision of other fascia	OPCS-4.4	T56: Other excision of other fascia
U11: Diagnostic imaging of vascular system	OPCS-4.4	U35: Other diagnostic imaging of vascular system
U12: Diagnostic imaging of genitourinary system	OPCS-4.4	U37: Other diagnostic imaging of genitourinary system
U19: Diagnostic electrocardiography	OPCS-4.6	U34: Other diagnostic electrocardiography
U21: Diagnostic imaging procedures	OPCS-4.4	U36: Other diagnostic imaging procedures
U28: Other diagnostic tests on skin	OPCS-4.4	U40: Diagnostic tests on skin
U29: Diagnostic endocrinology	OPCS-4.9	U38: Other diagnostic endocrinology
V01: Plastic repair of cranium	OPCS-4.7	V02: Other plastic repair of cranium
V22: Primary decompression operations on cervical spine	OPCS-4.9	V69: Other primary decompression operations on cervical spine
V23: Revisional decompression operations on cervical spine	OPCS-4.9	V70: Other revisional decompression operations on cervical spine
V25: Primary decompression operations on lumbar spine	OPCS-4.5	V67: Other primary decompression operations on lumbar spine
V26: Revisional decompression operations on lumbar spine	OPCS-4.5	V68: Other revisional decompression operations on lumbar spine
V33: Primary excision of lumbar intervertebral disc	OPCS-4.8	V51: Other primary excision of lumbar intervertebral disc
V39: Revisional fusion of joint of spine	OPCS-4.5	V66: Other revisional fusion of joint of spine
W08: Other excision of bone	OPCS-4.5	O29: Excision of bone
W77: Stabilising operations on joint	OPCS-4.5	O27: Other stabilising operations on joint

Principle	Version	Extended
W81: Other open operations on joint	OPCS-4.9	O35: Open operations on joint
W83: Therapeutic endoscopic operations on other articular cartilage	OPCS-4.4	W89: Other therapeutic endoscopic operations on other articular cartilage
W84: Therapeutic endoscopic operations on other joint structure	OPCS-4.5	O19: Other therapeutic endoscopic operations on other joint structure
X32: Exchange blood transfusion	OPCS-4.6	X47: Other exchange blood transfusion
X65: Radiotherapy delivery	OPCS-4.9	X69: Other radiotherapy
Y11: Other destruction of organ NOC	OPCS-4.6	Y10: Destruction of organ NOC
Y13: Other destruction of lesion of organ NOC	OPCS-4.7	Y17: Destruction of lesion of organ NOC
Y53: Approach to organ under image control	OPCS-4.9	Y68: Other approach to organ under image control
Y91: External beam radiotherapy	OPCS-4.9	O44: Other external beam radiotherapy
Z24: Other respiratory tract	OPCS-4.8	Z88: Respiratory tract
Z25: Mouth	OPCS-4.9	O36: Other mouth
Z27: Upper digestive tract	OPCS-4.4	O11: Other upper digestive tract
Z28: Large intestine	OPCS-4.6	O30: Other large intestine
Z30: Biliary tract	OPCS-4.9	O34: Other biliary tract
Z33: Other part of heart	OPCS-4.9	O43: Part of heart
Z34: Aorta	OPCS-4.9	O45: Other aorta
Z35: Cerebral artery	OPCS-4.6	O28: Other cerebral artery
Z36: Branch of thoracic aorta	OPCS-4.3	Z95: Other branch of thoracic aorta
Z37: Lateral branch of abdominal aorta	OPCS-4.3	Z96: Other lateral branch of abdominal aorta
Z38: Terminal branch of aorta	OPCS-4.3	Z97: Other terminal branch of aorta
Z61: Lymph node	OPCS-4.4	O14: Other lymph node
Z89: Arm region	OPCS-4.7	O31: Other arm region

Principle	Version	Extended
Z90: Leg region	OPCS-4.4	O13: Other leg region
Z92: Other region of body	OPCS-4.6	O16: Body region

Annex 2 OPCS-4 Implementation dates

The following table lists OPCS-4 versions and the date / financial year mandated for use:

Financial Year	Version of OPCS-4
Up to 31 March 2006	OPCS-4.2
1 April 2006-31 March 2007	OPCS-4.3
1 April 2007- 31 March 2009	OPCS-4.4
1 April 2009 - 31 March 2011	OPCS-4.5
1 April 2011 – 31 March 2014	OPCS-4.6
1 April 2014 – 31 March 2017	OPCS-4.7
1 April 2017- 31 March 2020	OPCS-4.8
1 April 2020 – Until further notice	OPCS-4.9