

Table of Coding Equivalences (Analysis) Specification

Published 01 November 2016



Information and technology
for better health and care

Contents

Introduction	3
Purpose	3
Status of Table of Coding Equivalences (ToCE)	3
Limitations of the equivalences	3
OPCS-4.8 TO OPCS-4.7 TO OPCS-4.6 TO OPCS-4.5 OPCS-4.4 TO OPCS-4.3 TO OPCS-4.2 MAPPING	4
Mappings	4
Completeness of Mappings	4
Spreadsheet Layout	4
ToCE Spreadsheet notation	5
ToCE mappings	6
Effect on data	9
Specific Changes	10
OPCS-4.8 Retirement of codes/change in meaning	10
OPCS-4.7 Retirement of codes / change in meaning	10
OPCS-4.6 Retirement of codes / change in meaning	11
OPCS-4.5 Retirement of codes / change in meaning	11
OPCS-4.4: Change to category and sub-category descriptions at Y98	12
Other OPCS-4 Changes	12
Sister categories	12
Principal and extended categories	13
Many to many maps	13
Enquires	13
Annex 1 Principal and Extended Categories	14
Annex 2 OPCS-4 Implementation dates	19

Introduction

The OPCS-4.8 Table of Coding Equivalences (Analysis) is designed to assist with the comparison of data collected according to OPCS-4.8 with that collected according to OPCS-4.7, OPCS-4.6, OPCS-4.5, OPCS-4.4, OPCS-4.3, and OPCS-4.2. The NHS, DH 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-4.8 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-4.8 is the source of mapping equivalences between 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, has 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 an essentially 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-4.8 TO OPCS-4.7 TO OPCS-4.6 TO OPCS-4.5 OPCS-4.4 TO OPCS-4.3 TO OPCS-4.2 MAPPING

Mappings

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

Completeness of Mappings

All, OPCS-4.7, OPCS-4.6, OPCS-4.5, OPCS-4.4, OPCS-4.3 and OPCS-4.2 codes are included in OPCS-4.8 with the exception of the following codes:

Code **M06.4** has been retired, see Specific Changes section for explanation.

See Specific Changes section for full list of retirements and changes to meaning since OPCS-4.2.

Spreadsheet Layout

The OPCS-4.8 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: Description
 Column 9: Notes

OPCS 4.2	OPCS 4.3	OPCS 4.4	OPCS 4.5	OPCS 4.6	OPCS 4.7	OPCS 4.8	DESCRIPTION	NOTES
A01.1	A01.1	A01.1	A01.1	A01.1	A01.1	A01.1	Hemispherectomy	
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	Partial lobectomy of brain	
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	Unspecified major excision of tissue of brain	

It is distributed as a Microsoft Excel spreadsheet via [TRUD](#).

ToCE Spreadsheet notation

Approximately 75% 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).

Symbol	Description
+/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-4.8 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-4.8 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	4.3	4.4	4.5	4.6	4.7	4.8	Description
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	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	4.3	4.4	4.5	4.6	4.7	4.8	Description
NONE	NONE	A70.7	A70.7	A70.	A70.7	A70.	Application of transcutaneous electrical nerve stimulator

- **One to many mapping:** 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

combination (D14.4 below) use codes from within the A to X chapters to represent a new OPCS-4 code.

OPCS							
4.2	4.3	4.4	4.5	4.6	4.7	4.8	Description
A70.8 + Y33.1	A70.8 +Y33. 1	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	Radial optic neurotomy (ii)
D14.8 + D10.8	D14.4	D14.4	D14.4	D14.4	D14.4	D14.4	Combined approach tympanoplasty

- **Mapping alternatives:** where an OPCS-4 code may map back to alternative codes, the 'or' is used to distinguish alternatives. Guidance, as necessary, is provided to analysts in the notes column as to why the map has an alternative and the circumstances where it is used.

OPCS							
4.2	4.3	4.4	4.5	4.6	4.7	4.8	Description
NONE	X63.4 or X64.8	X63.4 or X64.8	X67.4	X67.4	X67.4	X67.4	Preparation for simple radiotherapy with imaging and dosimetry

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

OPCS							
4.2	4.3	4.4	4.5	4.6	4.7	4.8	Description
(E48.8 + Y08.4) or (E48.8 + Y13.8)	E48.8 + Y13.6	E48.7	E48.7	E48.7	E48.7	E48.7	Fibreoptic endoscopic photodynamic therapy of lesion of lower respiratory tract

- **Mapping combinations:** The '+/or' is used to indicate that a group of codes can be used in any combination.

OPCS							
4.2	4.3	4.4	4.5	4.6	4.7	4.8	Description
(L85.1 +/-or L87.1 +/-or L87.4 +/-or L87.5 +/-or L87.6 +/-or L87.8 L87.9)	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, as in Y01.-, indicates that codes from the whole of this category should be considered by the analyst as relevant.

OPCS							
4.2	4.3	4.4	4.5	4.6	4.7	4.8	Description
B20.8 + Y01.-	B20.8 + Y01.-	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 section 3.3 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	4.3	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 coder is instructed to use the .8 and .9 of the principal category. See Annex 1 for a full list of principal and extended categories new additions in OPCS-4.8 are shown in bold.

OPCS							
4.2	4.3	4.4	4.5/6	4.7	4.8	Description	Notes
A10.8	A10.8	A10.8	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	A10.9	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
A10.8	A10.8	A10.8	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
A10.9	A10.9	A10.9	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
- If the procedure is new to an OPCS-4.8 or OPCS-4.7 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-4.8 and it could have been coded in previous versions, then the OPCS-4.8 code can be replaced by the OPCS-4.7, OPCS-4.6, OPCS-4.4, 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-4.8 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** and changes made 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: mamillary 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 changes.

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 3 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-4.7. 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-4.8 ToCE. If required, please request the maps via the Information Standards Service Desk – email address given below.

Enquires

Information Standards Service Desk

Telephone: 0300 30 34 777

Information.standards@nhs.net

For Information about the Clinical Classifications Service visit website:

<http://systems.digital.nhs.uk/data/clinicalcoding>

Annex 1 Principal and Extended Categories

Principal and extended categories new to OPCS-4.8 are shown in bold.

Principal Category

A02: Excision of lesion of tissue of brain

A10: Other operations on tissue of brain

A38: Extirpation of lesion of meninges of brain

A84: Neurophysiological operations

B28: Other excision of breast

C22: Other operations on eyelid

C46: Plastic operations on cornea

E02: Plastic operations on nose*

E09: Operations on external nose

E48: Therapeutic fiberoptic endoscopic operations on lower respiratory tract

F14: Operations on frontal sinus*

F14: Orthodontic operations

G14: Fiberoptic endoscopic extirpation of lesion of oesophagus

Extended Category

A06: Other excision of lesion of tissue of brain

A11: Operations on tissue of brain

A43: Other extirpation of lesion of meninges of brain

A82: Other neurophysiological operations

B41: Excision of breast

C23: Operations on eyelid

C44: Other plastic operations on cornea

E07: Other plastic operations on nose*

E66: Other operations on external nose

E67: Other therapeutic fiberoptic endoscopic operations on lower respiratory tract

F16: Other operations on frontal sinus*

F15: Other orthodontic operations

G12: Other fiberoptic endoscopic extirpation of lesion of oesophagus

G15: Other therapeutic fiberoptic endoscopic operations on oesophagus

G43: Fiberoptic endoscopic extirpation of lesion of upper gastrointestinal tract*

G44: Other therapeutic fiberoptic endoscopic operations on upper gastrointestinal tract

H15: Other exteriorisation of colon

H26: Endoscopic extirpation of lesion of sigmoid colon using rigid sigmoidoscope

J10: Transluminal operations on blood vessel of liver

J11: Transjugular intrahepatic operations on blood vessel of liver

J48: Other therapeutic percutaneous operations on bile duct

K57: Other therapeutic transluminal operations on heart

K60: Cardiac pacemaker system introduced through vein

K61: Other cardiac pacemaker system

L71: Therapeutic transluminal operations on other artery*

L76: Endovascular placement of stent*

G20: Therapeutic fiberoptic endoscopic operations on oesophagus

G42: Other fiberoptic endoscopic extirpation of lesion of upper gastrointestinal tract*

G46: Therapeutic fiberoptic endoscopic operations on upper gastrointestinal tract

H32: Exteriorisation of colon

H37: Other endoscopic extirpation of lesion of sigmoid colon using rigid sigmoidoscope

J77: Other transluminal operations on blood vessel of liver

J06: Other transjugular intrahepatic operations on blood vessel of liver

J76: Therapeutic percutaneous operations on bile duct

K62: Therapeutic transluminal operations on heart

K73: Other cardiac pacemaker system introduced through vein

K74: Cardiac pacemaker system

L66: Other therapeutic transluminal operations on artery*

L89: Other endovascular placement of stent*

L94: Therapeutic transluminal operations on vein*

L97: Other operations on blood vessel

M49: Other operations on bladder

M53: Vaginal operations to support outlet of female bladder

M55: Other open operations on outlet of female bladder*

M64: Other open operations on outlet of male bladder

M70: Other operations on outlet of male bladder

P21: Plastic operations on vagina*

P23: Other repair of prolapse of vagina

P24: Repair of vault of vagina

Q13: Introduction of gamete into uterine cavity

S62: Other operations on subcutaneous tissue

Q54: Operations on other ligament of uterus

T52: Excision of other fascia

U11: Diagnostic imaging of vascular system

U12: Diagnostic imaging of genitourinary system

U19: Diagnostic electrocardiography

L99: Other therapeutic transluminal operations on vein*

O15: Operations on blood vessel

M48: Operations on bladder

M57: Other vaginal operations to support outlet of female bladder

M54: Open operations on outlet of female bladder*

M60: Open operations on outlet of male bladder

M71: Other operations on prostate

P32: Other plastic operations on vagina*

P28: Repair of prolapse of vagina

P30: Other repair of vault of vagina

Q21: Other introduction of gamete into uterine cavity

S63: Operations on subcutaneous tissue

Q57: Other operations on other ligament of uterus

T56: Other excision of other fascia

U35: Other diagnostic imaging of vascular system

U37: Other diagnostic imaging of genitourinary system

U34: Other diagnostic electrocardiography

U21: Diagnostic imaging procedures

U28: Other diagnostic tests on skin

V01: Plastic repair of cranium

V25: Primary decompression operations on lumbar spine

V33: Primary excision of lumbar intervertebral disc

V26: Revisional decompression operations on lumbar spine

V39: Revisional fusion of joint of spine

W08: Other excision of bone

W77: Stabilising operations on joint

W83: Therapeutic endoscopic operations on other articular cartilage

W84: Therapeutic endoscopic operations on other joint structure

X32: Exchange blood transfusion

Y11: Other destruction of organ NOC

Y13: Other destruction of lesion of organ NOC

Z24: Other respiratory tract

Z27: Upper digestive tract

U36: Other diagnostic imaging procedures

U40: Diagnostic tests on skin

V02: Other plastic repair of cranium

V67: Other primary decompression operations on lumbar spine

V51: Other primary excision of lumbar intervertebral disc

V68: Other revisional decompression operations on lumbar spine

V66: Other revisional fusion of joint of spine

O29: Excision of bone

O27: Other stabilising operations on joint

W89: Other therapeutic endoscopic operations on other articular cartilage

O19: Other therapeutic endoscopic operations on other joint structure

X47: Other exchange blood transfusion

Y10: Destruction of organ NOC

Y17: Destruction of lesion of organ NOC

Z88: Respiratory tract

O11: Other upper digestive tract

Z28: Large intestine

Z35: Cerebral artery

Z36: Branch of thoracic aorta*

Z37: Lateral branch of abdominal aorta*

Z38: Terminal branch of aorta*

Z61: Lymph node

Z89: Arm region

Z90: Leg region

Z92: Other region of body

O30: Other large intestine

O28: Other cerebral artery

Z95: Other branch of thoracic aorta*

Z96: Other lateral branch of abdominal aorta*

Z97: Other terminal branch of aorta*

O14: Other lymph node

O31: Other arm region

O13: Other leg region

O16: Body region

Note: Codes marked with an asterisk were called sister categories in OPCS-4.3. They became Principal and Extended categories in OPCS-4.4.

Annex 2 OPCS-4 Implementation dates

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

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