CCTP Assessment Day June 2021

Summary of Common Errors

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Contents

Introduction

This Summary of Common Errors document describes the common errors made by the candidates who attended the Clinical Coding Trainer Programme (CCTP) assessment day on 16 June 2021.

The purpose of the document is to support experienced accredited clinical coders who intend to apply for the CCTP in future. It gives an overview of common errors and covers the written practical and theory assessments.

Practical Paper

Section A: ICD-10 Coding Scenarios

This section featured four questions worth an overall total of 36 marks.

Question:

56-year-old patient readmitted with an anterior myocardial infarction (MI) confirmed as being due to their type 2 diabetes. They had previously suffered another MI 7 days earlier. During this admission they were confirmed as having a ventricular septal defect which occurred following the MI. The patient has coronary arteriosclerosis and diabetic nephropathy. Clinician confirmed the main condition treated was the anterior MI.

- This question was generally well answered by candidates, with no specific themes relating to errors occurring.

Question:

33-year-old admitted with bilateral distal radial fractures and left open tibial fracture following a road traffic collision; they were the driver of a motorcycle hit by a car and thrown onto the other side of the road. The patient was taken straight to theatre to wash out and plate the open tibial fracture. Patient known to be in chronic end stage renal failure due to hypertension and visits the satellite dialysis unit three times a week.

- A few candidates incorrectly sequenced the bilateral distal radial fractures (**T02.40**) as the primary diagnosis, rather than the open tibial fracture (**S82.21**), which was treated with fixation.
    - The first diagnosis field(s) of the coded clinical record (the primary diagnosis) will contain the main condition treated or investigated during the relevant episode of healthcare.

      [DGCS.1: Primary diagnosis in the National Clinical Coding Standards ICD-10 5th Edition reference book (2021)]

- Several candidates wrongly assigned a single fracture code (**S52.50**) instead of a multiple fracture code for the bilateral distal radii fractures (**T02.40**).
    - Codes in categories **T00-T07 Injuries involving multiple body regions** must only be used for bilateral injuries involving the same body site where the type and site of injury are identical on both sides.

      [DCS.XIX.3: Bilateral injuries involving the same body site (T00-T07) in the National Clinical Coding Standards ICD-10 5th Edition reference book (2021)]
- Some candidates correctly arrived at the multiple fracture category **T02 Fractures involving multiple body regions** but selected the wrong fourth character of **.2 Fractures involving multiple regions of one upper limb** instead of **.4 Fractures involving multiple regions of both upper limbs.**
- A few candidates omitted the fifth character from the radial fracture code.
    - Supplementary fifth characters are used to identify open and closed fractures, intracranial injuries with or without open intracranial wound and internal injuries with or without open wound into cavity. They must be assigned when instructed by the note at code, category or block level. An injury not indicated as 'open' or 'closed' must be recorded using fifth character '0'.

      [DChS.XIX.2: Fifth characters in Chapter XIX in the National Clinical Coding Standards ICD-10 5th Edition reference book (2021)]

Question:

Infant born at 36 +1 weeks in hospital, birthweight 2300g, admitted to special care baby unit to receive phototherapy for the treatment of jaundice due to the prematurity. Baby also given IV antibiotics due to mum having GBS (Group B Strep). The main condition treated was confirmed as being the jaundice.

- This question was generally well answered by candidates, with no specific themes relating to errors occurring.

Question:

Patient readmitted with postoperative bacterial pneumonia following a hysterectomy 4 days previously, a chest X-ray confirmed lobar pneumonia and antibiotics were given. They are also known to have osteoporosis due to primary hyperparathyroidism, the consultant confirmed this to be relevant to their admission.

- A few candidates failed to assign the correct dagger and asterisk codes to capture the patient's comorbidity of "osteoporosis due to primary hyperparathyroidism".
    - As these conditions have been linked, a dagger and asterisk combination can be assigned to capture this condition as indicated by the Alphabetical Index. Codes not designated as a dagger or asterisk code may be paired with an asterisk code to form a dagger asterisk combination. The coder must

undertake the full four step coding process to ensure that the correct (most appropriate) dagger code is assigned.

[DGCS.5: Dagger and asterisk system in the National Clinical Coding Standards ICD-10 5th Edition reference book (2021)]

Section B: OPCS-4 Coding Scenarios

This section featured four questions worth an overall total of 28 marks.

Question:

Twin delivery. Twin 1 'face to pubes' presentation, non-manipulative vaginal delivery (no instrumentation required). Episiotomy performed to facilitate low forceps cephalic delivery of twin 2. Episiotomy extended to a 2nd degree tear, which was sutured.

- A few candidates incorrectly assigned code **R24.9 All normal delivery** to capture the non-manipulative vaginal delivery (no instrumentation required) of twin 1, who presented 'face to pubes'.
    - The delivery of a baby with an abnormal cephalic presentation described as 'face to pubes' (without using instrumentation) must be coded using a code in category **R23 Cephalic vaginal delivery with abnormal presentation of head at delivery without instrument**.

      [PCSR4: Face to pubes presentation (R23) in the National Clinical Coding Standards OPCS-4 reference book (2021)]
- A few candidates also omitted code **R32.3 Repair of obstetric laceration of vagina and floor of pelvis**.
    - Where an episiotomy (**R27.1**) is carried out to facilitate delivery, this must be sequenced in a secondary position to the delivery code. Subsequent repair must not be coded in addition, except where the episiotomy has extended to a perineal tear. In these cases a code from category R32 Repair of obstetric laceration must be assigned in addition, to classify the repair of the perineal tear.

      [PCSR5: Episiotomy to facilitate delivery and subsequent repair (R27.1, R32) in the National Clinical Coding Standards OPCS-4 reference book (2021)]

Question:

Patient attended for a colonoscopy, but the scope was unable to proceed past the sigmoid colon due to a large lesion. A self expanding metal stent was inserted into the sigmoid colon to help avoid obstruction. A polyp in the rectum was resected using the snare technique and was simultaneously biopsied. Polypectomy confirmed as main procedure.

- A few candidates selected the correct sites codes of **Z29.1 Rectum site** and **Z28.6 Sigmoid colon** but assigned them to the incorrect body system procedure codes.

- A number of candidates failed to adhere to the excludes notes at categories **H20 Endoscopic extirpation of lesion of colon** and **H21 Other therapeutic operations on colon**:

  Excludes: Fibreoptic endoscopic extirpation of lesion limited to sigmoid colon (H23)/ Excludes: Other therapeutic fibreoptic endoscopic operations limited to sigmoid colon (H24)

  Therefore, selecting incorrect codes from categories **H20**/**H21** to capture the insertion of a self-expanding metal stent and polypectomy, as the colonoscopy was unable to proceed past the sigmoid colon 'due to a large lesion'.

  - Excludes notes are used to prevent a chapter, category or code from being used incorrectly. They direct the coder away from an incorrect chapter, category or code and direct to the correct place. A specific reference to the correct chapter, category or code is listed in brackets following the exclusion statement.

    [PConvention 2: Instructional notes and paired codes in the National Clinical Coding Standards OPCS-4 reference book (2021)]

- A few candidates assigned a **.8 Other specified** code and supplemented it with code **Y14.2 Insertion of expanding metal stent into organ NOC** to capture the insertion of a self-expanding metal stent into the sigmoid colon, rather than correctly using the full four step coding process to direct them to code **H24.4 Endoscopic insertion of expanding metal stent into lower bowel using fibreoptic sigmoidoscope**

  [The Full Four Step Coding Process, p.10 in the National Clinical Coding Standards OPCS-4 reference book (2021)]

Question:

Laparoscopic repair of left sided recurrent inguinal hernia with mesh, the sigmoid colon was found to be strangulated and this was relieved at the same time.

- Several candidates omitted code **Y28.4 Insertion of mesh into organ NOC**.

  - When coding procedures where mesh is inserted, one of the following codes must be assigned in addition when the type of mesh used is known:

    Y28.1 Insertion of synthetic mesh into organ NOC
    Y28.2 Insertion of biological mesh into organ NOC
    Y28.3 Insertion of composite mesh into organ NOC

    Or when the type of mesh used is not known:

    Y28.4 Insertion of mesh into organ NOC

    [PCSY13: Insertion and removal of mesh (Y26 and Y28) in the National Clinical Coding Standards OPCS-4 reference book (2021)]

- Several candidates assigned all the correct codes but incorrectly sequenced codes **Y28.4** and **Y75.2 Laparoscopic approach to abdominal cavity NEC**.

    - When an endoscopic or minimally invasive procedure is undertaken but no specific code exists to capture this type of approach, dual coding is required. The following codes and sequencing is required:

      Open procedure code

      Y74-Y76 Minimal access code

      Chapter Y Subsidiary Classification of Methods of Operation code (if required)

      Chapter Z site code(s)

      Z94.- Laterality of operation (if applicable)

      [PGCS1: Endoscopic and minimal access operations that do not have a specific code in the National Clinical Coding Standards OPCS-4 reference book (2021)]

- A number of candidates omitted code **Z28.6 Sigmoid colon** to specify the part of the colon that was relieved of strangulation.

    - Site codes from Chapter Z must always be assigned when this adds further information about the site the procedure was performed on.

      [PCSZ1: Site codes in the National Clinical Coding Standards OPCS-4 reference book (2021)]

Question:

Right transmetatarsal amputation performed following previous amputation of the 1st toe on the same side, due to advancing osteomyelitis. Debridement of necrotic skin surrounding amputation site also carried out.

- This question was generally well answered by candidates, with no specific themes relating to errors occurring.

Section C: Case Studies

This section featured two case studies worth an overall total of 32 marks.

Case Study 1 – Respiratory

This case study was generally very well answered by candidates with only a few minor themes emerging.

ICD-10:

- A few candidates omitted the code **F17.1 Mental and behavioural disorders due to use of tobacco, harmful use** to capture the fact the patient was described as a 'smoker'.
    - When it is documented in the medical record that a patient smokes, code **F17.1 Mental and behavioural disorders due to use of tobacco**, harmful use must be assigned. Code **Z72.0 Tobacco use** must not be assigned for a current smoker.

      [DCS.V.7: Current smoker (F17) in the National Clinical Coding Standards ICD-10 reference book (2021)]

- A small number of candidates assigned individual codes to capture the patient's co-morbid state of 'rheumatoid arthritis to the wrists, hands, feet', rather than assigning the single code **M06.90 Rheumatoid arthritis, unspecified. Multiple sites**
    - Rheumatoid arthritis is on the list of conditions on the mandatory co-morbidity list that must always be coded for any Admitted Patient Care episode when documented in the patient's medical record for the current hospital provider spell, regardless of specialty.
    - The fifth characters in Chapter XIII indicate the site of musculoskeletal involvement. The notes at chapter, category or code level indicate which codes can be further specified by the addition of a fifth character and the location of the fifth character code lists in the classification.
    - The following must be applied when assigning fifth characters in Chapter XIII:

      The fifth character of '**0**' indicates involvement of multiple sites. It should be assigned when the condition classified at the fourth character code affects more than one site. The **.0** must not be assigned for conditions only affecting bilateral sites; in these instances, the fifth character reflecting that site must be recorded.

      DGCS.3: Co-morbidities in the National Clinical Coding Standards ICD-10 reference book (2021)]

      DChS.XIII.1: Fifth characters in Chapter XIII in the National Clinical Coding Standards ICD-10 reference book (2021)]

OPCS-4:

- No particular errors identified in answering the OPCS-4 section of this case study.

Case Study 2 – Plastic Surgery

Overall, this case study was also answered well.

ICD-10:

- Some candidates omitted code **R26.3 Immobility** to classify that the patient was described as 'bed bound'.
    - The terms 'immobility, 'chairfast', 'bedfast', 'bedbound' and 'bedridden' must be classified to code R26.3 Immobility when documented in the medical record.

      [DCS.XVIII.3: Immobility and reduced mobility (R26.3, R26.8) in National Clinical Coding Standards ICD-10 5th Edition reference book (2021)]

OPCS-4:

- Some candidates omitted body system chapter codes from **Chapter C - Eye** to classify a documented 'excision/biopsy of the lesion (of the eyelid) and a full thickness skin graft (FTSG)', instead only assigning body system chapter codes from **Chapter S - Skin**.
    - The ***Note*** at Chapter S states that these codes must not be used as primary codes for skin of the nipple, eyebrow and lip or for skin of the following sites, canthus, eyelid, external ear, external nose, perianal region, scrotum, male perineum, penis, vulva, female perineum, umbilicus and abdominal wall.

      [Guidance at the beginning of the Chapter S chapter standards and guidance in the National Clinical Coding Standards OPCS-4 reference book (2021)]

Theory Paper

Section D: National Clinical Coding Standards – Theory Questions

This section was worth 14 marks and overall was answered extremely well.

- Question 4, 'What is the time frame associated with a diagnosis of 'long labour'?' was one of the most incorrectly answered questions, with a few candidates choosing '42 days' rather than 'No time frame'.

  [DCS.XV.22: Long labour (O63) in the National Clinical Coding Standards ICD-10 5th Edition reference book (2021)]

Section E: Training Delivery Questions

This section contained a series of questions based on slides taken from the Clinical Coding Standards Course, one ICD-10 and two OPCS-4, worth a total of 33 marks. Most of these questions were well answered and, similar to previous years, the main errors involved:

The purpose of this section is to present the candidates with slides taken from the current Clinical Coding Standards Course and ask them to describe how they would explain the content to novice coders as a test of their ability to 'think outside the box/like a trainer'.

Several candidates lost marks for simply re-iterating or re-wording the slide content rather than expanding on **how** they would convey that information to novice coders **and why**.

Answers to the Training Delivery Questions do not necessarily have to be rooted in the National Clinical Coding Standards reference books. Provided candidates make what we consider to be a valid point regarding the slide content, for example referring to the anatomy relating to a procedure being covered or any relevant instructional notes in a classification that support the points on the slide, marks will be awarded.

Section F: Medical Terminology

This section contained four questions, worth a total of five marks. Overall, this section was well completed.

Section G: Anatomy and Physiology

This section consisted of five questions, worth a total of eight marks. This section was generally well answered, aside from some candidates incorrectly listing the ascending, transverse and descending colon in response to the question 'Name the three continuous parts of the small intestine'.