CONFIDENTIAL

The National Clinical Coding Examination [UK]

22 March 2016

Paper 2 Theory - ANSWERS
1:30 pm - 4:35 pm
[THREE HOURS]

The first 5 minutes will be spent reading through the ‘Instructions to Candidates’

This Examination Paper consists of 3 Sections: C, D and E.

Section C – General Short Theory Questions [20% of the Marks]
Answer all questions in this Section in the space provided on the Examination Paper.

Section D [45% of the Marks]
Answer all questions on the lined paper provided. Use a new sheet of paper for each answer. Write only on one side of the paper.

General Theory ICD-10 Questions D [1] [15% of the Marks]
Answer either Section D1A or D1B
General Theory OPCS-4 Questions D [2] [15% of the Marks]
Answer either Section D2A or D2B
Clinical Terms Questions D [3] [10% of the Marks]
Answer either Section D3A or D3B
Miscellaneous Questions D [4] [5% of the Marks]
Answer either Section D4A or D4B

Section E – Anatomy & Physiology (including medical terminology) [35% of the Marks]
Section E [1] Anatomy & Physiology – Answer all Questions 1-15
Section E [2] Medical Terminology – Answer all Questions 1-10
Section E [3] Diagrams – Label both diagrams
Answer all questions in this Section in the space provided on the Examination Paper.
Section C – General Theory Short Questions [20% of the Marks]

Answer ALL 20 questions in this Section writing your answers in the spaces provided.

1. The requirement for national collection of the use of fifth characters appears in which three ICD-10 4th Edition chapters? Either chapter numbers (Arabic or Roman numeral) or full titles are acceptable. [3 Marks]

   Chapter IX (9) Diseases of the circulatory system
   Chapter XIII (13) Diseases of the musculoskeletal system and connective tissue
   Chapter XIX (19) Injury, poisoning and certain other consequences of external causes

   Reference: DConvention.7: Fifth characters

2. The circumstances surrounding reactions to drug/medication are classified in two ways within ICD-10 Tabular List, Volume 1. Name both ways. [2 Marks]

   Poisoning (improper use)
   Adverse effect (proper use)

   Reference: DSCXIX.8: Poisoning (T36-T65)

3. What must a coder do if a surgical eponym is used in the medical record to describe a procedure? [3 Marks]

   Where an eponym is used in the medical record the coder must analyse the procedural information and ensure that code assignment fully reflects the procedure performed. Where the coder is unsure what procedure the eponym describes, they must seek advice from the responsible consultant to ensure that the correct codes are assigned.

   Reference: PRule 8: Surgical eponyms
   National Clinical Coding Standards OPCS-4, 2015.

4. When should site codes from Chapter Z be assigned? [1 Mark]

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

   Reference: PCSZ1: Site codes
   National Clinical Coding Standards OPCS-4, 2015.
5. What **two** conditions must be coded if a diagnosis of ‘severe sepsis’ alone is made by the clinician? *No actual codes are required.* [2 Marks]

(A41.9) Sepsis (unspecified)
(R65.1) Systemic Inflammatory Response Syndrome (SIRS) of infectious origin with organ failure

**Reference:** DCS.XVIII.9: Severe sepsis (R65.1, A41.9)

6. What is the standard regarding the use of the OPCS-4.7 code **X35.1 Intravenous induction of labour**? [1 Mark]

It must never be used *(X35.1 Intravenous induction of labour).*

**Reference:** PCSX6: Intravenous induction of labour (X35.1)
National Clinical Coding Standards OPCS-4, 2015.

7. On what occasion is it a mandatory requirement to assign an OPCS-4.7 general anaesthetic code? [1 Mark]

When radiotherapy is delivered under general anaesthetic, a code from category **Y80 General anaesthetic** must be assigned in addition to the radiotherapy delivery.

**Reference:** PCSY10: Anaesthetic (Y80-Y84)
National Clinical Coding Standards OPCS-4, 2015.

8. When should codes from ICD-10 category **Z54.- Convalescence** be assigned and how should they be sequenced? *No actual codes are required.* [2 Marks]

Codes in category **Z54.- Convalescence** must never be assigned in a primary position. They must only be assigned in a secondary position when a patient has received convalescence in a dedicated convalescent unit.

**Reference:** DCS.XXI.12: Convalescence (Z54)
9. How should an injury caused by a geriatric fall be coded? Describe the possible sequencing of these codes. No actual codes are required. [4 Marks]

Geriatric and elderly fall with injury:
Code classifying the injury sustained (from Chapter XIX).
External cause code to describe the fall (from categories W00-W19).
(R29.6) Tendency to fall, (not elsewhere classified).
In this sequence, unless the patient remains in hospital for investigation of the falls and this becomes the primary focus of care, then this code (R29.6) must be sequenced before the codes for the injury.

Reference: DCS.XVIII.4: Geriatric and elderly falls (R29.6)

10. What must be coded when an excision and biopsy (excision biopsy) is performed on the same site during the same theatre visit, and why? No actual codes are required. [2 Marks]

When an excision and biopsy is performed on the same site during the same theatre visit (often referred to as an excision biopsy), only assign a code(s) for the excision as a biopsy is an integral part of an excision.

Reference: PGCS9: Excision and biopsy procedures
National Clinical Coding Standards OPCS-4, 2015.

11. When must codes from ICD-10 category Z38.- Liveborn infants according to place of birth be assigned in the primary coding field? [1 Mark]

If the baby is a completely well baby and has no morbid conditions that have been treated or investigated a code from Z38.- must be assigned as the primary diagnosis.

Reference: DChS.XVI.1: Liveborn infants according to place of birth (Z38)

12. During which procedure should OPCS-4.7 code X50.5 Evaluation of a cardio-defibrillator not be assigned when carried out? No actual codes are required. [1 Mark]

It (X50.5 Evaluation of cardioverter defibrillator) must not be assigned when evaluation/testing is performed during the insertion of the cardioverter defibrillator (K59 Cardioverter defibrillator introduced through the vein or K72 Other cardioverter defibrillator).

Reference: PCSX15: Evaluation of cardioverter defibrillator (X50.5)
National Clinical Coding Standards OPCS-4, 2015.
13. What precise wording, other than ‘status asthmaticus’, must be present in the medical records to be able to assign J46.X Status asthmaticus? [1 Mark]

Acute severe asthma.

Reference: DCS.X.6: Status asthmaticus (J46.X)

14. How should a fracture fixation procedure be coded when the description names more than one type of fixation device, e.g. pin and plate? No actual codes are required. [2 Marks]

If during a fixation procedure more than one type/component of a fixation device has been used (e.g. pin and plate, pins and ‘K’ wires) only the main part of the device that is holding the fracture together must be coded. When it is not clear which part of the fixation device is the main part holding the fracture together, advice must be sought from the responsible consultant.

Reference: PChSW3: Procedures using multiple types of fixation
National Clinical Coding Standards OPCS-4, 2015.

15. In accordance with national clinical coding standards, name the two specific forms of chest pain categorised to ICD-10 category R07 Pain in throat and chest. [2 Marks]

Central chest pain
Musculoskeletal chest pain

Reference: DCS.XVIII.1: Central and musculoskeletal chest pain (R07.2 and R07.3)

16. In ICD-10 coding terms, describe the difference between a ‘rectal haemorrhage’ and ‘per rectal haemorrhage’, and the coding standards related to these terms. No actual codes are required. [3 Marks]

The code (K62.5) for ‘haemorrhage of anus and rectum’ must only be assigned for an actual haemorrhage of the anus and/or rectum. It must not be assigned for haemorrhage that has occurred from elsewhere in the gastrointestinal tract that is merely exiting via the rectum, i.e. per rectal haemorrhage. The code (K92.2) for ‘gastrointestinal haemorrhage, unspecified’ must be assigned for a haemorrhage that occurred via the rectum (per rectal haemorrhage) but is not specified as being from the actual rectum or anus. This code must not be assigned when it is a symptom of a specific disease which has been diagnosed.

Reference: DCS.XI.7: Rectal haemorrhage and per rectal haemorrhage (K62.5 and K92.2)
17. How must a colonoscopy with ileal intubation that includes a biopsy of the terminal ileum be coded? No actual codes are required. [2 Marks]

A colonoscopy with ileal intubation and biopsy of the terminal ileum is classified using the following codes and sequencing:
(H22.1) Diagnostic fibreoptic endoscopic examination of colon and biopsy of lesion of colon followed by the site code (Z27.6) Ileum.

Reference: PCHS2: Colonoscopy with ileal intubation (H22.1)
National Clinical Coding Standards OPCS-4, 2015.

18. What clinical coding standards relating to the use of ICD-10 category O63 Long labour must the coder be aware of? [2 Marks]

It must be documented in the medical record that the labour or stage of labour is prolonged/long for this category to be used. If the reason for the prolonged/long labour is stated, then this must be coded instead.

Reference: DCS.XV.22: Long labour (O63)

19. When must the insertion of a nasogastric (NG) feeding tube be coded? [1 Mark]

Insertion of a nasogastric (NG) feeding tube must only be coded when a patient is admitted solely for the purpose of insertion.

Reference: PCSG3: Insertion of nasogastric feeding tube (G47.8)
National Clinical Coding Standards OPCS-4, 2015.

20. What is the OPCS-4 standard when a gastroscope is not able to be inserted further than the patient’s mouth during an endoscopy? No actual codes are required. [1 Mark]

The procedure must not be coded.

Reference: PChSG1: Failed intubation at upper gastrointestinal tract endoscopy
National Clinical Coding Standards OPCS-4, 2015.
Section D – General Theory Questions

Please use separate Answer Sheets found at the end of this Question Paper, to answer your chosen questions in Section D.
- You must use a new Answer Sheet for each question.
- Write on only one side of the Answer Sheet.
- You must write your Candidate Number in the top right hand corner of each Answer Sheet that you use.
- You must write the Question Number in the top left hand corner of each Answer Sheet that you use.

Section D[1] – ICD-10 Theory [15% of the marks]

Answer either Part A or Part B of the following:

Please make it clear which question you are answering and label each Section accordingly.

Question D1 Part A: [Answer all parts of this question, i, ii, iii and iv]

i) The ICD-10 classification contains 22 chapters and is divided into three different chapter types. Name the three types of chapter. [3 Marks]

Special group chapters
Body system chapters
Other chapters

Reference: DRule.1: Axis of the classification and rules of chapter prioritisation

ii) When there is doubt as to where a condition should be coded which of the three chapter types found in the axis of the ICD-10 classification takes priority? [1 Mark]

Where there is any doubt as to where a condition should be coded, the ‘special group’ chapters must take priority.

Reference: DRule.1: Axis of the classification and rules of chapter prioritisation
iii) In order for an ICD-10 classification code to be valid what is the minimum character length that it must be? Describe the structure of a code and how it must be extended as documented in **DRule.2: Category and code structure**. [5 Marks]

Four. Three character category codes must subdivided into four character subcategories.

Where a three character category code is not subdivided into four character subdivisions the ‘X’ filler must be assigned in the fourth character field so the codes are of a standard length for data processing and validation.

Where a three character code requires assignment of both the ‘X’ filler and a fifth character subdivision, the ‘X’ filler must continue to be recorded in the fourth field before the fifth character, for example M45.X3 Ankylosing spondylitis, cervicothoracic region.

**Reference: DRule.2: Category and code structure**

iv) Where is the ‘point dash (.-)’ punctuation found in the ICD-10 classification and describe its purpose? [3 Marks]

A point-dash is found in both the Tabular List and the Alphabetical Index to indicate there are fourth character subdivisions.

**Reference: DConvention.3: Punctuation**
Question D1 Part B: [Answer all parts of this question i and ii]

Please use separate Answer Sheets making it clear which question you are answering and label each Section accordingly.

i) Unique identifiers (reference number) are applied to four areas of the National Clinical Coding Standards ICD-10 4th Edition (2015) reference book; flow charts are one of these, name the other three. [3 Marks]

   Rules
   Conventions
   Standards

   Reference: Structure of the ICD-10 reference book

ii) Name the three types of standard documented in the National Clinical Coding Standards ICD-10 4th Edition (2015) reference book. Briefly describe their locations within it and how they should be applied. [9 Marks]

   General coding standards are located at the beginning of the reference book and are applicable throughout the classification.

   Chapter standards are located at the beginning of an ICD-10 chapter of the reference book and are applicable throughout that chapter. Note that not all chapters will have chapter standards.

   Coding standards are located throughout each ICD-10 chapter of the reference book and are applicable to a specific diagnosis, disorder, disease or condition, or describe the correct usage of a code, category or range of codes. Coding standards are, generally, listed in code, category or range order.

   Reference: Coding Standards
Question D2 Part A: [Answer all parts of this question i, ii, iii and iv]

i) What must clinical coders take into account when coding a ‘radical operation’? [3 Marks]

**When coding radical operations:**
Code assignment must fully reflect the procedure(s) performed during the radical operation. Instructional Notes must be applied in order to fully reflect all procedures performed. Any uncertainty as to what procedures were performed during the radical operation must be clarified with the responsible consultant in order to ensure correct code assignment.

Reference: PGCS6: Radical operations

ii) What sequencing rules must be applied when a resection and reconstruction of an organ or site has been performed during the same theatre visit? [2 Marks]

Where resection and reconstruction have been performed the codes that classify the resection must be assigned before the codes that classify the reconstruction.

Reference: PGCS7: Resection and reconstruction procedures
National Clinical Coding Standards OPCS-4 Reference Book 2015 page 29

iii) What is being described when codes from OPCS-4.7 category **V55 Levels of spine** are assigned? [1 Mark]

The number of levels being operated on.

Reference: PChSV1: Levels of spine (V55)
A level of spine can mean one of three things; what can they mean and give one example of an operation specific to each meaning? [6 Marks]

A ‘level of spine’ means either a vertebra, a disc, or a motion segment.

Operations carried out on vertebrae include:
- Vertebral excision
- Decompression of fractured vertebrae
- Reduction and fixation of fractured vertebrae
- Biopsy of vertebrae

Operations carried out on intervertebral discs include:
- Disc excision
- Disc replacement
- Foraminoplasty
- Coblation to disc

Operations carried out on motion segments (an intervertebral joint consisting of two vertebrae and the intervening disc) include:
- Decompression of vertebra-disc-vertebra sections
- Interspinous process spacer insertions
- Facet joint injections

This is not an exhaustive list.

Reference: PChSV1: Levels of spine (V55)
National Clinical Coding Standards OPCS-4, 2015.
Question D2 Part B: [Answer all parts of this question i and ii]

Please use separate Answer Sheets making it clear which question you are answering and label each Section accordingly.

i) Name the three types of Instructional Note found in the OPCS-4.7 Tabular List. [3 Marks]

- Includes
- Excludes
- Note

ii) Describe the use of each type of Instructional Note found in the OPCS-4.7 Tabular List. [9 Marks]

- Includes notes clarify the content (intent) of the chapter, category or subcategory to which the note applies. It states exactly what is included within the chapter, category or subcategory.

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

- Note notes provide instructions for coding and may be used:
  - to advise coders to include or omit additional or subsidiary codes.
  - to direct coders elsewhere in the classification for more appropriate categories.
  - to clarify the intended use of codes in a particular chapter, category or subcategory.
  - to provide specific instruction on the correct sequencing of codes when used together (paired codes).

Reference: PConvention 2: Instructional notes and paired codes
National Clinical Coding Standards OPCS-4, 2015.
Section D[3] – Clinical Terms [10% of the marks]

Answer either Part A or Part B of the following:

Please use separate Answer Sheets making it clear which question you are answering and label each Section accordingly.

Question D3 Part A: [Answer all parts of this question i, ii, iii and iv]

i) Cross-maps between SNOMED CT and the classifications ICD-10 and OPCS-4 are essential to the management of data from clinical information systems. List six drivers that lead to changes or additions to the cross-map tables. [6 Marks]

World Health Organisation updates to ICD-10.
SNOMED CT changes including new core content.
Revisions of OPCS-4 (as part of the annual review cycle).
Requests from the NHS (via the Classifications and Coding Standards Support).
Output from the UK Coding Review Panel.
Changes in support of Department of Health initiatives (including PbR).

ii) The SNOMED CT to ICD-10 and OPCS-4 cross-maps data is used by the Department of Health to produce what source of general statistics? [1 Mark]

Hospital Episode Statistics (HES)

iii) What information service does the SNOMED CT to ICD-10 and OPCS-4 cross-maps data also support? [1 Mark]

Secondary Uses Service (SUS)

iv) Name four functions supported by the SNOMED CT to ICD-10 and OPCS-4 cross-maps data. [4 Marks]

Epidemiology
Clinical governance
Commissioning
Payment by Results
Public health
Clinical audit
Performance improvement

This is not an exhaustive list.
Question D3 Part B: [Answer all parts of this question i and ii]

Please use separate Answer Sheets making it clear which question you are answering and label each Section accordingly.

i) Describe or draw the clinical information architecture from Clinical Terms to Groups, providing information for each level. [11 Marks]

Triangle shape (or hierarchical structure) could be either way up but at the broad end will be Clinical Terms. A terminology made up from 100,000s of code statements from SNOMED CT terminology and Dictionary of Medicines and devices.

Middle layer is the classifications. 1000s of codes from ICD-10 and OPCS-4.

Point consisting of data Grouped in to 100s of codes forming the Healthcare Resource Groups (HRGs).

ii) The adoption date for SNOMED CT by Primary Care is actively being supported for December 2016. When is its planned adoption by the entire health system due? [1 Mark]

The entire health system should adopt SNOMED CT by April 2020.
Section D[4] – Miscellaneous Section [5% of the Marks]

**Answer either Part A or Part B of the following:**

Please use separate Answer Sheets making it clear which question you are answering and label each Section accordingly.

**Question D4 Part A: [Answer all parts of this question i, ii and iii]**

OPCS-4 incorporates the concept of ‘overflow’ and ‘principal and extended’ categories:

i) When are ‘overflow’ and ‘extended’ categories employed in the OPCS-4.7 classification? [2 Marks]

When additional operations/interventions are required to be classified to that chapter but the chapter is full overflow categories are created at the end of the chapter. There are instances where an existing category is full but additional procedures need to be classified to that category. This is achieved by creating an ‘extended category’, the category that requires extension becomes a ‘principal category’.

ii) In which chapters of the OPCS-4.7 classification are ‘overflow’ categories found? Either chapter letters or full titles are acceptable. [3 Marks]

Overflow categories can be found at the end of Chapters L Arteries and Veins, W Other Bones and Joints and Chapter Z Subsidiary Classification of Sites of Operation.

iii) From within the ‘extended’ categories found in the OPCS-4.7 classification, which fourth characters must never be used? [1 Mark]

The .8 and .9 codes from the extended category must not be used.

**Reference:** PRule 5: Capacity, overflow categories and principal and extended categories.
National Clinical Coding Standards OPCS-4, 2015.
Question D4 Part B: [Answer all parts of this question i and ii]

Please use separate Answer Sheets making it clear which question you are answering and label each Section accordingly.

i) In the absence of a definitive primary diagnosis recorded by the clinician in the medical record, what must the coder assign? [3 Marks]

Where a definitive diagnosis has not been made by the responsible clinician the main symptom, abnormal findings, or problem should be recorded in the first diagnosis field of the coded clinical record.

ii) Name three of the four words or phrases that a clinician may prefix a condition with that would permit the coder to accept it as a diagnosis? [3 Marks]

Terms that might be recorded in the medical record are ‘working diagnosis’, ‘treat as’, ‘presumed’, or ‘probable’.

Reference: DGCS.2: Absence of definitive diagnosis statement
SECTION E - Anatomy & Physiology (including Medical Terminology)

[35% of the marks]

Please be aware that spelling will be taken into account during the marking process.

Section E[1] – Anatomy & Physiology

Answer ALL 15 questions in this Section, writing your answers in the spaces provided.

1. Name the semiliquid stomach contents resulting from action of digestive juices on food that is released into the small intestine. [1 Mark]
   
   Chyme
   

2. Rings of what type of tissue are found embedded in the muscular walls of the trachea? [1 Mark]
   
   Cartilage
   

3. Name the first of the three ossicles in the middle ear? [1 Mark]
   
   Malleus
   
   Reference: Basic Anatomy & Physiology Clinical Coding Instruction Manual Page 64.

4. Which is the longest bone in the body? [1 Mark]
   
   Femur
   

5. Hairs grow from the base of which structures? [1 Mark]
   
   Follicles
   
6. Where are the olfactory receptors located? [1 Mark]
   
   Nose (nasal cavity)
   

7. In which bone are the upper teeth located? [1 Mark]
   
   Maxilla
   

8. Name three major structures of the Respiratory System, excluding the lungs. [3 marks]
   
   Nose, pharynx, larynx, trachea, bronchi (bronchus)
   

9. Which area of the brain shares concern for the respiratory function with the pons varolii? [2 marks]
   
   Medulla oblongata
   

10. In terms of movement what type of synovial joint is the sternoclavicular joint? [1 Mark]
    
    Gliding joint
    

11. The spleen is part of which body system? [1 Mark]
    
    The lymphatic system
    
    Reference: Basic Anatomy & Physiology Clinical Coding Instruction Manual Page 44.
12. What are the two upper chambers of the heart called? [1 Mark]

The left and right atrium (or the left and right atria, or the left and right auricles)


13. How many layers of tissue make up the pericardium? [1 Mark]

Two


14. Name the circular muscle that controls the opening of the anus? [1 Mark]

(The anal) sphincter

Reference: Basic Anatomy & Physiology Clinical Coding Instruction Manual Page 88

15. What is an ovum? [1 Mark]

An egg cell

Section E[2] – Medical Terminology

Please be aware that spelling will be taken into account during the marking process.

Answer ALL 10 questions in this Section, writing your answers in the spaces provided.

1. Which component of a medical term follows the root word? [1 Mark]
   
   **Suffix**
   
   **Reference:** Basic Anatomy & Physiology Clinical Coding Instruction Manual Page 8.

2. How much is being indicated by the use of the prefix ‘hemi-’? [1 Mark]
   
   **Half**
   

3. Give terms that indicate the front and back view of the body or an organ. [2 Marks]
   
   Anterior (front)
   Posterior (back)
   

4. Name the two types of bone found in the femur. [2 Marks]
   
   Cancellous bone
   Compact bone
   

5. How many root words are there in the medical term ‘gastroenteritis’? State what they are and to what they pertain. [3 Marks]
   
   Two
   Gastr – Stomach
   Enter – Intestines
   
6. What is the correct medical term relating to the side view of the body? [1 Mark]
   Lateral


7. What is the meaning of the suffix ‘-rhaphy’? [1 Mark]
   Suture


8. What is the root word in the medical term ‘blepharitis’ and to what does it refer? [2 Marks]
   Blephar – relates to the eyelid


9. Identify the three root terms in this group. Circle your answers. [3 Marks]
   pre  nephr  my
   osis  pexy  cephal
   dys  plasia  semi


10. Differentiate between the body position terms ‘medial’ and ‘median’. [2 Marks]
    Median is the (imaginary) midline (middle line) passing through the body from between the eyes to between the feet.
    Medial means pertaining to (near) the median line (central line).

Precisely label the anatomical structure indicated by each line on the following two diagrams. Write your answers in the boxes below.

### E 3[a] The Integumentary System [11 Marks]

<p>| | | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Pore</td>
<td>7</td>
</tr>
<tr>
<td>2</td>
<td>Hair (shaft)</td>
<td>8</td>
</tr>
<tr>
<td>3</td>
<td>Nerves</td>
<td>9</td>
</tr>
<tr>
<td>4</td>
<td>(Hair) root</td>
<td>10</td>
</tr>
<tr>
<td>5</td>
<td>Sweat gland</td>
<td>11</td>
</tr>
<tr>
<td>6</td>
<td>Arrector pilorum (pili) muscle</td>
<td></td>
</tr>
</tbody>
</table>
E 3[b] The Hip Joint [11 Marks]

<table>
<thead>
<tr>
<th></th>
<th>Description</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Pelvic bone</td>
<td>7</td>
</tr>
<tr>
<td>2</td>
<td>Acetabulum</td>
<td>8</td>
</tr>
<tr>
<td>3</td>
<td>Pubis</td>
<td>9</td>
</tr>
<tr>
<td>4</td>
<td>Ischium</td>
<td>10</td>
</tr>
<tr>
<td>5</td>
<td>Lesser trochanter</td>
<td>11</td>
</tr>
<tr>
<td>6</td>
<td>Ilium</td>
<td></td>
</tr>
</tbody>
</table>