Apply Four Step Coding Process
Refer to National Clinical Coding Standards reference books and the Coding Clinic for relevant standards
Search SNOMED CT
Carry out internet research
Search NICE Interventional Procedure Guidance
Discuss with coding and clinical colleagues
Search the Query Resolution Database
Complete Query Submission Form
Ensure supporting information is anonymised
Compile Supporting Information

0 LOCAL CODING PROCESS
1 QUERY SUBMITTED
2 QUERY REVIEWED and ASSIGNED
3 QUERY PROCESSED

0.1 Apply Four Step Coding Process
0.2 Refer to National Clinical Coding Standards reference books and the Coding Clinic for relevant standards
0.3 Search SNOMED CT
0.4 Carry out internet research
0.5 Search NICE Interventional Procedure Guidance
0.6 Discuss with coding and clinical colleagues
0.7 Search the Query Resolution Database

1.1 Compile Supporting Information
1.2 Ensure supporting information is anonymised
1.3 Complete Query Submission Form
1.4 Send Query Form to information.standards@nhs.net

2.1 Exeter Service Desk reviews query
2.2 Service Desk sends Query to Product Support Team
2.3 Query Owner Assigned from Product Support Team

3.1 Review query against 4 Step Coding Process and National Standards
3.2 Check Previous Queries to see if already addressed
3.3 Conduct research and consult with colleagues as appropriate
3.4 DRAFT RESOLUTION
3.5 Draft Resolution Peer Reviewed and QA’d as required
3.6 Resolution sent to Customer and added to Database as appropriate

CLINICAL CODING QUERY SUPPORT PROCESS

Start Coding
Receive Resolution
Clinical Coding Query Support Process

All clinical coding queries are received by our Service Desk based in Exeter. The Exeter team performs an initial check of the submitted documentation to ensure no person identifiable information is present. If the query is not fully anonymised they will return it to the originator. The Service Desk then send the query to our product support team.

Our Product Support Team consists of three full time and two part time members of staff who are all ACC qualified and have previous experience of working in Trusts in a variety of roles including as Clinical Coding Managers, Approved Clinical Coding Auditors and Approved Clinical Coding Trainers. The team receives an average of 40 queries each week and these come from a variety of sources, including clinical coding personnel, information analysts, Commissioning Groups, Members of Parliament, journalists and academic institutes. The queries are of varying complexity ranging from a single ICD-10 or OPCS-4 code to ‘shopping lists' requiring multiple code combinations and advice on how the codes can be used to extract meaningful data for a particular group of diagnoses or procedures.

Each query is assigned an individual owner from the Product Support team, who triages the query to ensure all of the required information is present. It is very important that the information provided is clear and comprehensive, as differences in the smallest details may lead to a different response.

Using the information provided, the owner will first check to see if a response can be provided by following the four step coding process and using existing national clinical coding standards.

In the absence of a dedicated index trail or standard, the owner will then search our Service Desk system to see if the same question has been answered previously and if so, will check whether the response is appropriate for the current query and supporting information. If the response has been added to the Query Resolution Database, the database UID will be sent to the query originator.

If the question has not been answered previously the owner will research other sources including SNOMED CT cross-maps, NICE Interventional Procedure Guidance (IPGs) and internet health sites. They will also discuss the query with the other CCS team members and liaise with other NHS Digital teams such as the Data Dictionary, Casemix, Terminology, etc. where required. In cases where there is a delay in providing a response due to the need for additional research we will contact you to let you know.

The query owner will draft a resolution which will then be peer reviewed by another member of the Product Support team to ensure accuracy, quality and completeness. The draft resolution may go through a number of reviews, and will be reviewed by another team member if there is disagreement. If there is no consensus the query will be referred to a Quality Assurance Group meeting where it will be discussed by all members of the Classifications team with clinical coding expertise in order to agree an appropriate resolution.
As part of the resolution process we aim to identify and address instances where:

- An existing coding standard / guidance is incorrect or out-of-date
- An existing coding standard / guidance that is ambiguous and/or open to interpretation and would benefit from improvement
- The lack of a coding standard / guidance is creating a problem for coding and a new standard / guidance, is required.
- An error or potential area for improvement in the classification needs to be addressed.

If at any point we feel more information is needed we will email you to request this. In some cases we will ask you to seek further information from the responsible consultant, in other instances we may recommend codes but ask you to clarify with the responsible consultant before assigning these codes.

It won’t always be possible for us to provide definitive codes and in such instances the codes we suggest will be a recommendation only.

The final agreed resolution is then sent to the originator of the query and, where appropriate, the query and resolution will be added to the Query Resolution Database.