National Clinical Coding Qualification (UK)
September 2016 Examination Feedback
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Examination Feedback

The purpose of this feedback is to highlight some of the most common mistakes made by candidates in this examination and to provide useful comments that may help candidates with their revision for forthcoming NCCQ (UK) examinations.

A general lack of preparation was evidenced by the performance of most candidates and was demonstrated across all sections of both papers for the September 2016 exam. Candidates are strongly advised to review the NCCQ (UK) syllabus and bibliography to identify any gaps in their knowledge and where necessary agree an action development plan with their line manager. These documents along with other aids for examination revision are available for download from the NHS Digital NCCQ (UK) webpage:

https://hscic.kahootz.com/connect.ti/t_c_home/view?objectId=298707

Preparing for the Examination:

Candidates preparing for this examination will need to have completed core training and be familiar with current national clinical coding standards. Completion of the following courses is highly recommended as a minimum level of attainment prior to sitting the NCCQ (UK) exam:

- Clinical Coding Standards Course
- Clinical Coding Standards Refresher Course
- National Clinical Coding Qualification Revision Workshop

Candidates need to plan their study in plenty of time before the examination.

The NHS Digital Clinical Classifications Service provides information about the National Clinical Coding Qualification (UK) Syllabus, Bibliography and Study Guidelines. In addition, E-learning modules that cover the ICD-10 Four Step Coding Process, Basic Anatomy and Physiology and Introduction to Clinical Coding are provided and these are useful materials for revision and exam preparation. An E-learning package is also available for SNOMED-CT and is provided by the UK Terminology Centre (UKTC) These E-learning modules are all available for download from the Technology Reference data Update Distribution site (TRUD)

https://isd.hscic.gov.uk/trud3/user/guest/group/0/home (a log on is required)

Sitting the Examination:

Candidates should thoroughly read all instructions provided on the examination paper. Failure to follow specific instructions, such as writing a candidate number on each page of the examination paper, will result in a loss of marks as any unlabelled answers cannot be marked.
Common mistakes:

The following highlight some of the common mistakes made by candidates sitting the September 2016 Examination.

**Paper 1 – Practical Coding**

**Section A1**

**Question:** Admitted for treatment of clawtoe. Also known to have clawhand.

**Answer:** Q66.8 Other congenital deformities of feet

M21.54 Acquired clawhand, clubhand, clawfoot and clubfoot – Hand

Many candidates incorrectly assumed that the claw hand was a congenital condition rather than an acquired deformity. The Alphabetical Index clearly indicates that without further specification the default code assignment is the Chapter XIII code. Marks were also lost by some candidates for not assigning a fifth character to identify the site of musculoskeletal involvement as per the instructional note at the category. As the four character code can be used to classify deformities of both the hands and feet it is necessary to assign the relevant fifth digit to specify which body part is affected.

**Question:** Methicillin resistance *Staphylococcus aureus* (MRSA) sepsis, resistant to vancomycin.

**Answer:** A41.0 Sepsis due to *Staphylococcus aureus*

U82.1 Resistance to methicillin

U83.0 Resistance to vancomycin

Errors encountered included the assignment of code B95.6 *Staphylococcus aureus* as the cause of diseases classified to other chapters following code A41.0. As per coding standard DCS.I.4: Bacterial, viral and other infectious agents (B95-B98) codes from category range B95 – B98 must only ever be assigned in a secondary position immediately following a code from another chapter where doing so adds additional information and never in addition to a code from Chapter I.

**Question:** Patient with known chronic obstructive pulmonary disease and emphysema, admitted with *Klebsiella pneumoniae* chest infection.

**Answer:** J44.0 Chronic obstructive pulmonary disease with acute lower respiratory tract infection

B96.1 *Klebsiella pneumoniae* [K. pneumoniae] as the cause of diseases classified to other chapters

J43.9 Emphysema, unspecified

Most errors related to the candidate assigning the code J15.0 Pneumonia due to *Klebsiella pneumoniae*, when the question included no mention of a diagnosis of pneumonia, stating only “chest infection”
Question: Newborn born in hospital with acute bronchitis caused by respiratory syncytial virus (birth episode).

Answer: P28.8 Other specified respiratory conditions of newborn
Z38.0 Singleton, born in hospital
J20.5 Acute bronchitis due to respiratory syncytial virus

Marks were lost due to candidates failing to assign code P28.8, as per coding chapter standard DChS.XVI.2: Coding perinatal conditions. Any condition that arises within the perinatal period (the period before birth through to the 27th day, 23rd hour and 59th minute of life) must be coded to Chapter XVI. Coders need to be aware that even when the Alphabetical Index entry for a particular condition does not include a modifier for “newborn”, “perinatal” etc. it must still be coded to this chapter. In this instance, there is no modifier for “newborn” listed under the Alphabetical index entry for bronchitis, however the specified form of bronchitis (acute bronchitis caused by RSV) can be indexed, the Tabular List confirms this is a type of respiratory infection, using this broader term the Alphabetical Index must be consulted again, a common Lead Term is “Conditions arising in the perinatal period” this would then lead to the appropriate Chapter XVI code. Also, as per DChS.XVI.2 an additional code must also be assigned where this provides additional information about the condition that is not already contained in the code description from Chapter XVI. Candidates lost marks for assigning B97.4 Respiratory syncytial virus as the cause of diseases classified to other chapters; in addition to J20.5 this adds no further information, and in place of J20.5 fails to include the information that the specific infection is acute bronchitis.

Question: Patient with Alzheimer’s dementia admitted with excessive sweating because she accidentally overdosed on Galantamine.

Answer: T44.0 Anticholinesterase agents
X43.9 Accidental poisoning by and exposure to other drugs acting on the autonomic nervous system – unspecified place
R61.9 Hyperhidrosis, unspecified
G30.9† Alzheimer’s diseases, unspecified
F00.9* Dementia in Alzheimers disease, unspecified (G30.9†)

Candidates lost marks due to assigning the incorrect Chapter XX external cause code describing the incident as an “adverse effect” rather than as an accidental poisoning, marks were also lost because of incorrect sequencing, assigning R61.9 as the primary diagnosis code which is not in keeping with coding standard DCS.XIX.8: Poisoning (T36-T65) which clearly states that any manifestations or reactions that are classified within Chapter XVIII Symptoms, signs and abnormal clinical and laboratory findings, not elsewhere classified (R00-R99) must only be coded in a secondary diagnosis position following the external cause code for the relevant poisoning.
Question: Adenocarcinoma of caecum and ileum. Point of origin cannot be identified. Known current smoker.

Answer: C26.8 Overlapping lesion of digestive system
       F17.1 Mental and behavioural disorders due to use of tobacco – harmful use

Most incorrect answers to this question were due to failure to recognise that the neoplasms point of origin had not been identified and that the sites of the ileum and caecum are contiguous (i.e. sharing a common border; touching). In such cases coders must abide by the classification rules established in the Note 5 found at the beginning of Chapter II Neoplasms in the ICD-10 Tabular List. This note provides instruction on the coding of malignant neoplasms with overlapping site boundaries and use of subcategory .8 (overlapping lesion). These rules are also contained in coding standard DCS.II.3: Malignant neoplasms overlapping site boundaries (C00-C75 and C76.8). Examples of incorrect answers included assigning C97.X Malignant neoplasms of independent (primary) multiple sites and C18.0 Malignant neoplasm of caecum which includes the ileocaecal valve however this was not specified as the site of involvement.

Section A2

Question: Patient admitted for a second stage autologous chondrocyte implantation into the right knee joint using an open approach.

Answer: W71.4 Open autologous chondrocyte implantation into articular structure
       Y71.1 Subsequent stage of staged operation NOC
       Z84.6 Knee joint
       Z94.2 Right sided operation

This question is intended to test knowledge of coding standard PCSW8: Autologous chondrocyte implantation into knee joint which provides a clear explanation of the necessary codes required for this scenario. Incorrect answers consisted of assigning codes for the endoscopic variant of the procedure despite clear indication in the question that this was performed as an open operation.

Question: Percutaneous coronary artery angioplasty with insertion of one drug-eluting and one expanding metal stent using intravascular ultrasound guidance under fluoroscopic control.

Answer: K75.1 Percutaneous transluminal balloon angioplasty and insertion of 1 – 2 drug-eluting stent into coronary artery
       Y14.2 Insertion of expanding metal stent into organ NOC
       Y53.2 Approach to organ under ultrasonic control
       Y53.4 Approach to organ under fluoroscopic control
The majority of errors related to the incorrect assignment of code K51.2 Intravascular ultrasound of coronary artery which is not in keeping with coding standard PCSK4: Coronary angioplasty and insertion of coronary stents using intravascular ultrasound guidance which clearly states that code Y53.2 must be coded instead of K51.2 to identify the use of IVUS. Some incorrect answers also included codes from category L76 Endovascular placement of stent when Chapter L cannot be used to classify procedures on the coronary arteries.

Case Studies

Case study number 1

Recurrent errors in Case Study 1 concerned the omission of the full Alphabetical Index trails, including essential and non-essential modifiers. Index Trails must include:

- The lead term along with any non-essential modifiers enclosed in parentheses by this term, also any tentative code printed next to this term
- The essential modifiers which have been used to refine the search for a tentative code, again any non-essential modifiers and tentative codes must also be reproduced. This would need to be repeated for as many essential modifiers are used.
- Index Trails for OPCS-4 should first mention the tentative code followed by the terms for Action, Site, Sub-site and Action Qualifier as relevant since this follows the format of the OPCS-4 Alphabetical Index.

Case study number 2

The main issue was omission of the correct primary procedure code. As per coding standard PCSX20: Radiotherapy (X65, X67-X68) the code classifying the preparation for radiotherapy must be assigned on the first attendance / episode for delivery of radiotherapy and sequenced before the delivery codes. As the patient had attended two weeks prior for preparation it would be appropriate to assign the preparation code on this episode.

Case study number 6

The patient was admitted with a bowel obstruction which was confirmed to be due to an intussusception of the jejunum as per the title of the procedure, many candidates assigned K56.6 Other and unspecified intestinal obstruction, instead of using the information to assign K56.1 Intussusception which classifies the specific cause for the obstruction. As the postoperative pneumonia is stated to have been due to the excision of the intestine then the correct Chapter XX external cause code to be assigned in addition is Y83.6 Removal of other organ (partial) (total).

Paper 2 – Theory

Section C

General Theory Short Questions

Question: List four of the predominantly secondary sites described in DCS.II.1: Primary and secondary malignant neoplasms (C00-C97).
Answer:

- Bone
- Brain and spinal cord (including meninges)
- Lymph nodes
- Pleura
- Peritoneum and retroperitoneum
- Heart
- Mediastinum and diaphragm
- Liver

The site of lung was a common incorrect answer for this question. The ICD-10 Volume 2 Instruction Manual provides a list of common sites of metastases which includes, among other sites, the lungs. This list however is not the same as the list of predominantly secondary sites provided in coding standard DCS.II.1: Primary and secondary malignant neoplasms (C00-C97), where there are differences between the WHO ICD-10 Volume 2 and the national clinical coding standard it is the national clinical coding standard that must take precedence.

Question: According to DCS.XI.1: Oesophageal web (K22.2, Q39.4), what type of condition does the ICD-10 Alphabetical Index assume an oesophageal web is according to the default code provided?

Answer: Congenital

Candidates’ incorrectly answered this question. National Clinical Coding Standards instruct coders to assume an oesophageal web is always acquired unless stated to be otherwise, however the Alphabetical Index prefers the congenital variety as the default.

Question: What two pre-cancerous terms, that do not affect the ICD-10 code assignment, are associated with Barrett oesophagus?

Answer: Low grade dysplasia and high grade dysplasia

This question was poorly answered as candidates were unable to provide the terms which are stated within coding standard.

Paper 2 – Section D1
General Theory ICD-10 questions

Part A

Question (i)
Overall this question was answered well by candidates with a good understanding of the other three relational terms used in ICD-10.

Marks were lost due to candidates stating ‘without’ as one of the relational terms, which whilst correct was also the example provided by the question so was not worth any marks. Most candidates could correctly describe the use of ‘And’, however many candidates were
only able to identify the other three relational terms and were unable to provide a brief description of each.

**Question (ii)**

Overall this question was well answered, with most of the candidate who chose this question attaining at least three of the four marks available. The majority of marks were lost due to candidates not stating that both the acute and chronic variants of a condition must be assigned “if separate codes for each are available”. Elsewhere marks were lost since candidates did not state what happens when the chronic condition becomes the main condition treated or investigated.

**Part B**

**Question (i)**

Overall the quality of answers for this question was average.

Marks were not earned due to the omission of several relevant points concerning the use of fifth characters in Chapter XIII. The question was worth eight marks and this should be some indication of the level of detail required for a good answer, however a number of candidates simply stated that fifth characters were used to identify the site of involvement and did not attempt to go into any further detail. Those who answer the question more fully did so well however most candidates did fail to state where the notes instructing the coders to use a fifth character are found in Chapter XIII (i.e. at the block, category and individual code levels).

**Question (ii)**

Overall this question was answered quite poorly by candidates.

The largest number of errors was attributed to candidates incorrectly stating that fifth characters in Chapter XIX are used to identify the place of occurrence which is incorrect since the place of occurrence is recorded by using a common fourth characters in conjunction with codes from Chapter XX, this demonstrates the lack of knowledge and preparation of some of the candidates. Other errors encountered included candidates stating that the fifth character subdivision in Chapter XIX only pertained to fractures and failed to mention there use in intracranial and other internal injuries.

**Paper 2 – Section D2**

**General Theory OPCS-4 questions**

**Part A**

**Question (i)**

The question was well answered in the main and evidenced some good preparation by candidates who could provide well-structured answers however some candidates answered with a description of dagger and asterisks coding standards which are not applicable since this question is within the section on OPCS-4 general theory. Candidates are reminded of the need to carefully read the question.

**Question (ii)**
The question was well answered by most candidates. Common errors included candidates failing to state that the unintentional action must not be coded using OPCS-4 codes and that any surgical procedure carried out to repair the injury could be recorded as the primary procedure if it became the main procedure carried out.

**Question (iii)**

This question was very well answered and generally candidates were awarded the full marks. Occasional errors encountered were candidates not stating the biopsy is an integral part of the excision.

**Part B**

**Question (i)**

It was apparent that some candidates had not understood the question and provided answers describing the use of Chapter Z site codes in a more general sense instead of relating it specifically to the coding of diagnostic endoscopic procedures.

**Question (ii)**

Generally well answered however some candidates did not gain marks for providing only a basic answer. A popular expression used by many coders to answer this question was “code the doing, not the looking” however this alone is not sufficient answer. This question is worth six marks which indicated that a more detailed answer is necessary to attain all available marks.

**Paper 2 – Section D3**

**Clinical Terms**

Questions in this section continue to be poorly answered and in some cases left without attempt. Some candidates failed to grasp the key knowledge pertaining to SNOMED-CT and it is recommended as part of preparation for this examination that candidates review the syllabus for this area to cover any gaps in knowledge.

**Part A**

Question (i) was poorly answered by candidates. Common incorrect answers included: Health & Social Care Information Centre (HSCIC), NHS England and the World Health Organization (WHO).

Question (iii) was reasonably well answered by those candidates who attempted it, most errors related to candidates only stating one part of the title for a hierarchy, e.g. ‘object’ rather than ‘physical object’ and ‘finding’ instead of ‘clinical finding’

**Part B**

Question (i) was poorly attempted. Common errors included: HSCIC, International Health Terminology Standards Development Agency (IHTSDO) and the WHO. Some candidates also just stated the abbreviation ‘CAP’ which is not an acceptable answer on its own.

In particular Question (iii) demonstrated that candidates could not distinguish the benefits of a clinician using SNOMED-CT from the broader benefits of using an electronic patient record (EPR), marks were not awarded due to answers being too vague and also a number
of the supposed benefits stated by candidates were actually not benefits to clinicians which is what the question was asking for.

**Paper 2 – Section D4**

**Miscellaneous Questions**

This section was generally answered poorly. However, candidates were able to provide some correct statements very few were able to express all the information required to gain full marks. Examples of errors included:

**Part A**

- Some candidates did not refer to the standard that was required and gave information on the sequencing of OPCS-4 codes in general
- Specific marks were lost for failing to include a statement to cover “unless there is a specific instruction to do otherwise” and “that the codes must fully and accurately describe the procedure”.

**Part B**

- Few high marks were awarded when describing the use of the brace
- There were few comprehensive answers to describe the type of punctuation although more candidates were able to provide sufficient detail on the uses of square brackets.

**Paper 2 – Section E1**

**Anatomy & Physiology**

**Question:** What is the name of the period of 42 days following birth?

**Answer:** Puerperium

Candidates are reminded that correct spelling is required to attain Marks in Section E of the exam.

**Question:** What joint types are described as allowing slight movement, for example, between vertebrae?

**Answer:** Cartilagenous

Candidates regularly answered with sliding joint and gliding joint.

**Question:** What makes up the peripheral nervous system?

**Answer:**
- 31 pairs of spinal nerves
- 12 pairs of cranial nerves
- Autonomic part of the nervous system

Candidates failed to mention the autonomic nervous system in their answer or did not mention the correct number of pairs of spinal and cranial nerves.
Question: The scrotum is divided into two compartments each containing one of what two organs?

Answer: Testis or testicle and epididymis

Candidates are reminded that correct spelling is required to attain Marks in Section E of the exam.

Question: The trachea is a passageway for air between the larynx and what other part of the respiratory system?

Answer: Bronchi

Note: The terms ‘bronchi’, ‘bronchial tubes’ and ‘bronchus’ were also accepted for a mark

Common incorrect answer was ‘the lung(s)’

**Paper 2 – Section E2 Medical Terminology**

Question: What does the suffix ‘–stomy’ mean?

Answer: Creation of an artificial opening

Many candidates gave the vague answer of ‘opening’ but failed to include the other important terms ‘creation’ and ‘artificial’ necessary to attain the mark. An answer of ‘artificial opening’ was also deemed acceptable.

Question: There are two root words to describe the lip: name one of them

Answer: Cheil-

Chil-

This question was left unanswered by many candidates and those that did answered incorrectly.

Question: What prefix means ‘within’?

Answer: End-

Marks were lost due to candidates including the combining vowel ‘o’ in their answer.

**Paper 2 – Section E3 Diagrams**

Candidates lost marks due to only giving part answers to the diagrams, for diagrams with bilateral anatomical structures it is important to include the descriptors of ‘Left’ and ‘Right’ with your answer.
as otherwise the answer will not be marked (abbreviated forms such as ‘R and L’ or ‘Rt and Lt’ were also accepted for the mark).

Correct spelling is required when answering questions in the anatomy and physiology section. This is considered important as incorrect spelling may indicate a different body part to the one the question is asking for e.g. ilium (pelvic bone) and ileum (part of the small intestine). The term ‘sphincter’ was commonly misspelled with candidate omitting the ‘c’

**Further information:**

The Institute of Health Records and Information Management (IHRIM) is primarily an educational body and provides qualifications at different levels as well as career and professional assistance for members.

The Institute encourages professionalism and a structured examination system exists for those who wish to obtain a professional qualification.

IHRIM is awarding organisation for the National Clinical Coding Qualification.

Further information about membership and registration can be found at [http://www.ihrim.co.uk/](http://www.ihrim.co.uk/)