National Clinical Coding Qualification (UK)
March 2018 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 March 2018 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 Terminology & Classification Delivery Service provides information about the National Clinical Coding Qualification (UK) Syllabus, Bibliography and Study Guidelines. In addition, a suite of e-learning modules that cover the ICD-10 Four Step Coding Process, Basic Anatomy and Physiology and Introduction to Clinical Coding are available and these are useful materials for revision and exam preparation. In addition, a range of e-learning modules are also available for SNOMED-CT. All these e-learning modules are accessible via the Education and Training Library found on Delen

https://hscic.kahootz.com/connect.ti/t_c_home/viewdatastore?dsid=379620

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 March 2018 Examination.

**Paper 1 – Practical Coding**

**Section A1**

**Question:** Routine follow-up gastroscopy following surgery for a previous polyp of the stomach. No polyps seen but the patient had an oesophageal stricture that was dilated.

**Answer:**
- K22.2 Oesophageal obstruction
- Z09.0 Follow-up examination after surgery for other conditions
- Z87.1 Personal history of diseases of the digestive system

Many candidates assigned Z09.0 *Follow-up examination after surgery for other conditions* in the primary diagnosis position. Some candidates omitted this code completely. During the gastroscopy the oesophageal stricture was dilated. Coding standard **DCS.XXI.2: Follow up examinations after treatment for a condition (Z08 and Z09)** says that when a patient undergoes a follow-up examination and an incidental finding is treated then the condition that is treated must be coded first, followed by Z08 or Z09 and then a relevant code from Chapter XXI.

**Question:** Five-year-old child admitted with palpitations after swallowing his mum’s citalopram and paracetamol at home. The citalopram-induced palpitations were treated with quinidine

**Answer:**
- T43.2 Other and unspecified antidepressants
- X41.0 Accidental poisoning and exposure to antiepileptic, sedative-hypnotic, antiparkinsonism and psychotropic drugs, not elsewhere classified – Home
- T39.1 4-Aminophenol derivatives
- X40.0 Accidental poisoning and exposure to nonopioid analgesics, antipyretics and antirheumatics- Home
- R00.2 Palpitations

Again there were problems with sequencing of the primary diagnosis. Many candidates incorrectly assigned R00.2 *Palpitations* in a primary diagnosis position. Standard **DCS.XIX.8 Poisoning (T36-T65)** says that manifestations or reactions classified within Chapter XVIII Signs, symptoms and abnormal clinical and laboratory findings, not elsewhere classified (R00-R99) must be coded in a secondary diagnosis position following the external cause code for the poisoning.
Question: Millard-Gubler syndrome due to thrombotic cerebral infarction in the precerebral basilar artery.

Answer: I63.0D Cerebral infarction due to thrombosis of precerebral arteries
G46.3A Brain stem stroke syndrome

Candidates assigned I67.9 Cerebrovascular disease, unspecified as the primary diagnosis code as well as including I63.0 Cerebral infarction due to thrombosis of precerebral arteries. This indicates that candidates failed to verify the code they had selected in the Tabular. The Alphabetical Index directs the coder to I67.9 Cerebrovascular disease, unspecified. The Tabular indicates that the code G46.3 Brain stem stroke syndrome can be used with any of the codes in the range I60 to I67, so the appropriate code should have been selected during the 4th step of code assignment.
Section A2

Question: Implantation of a cardiac resynchronisation therapy (cardioverter) defibrillator (CRT-D) device using two leads under image control.

Answer: K59.6 Implantation of cardioverter defibrillator using three electrode leads

Y53.9 Unspecified approach to organ under image control

The most common error was the use of K59.2 Implantation of cardioverter defibrillator using two electrode leads. Candidates failed to follow Standard PCSK7 which states that implantation of a CRT-D device using either two or three leads should be coded to K59.6 Implantation of cardioverter defibrillator using three electrode leads.

Question: Endoscopic endonasal biopsy of a pituitary stalk tumour.

Answer: B04.5 Operations on pituitary stalk

Y76.6 Endonasal endoscopic approach to other body cavity

Y20.3 Biopsy of lesion of organ NOC

There were numerous errors for this question. The main error related to the incorrect sequencing of the secondary codes with candidates sequencing Y20.3 biopsy of lesion of organ NOC before the approach code. PGCS1 Endoscopic and minimal access operations that do not have a specific code says that the minimal access approach code follows the code for the open procedure and is coded before other codes from Chapter Y Subsidiary Classification of Methods of Operation. Several candidates used B04.2 Biopsy of lesion of pituitary gland and those who did then failed to use the code Y20.3 Biopsy of lesion of organ NOC. Another common error was the use of Y76.2 Functional nasal endoscopic surgery as the approach code.
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.

Examples of correct Index trails are given below.

ICD 10

Disease, diseased – see also Syndrome
- Motor neuron (bulbar) (familial) (mixed type) (spinal) G12.2

OPCS 4.8

E42.- Temporary tracheostomy

The question asks for Alphabetical Index trails only. There is no need to include Tabular information even when the Alphabetical Index directs to a three-character category. Index trails are only needed for the first case study.

Case study number 4

The main error in diagnosis coding was the omission of the fifth character at the end of code S82.8 Fracture of other part of lower leg. The coding standard DChS.XIX.2 Fifth characters in Chapter XIX says that the supplementary fifth character must be assigned when instructed by the note at code, category or block level and that the default for an injury not specified as ‘open’ or ‘closed’ must be recorded using the fifth character .0.

There were several errors at three-character level for procedures. Many candidates assigned W20.1 Primary open reduction of fracture of long bone and extramedullary fixation using plate NEC as the primary procedure however the fracture had already been reduced in A&E and the main procedure recorded should have been W23.2 Secondary open reduction of fracture of bone and intramedullary fixation HFQ. Other candidates assigned Z85.6 Ankle joint rather than coding the individual bones that were pinned/plated.
Case study number 5

The incorrect primary diagnosis was selected by some candidates who sequenced C80.0 **Malignant neoplasm, primary site unknown, so stated** before the code C79.8 **Secondary malignant neoplasm of skin of other sites**. In this instance the secondary neoplasm was the main condition treated or investigated so should have been coded **before** the primary malignant neoplasm in accordance with **DCS.II.1 Primary and secondary malignant neoplasms**. Candidates lost marks for failing to assign the code R59.0 **Localized enlarged lymph nodes**; this was a relevant code as a biopsy was taken of the enlarged right inguinal lymph node. The patient underwent a punch biopsy of the skin of the vulva - a code from **Chapter S Skin** should have used to identify the type of biopsy performed. This guidance is found in **Standard PChSS1: Enhancing body system codes using codes from Chapter S** and as a note at category **P09 Other operations on vulva**. Further omissions related to codes showing a plugged biopsy and the laterality of the procedure.
**Paper 2 – Theory**

**Section C**

**General Theory Short Questions**

**Question:** Name the **two** types of injuries of the musculoskeletal system and connective tissue that must be assigned to a code from ICD-10 5th Edition *Chapter XIII Diseases of the musculoskeletal system and connective tissue*

**Answer:**
Old/chronic
Recurrent

Candidates gave specific examples of types of injuries e.g. pathological fracture rather than the two types of injuries.

**Question:** When coding foot osteotomy procedures, on what does the assignment of the appropriate OPCS-4 category depend?

**Answer:** When coding foot osteotomies, the appropriate OPCS-4 category will depend on the method of osteotomy and whether the osteotomy was performed on a single metatarsal, on multiple metatarsals, or on the phalanges.

Candidates failed to say that the code depended on the method of osteotomy. They were only able to identify some of the sites listed.

**Question:** Name the **two** types of approach associated with a transcatheter aortic valve implantation (TAVI) procedure.

**Answer:** Surgical approach through left ventricle
Transluminal approach through an artery.

Some candidates were able to identify an open approach to the left ventricle but very few were able to say that procedure could be performed using a transluminal approach.
**Paper 2 – Section D1**

**General Theory ICD-10 questions**

**Part A**

**Question (i)**

Many candidates provided the answer for D1B (i) in this section describing the types of chapters in ICD-10. Candidates failed to fully describe fifth character length. Includes and excludes notes were also mentioned several times but were not relevant to the question.

**Question (ii)**

Overall this question was well answered. Marks were lost as candidates failed to state that sequelae codes should be sequenced directly after the code for the current condition.

**Question (iii)**

Some candidates included a lot of extraneous information in this question; others did not provide enough detail. Simply stating that the sequencing of primary and secondary neoplasms depends on the main condition treated was not enough information to achieve full marks. Unnecessary information included detail about predominantly secondary sites, how to code multiple primary malignant neoplasms and unknown primary and secondary neoplasms.

**Part B**

**Question (i)**

Overall candidates answered this question well with very few marks lost.

**Question (ii)**

This question was poorly answered.

Most answers did not include detail about not assigning a code for unspecified gastrointestinal haemorrhage when it was the symptom of a specific diagnosed disease.
Paper 2 – Section D2

General Theory OPCS-4 questions

Part A

Question (i)
This question was well answered overall although some candidates included information about eponyms rather than abbreviations.

Question (ii)
The question was mostly well answered. The most common mistake was stating that ‘see also’ was found in both the Alphabetical and Tabular indexes in OPCS. Candidates also stated that ‘use’ is a cross reference. According to PConvention 2 Instructional notes and paired codes ‘use a…/use an…/use as…’ are paired codes and not cross references.

Question (iii)
This question was less well answered. The question asked about assigning codes for specifically classifiable arteries i.e. those described at the category or code description or inclusions. Incorrect answers included information describing how procedures should be coded when the specific intervention is not classifiable at a named artery category.

Part B

Question (i)
Most candidates achieved half marks for this question. There was some confusion between categories and chapters with some answers stating that overflow chapters could be found at the end of the category. Other incorrect answers included information about principal and extended categories.

Question (ii)
This question was not very well answered. Most candidates were unable to state that the diagnostic imaging codes contained in the general body system chapters should be assigned when the procedures are performed, which is not the same for all codes within Chapter U Diagnostic Imaging, Testing, and Rehabilitation.

Question (iii)
This was generally well answered with most candidates gaining at least two of the marks available for this question. Marks were lost for failing to state that there was no need to code catheterisation of the heart in addition to a code for contrast radiology as catheterisation is implicit in the code.
**Paper 2 – Section D3**

**Clinical Terms**

Questions in this section continue to be poorly answered and, in some cases, simply not attempted. 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), (ii), (iii) and (v) were generally well answered by those candidates who attempted it with most achieving the marks for each section. Candidates failed to read question (iv) with significant numbers confusing the benefits of Snomed in an EPR with the benefits of an EPR. Question (vi) was poorly answered with candidates providing general answers such as ‘rules, standards and conventions’.

**Part B**

This was a very poorly answered question, most candidates struggled to achieve half marks overall. In Question (i) the most common error involved an explanation of the acronym of Snomed CT rather than describing what Snomed CT is. Incorrect answers for section (ii) included IHTSDO, NHS England, UKTC, TRUD and HSCIC which were all mentioned as the UK National Release Centre. Most candidates also thought that the UK edition of Snomed CT was only updated once a year. Again, with question (iii) candidates misread the question and provided benefits of Snomed in an EPR rather than benefits of using an electronic care record. Questions (vi) and (v) were quite well answered.

**Paper 2 – Section D4**

**Miscellaneous Questions**

This section was generally answered very poorly. There were unanswered questions in each section. Candidates were able to provide some correct statements but very few were able to express all the information required to gain full marks.

**Part A**

- Candidates identified that HES is a database but could not provide any further information and a few thought it was UK wide.
- This section was better answered although audit processes were described rather than the criteria for policy and procedure documents.

**Part B**

- Very few marks were achieved for this question
- Candidates were not able to provide a description of Healthcare Resource Groups with many providing information about the National Tariff Payment System generally.
**Paper 2 – Section E1**

**Anatomy & Physiology**

**Question:** What is the name given to the smallest veins?

**Answer:** Venules

Incorrect answers included blood vessels, ‘veinoles’ arteries and capillaries.

**Question:** What is the name for the intermixing of molecules of a liquid or gas so that they are equally concentrated?

**Answer:** Diffusion

A high number of candidates did not answer this question at all. Incorrect answers included nitrogen, binding equilibrium, chime and respiration.

**Question:** What is the name given to the distal end of the abdominal aorta at which point the artery divides into the two common iliac arteries?

**Answer:** Aortic bifurcation

Incorrect answers included thoracic aorta, aortic branch, aortic arch and abdominal aorta.

Candidates are reminded that correct spelling is required to attain marks in Section E of the exam.
**Paper 2 – Section E2**

**Medical Terminology**

**Question:** What root word is used to describe ‘pus’ or ‘pus forming’?

**Answer:** Py-

For those that attempted the question incorrect answers included pyelo, pyle and cyst.

**Question:** What is the suffix in ‘cholelithiasis’ and what is its meaning?

**Answer:** -iasis – process or condition resulting from

This was very poorly answered. Some of the incorrect answers given were lithiasis, thiasis with definitions of crushing, dilatation and formation of stones.

**Question:** What does the suffix ‘-ptosis’ mean?

**Answer:** Falling or downward displacement

A substantial number of candidates did not attempt this question. Answers included turning away, protrusion and infection.

**Paper 2 – Section E3**

**Diagrams**

Candidates lost marks due to only giving part answers to the diagrams.

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). Common misspellings included coccygeal and lumbar which was frequently misspelled as lumber.

**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/