Learning from our Coding Mistakes

Understanding NOS and NEC Codes

As we find ourselves closer and closer to October 1, 2015, with no substantial evidence of another pending delay, we are all trying to earnestly transition from ICD-9 to ICD-10 as we prepare ourselves for yet another mandated change. One of the biggest obstacles that we will face during ICD-10 implementation is learning from the ICD-9 coding errors that we discover as we are converting our most common codes to ICD-10. I promise you we have been making a lot of coding mistakes in ICD-9 albeit neither intentionally or maliciously. I am not throwing stones here. Many of our systems were not sophisticated products or processes when we first started using them. Also, our providers have been thrown into the coding world by EHR implementation. We have had a big learning curve all the way around. However, as we move forward, we may benefit from a broader understanding of coding principles and guidelines, factors which become even more important with the increased specificity of the codes in ICD-10.

As I assist more clinics in mapping their top codes from ICD-9 to ICD-10, it becomes increasingly obvious that we (and I include fee-for-service, primary care in that "we", too) have been overusing the nonspecific and unspecified diagnosis codes in ICD-9 including the NOS and NEC codes. The most basic of all coding guidelines is that the specificity of the documentation drives the specificity of the code assignment. Or said another way: we should assign the code based on the highest degree of specificity in the clinical documentation.

For example, if our clinical documentation indicated that the patient presented with acute onset of nasal congestion, pain over both cheeks and tenderness with pressure; we confirmed bilateral maxillary sinusitis; and the provider noted that it was the 3rd similar infection in two months; the correct code assignment in ICD-9 would be 461.Ø, Acute Sinusitis, Maxillary. In ICD-10 it would be JØ1.Ø1, Acute Recurrent Maxillary Sinusitis. It would be incorrect to assign either 461.9, Acute sinusitis, unspecified in ICD-9 or JØ1.3Ø, Acute Sinusitis, unspecified in ICD-10 because the clinical documentation is more specific about the nature and site of the infection. In contrast, if the clinical documentation were less robust and indicated that the patient presented with acute onset of general symptoms indicative of sinusitis but no details were noted about the site or status of the infection, it would be appropriate to assign 461.9, Acute sinusitis, unspecified in ICD-9 or JØ1.3Ø, Acute Sinusitis, unspecified in ICD-10. It all depends on the clinical documentation. The code assignment should match the note as closely in detail as possible. Payers are going to be analyzing high volumes of non-specific codes once ICD-10 is in full use. We need to learn from our mistakes now.

I think it is also helps for us to understand the difference between NOS and NEC codes. NOS is an acronym for "Not otherwise specified". Diagnosis codes with a NOS reference indicate codes that are appropriate when the clinical documentation does not give enough detail for a more specific code assignment to be made, as seen in our second example above. Overuse of NOS codes may tell us that either we are not assigning codes using the specificity of the note or that the quality of our clinical documentation is weak or both. NEC codes, on the other hand, should be selected when the code set doesn't provide a choice that is as specific as the details found in our clinical documentation. NEC is an acronym for "Not Elsewhere Classified". In primary care, we would expect to use NEC codes very rarely because of the types of conditions and diseases we normally treat.

The simple truth is that we in our RHCs are by in large a group of home-grown, good-hearted folks, dedicated to rural healthcare and our communities, who have to daily scratch and claw to get our heads and checkbooks around complicated federal, state and payer regulations every day. Learning from our coding errors is another way that we can help ourselves over one more hump in the daily grind.

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