

Sepsis Under the ICD-10-CM Microscope

Save to myBoK

By Jill Kulanko, RHIA, CCS, CPC, CIC, COC, CPC-I

Sepsis is arguably the most challenging condition to code correctly in ICD-9-CM. The condition itself is complex and the definitions regarding sepsis, SIRS, and severe sepsis have evolved over time, keeping coders on their toes. The guidelines are also difficult to understand. Complicating matters, the documentation of sepsis is often inconsistent or conflicting.

ICD-10-CM brings a new set of changes for coding sepsis, SIRS, severe sepsis, and septic shock, including some changes that will affect DRG assignment. When we first look at the changes in coding sepsis in ICD-10-CM, on the surface the differences are easy to grasp. But, when carefully comparing the guidelines, the alphabetic index, and the tabular entries, there are subtle changes that require attention. If coders really dig into ICD-10-CM, they likely will find that new questions arise regarding coding sepsis.

At First Glance

The following takes a first glance look at coding sepsis in ICD-10-CM and some of the items coders should initially note.

A Minimum of One Code

In ICD-9-CM a minimum of two codes are required to code sepsis; a code for the systemic underlying infection (usually a code from category 038) and a code for the sepsis or severe sepsis (995.91 or 995.92, respectively). In ICD-10-CM the term “sepsis”—without acute organ dysfunction—can be coded with one code, A41.9. It is only when the patient has organ dysfunction related to the sepsis, severe sepsis, or septic shock, that R65.20 or R65.21 will be added with the specific code for the organ dysfunction. If the localized infection is documented, it should also be added.

Example: A 43-year-old woman presents with a fever, tachycardia, and a blood culture positive for methicillin susceptible *Staphylococcus aureus*. No source is found. The final diagnosis is MSSA sepsis.

- ICD-9-CM codes assigned: 038.11, 995.91
- ICD-10-CM code assigned: A41.01

Coding Septic Shock

In ICD-9-CM when septic shock is documented, a code for the systemic underlying infection is coded first (038.X), followed by a code for severe sepsis (995.92). Septic shock is coded separately with code 785.52. In ICD-10-CM septic shock is not coded separately—it is now a combination code with severe sepsis, R65.21. When septic shock is documented, first code the underlying systemic infection, then code R65.21, Severe sepsis with septic shock. The tabular section reminds the coder to “code first underlying infection.” Codes from the R65 category can never be assigned as principal diagnosis.

Coding Newborn Sepsis

In ICD-9-CM newborn sepsis is coded with one code, 771.81. There is a note under category 771.8 to “use additional code to identify organism or specific infection” when the specific organism has been documented. In ICD-10-CM there are 10 codes to describe newborn sepsis. Codes from category P36 include the organism, and an additional code for the infectious organism should not be assigned. If the organism does not have a specific entry in the P36 category, then P36.8, Other bacterial sepsis of newborn can be assigned with an additional code from B96 to identify the organism.

Coding Urosepsis

Urosepsis is a term that is still used by providers to mean either sepsis or a urinary tract infection. The “ICD-9-CM Official Guidelines for Coding and Reporting” instructs coders to use code 599.0 as the default code when urosepsis is documented. In the alphabetic index in ICD-9-CM under “urosepsis” two entries are listed: “meaning sepsis 995.91” and “meaning urinary tract infection 599.0.” The term “urosepsis” can no longer be coded in ICD-10-CM. In the alphabetic index under “urosepsis” in ICD-10-CM coders are instructed to “code to condition.” There is no default code for urosepsis. Therefore, when urosepsis is documented, the coder must query the physician. This is noted in the ICD-10-CM Official Guidelines for Coding and Reporting.

Upon Closer Inspection

The following takes a closer look at coding sepsis in ICD-10-CM and some of the items coders should note.

Definitions Not Included

The definitions for sepsis, SIRS, and severe sepsis are no longer included in the guidelines in ICD-10-CM. In ICD-9-CM the definitions were provided as a reference, but stated that the provider should be queried for clarification for the terms when used in the documentation. It is unclear why the definitions were omitted in ICD-10-CM. Although the definitions are no longer included in the ICD-10-CM guidelines, coding instructions for sepsis, severe sepsis, and septic shock are more clearly defined. For instance, the guidelines in ICD-9-CM group the instructions for sepsis and severe sepsis together, whereas in ICD-10-CM, sepsis and severe sepsis have separate entries in the guidelines.

SIRS and Septicemia Missing in Guidelines

The guidelines for Chapter 1 no longer make reference to SIRS or septicemia. Guidelines pertaining to SIRS are now only found in the Chapter 18 guidelines. This is a subtle difference between ICD-9-CM and ICD-10-CM that a careful comparison of the guidelines will reveal. This is in line with the shift from SIRS being associated with only non-infectious processes and with the term septicemia being phased out.

SIRS with a Localized Infection

Per the ICD-9-CM guidelines, if the patient is admitted with a localized infection and SIRS, the code for the systemic infection (usually a code from category 038), should be assigned first, followed by a code for sepsis or severe sepsis (995.91 or 995.92, respectively) and the localized infection. In ICD-10-CM this is no longer the case. A localized infection with SIRS can no longer be coded as sepsis. If a patient has a localized infection with SIRS, only the localized infection will be coded. However, if the clinical indicators for sepsis are present and sepsis is not documented, the physician should be queried. There is an American Hospital Association Coding Clinic issue regarding SIRS with a localized infection in the Fourth Quarter 2014 issue.¹

Example: A 79-year-old male presents with severe shortness of breath and chest pain. He has a fever and tachycardia and meets the SIRS criteria. A chest X-ray shows pneumonia. The final diagnosis at discharge is SIRS with Pneumonia.

- ICD-9-CM codes assigned: 038.9, 995.91, 486
- ICD-10-CM code assigned: J18.9

Tachycardia, tachypnea, fever, and leukocytosis are inherent symptoms of any infectious process. The SIRS criteria is used as a screening tool to assess a patient’s risk of developing sepsis or severe sepsis and to initiate treatment for at-risk patients. A patient may exhibit signs and symptoms of SIRS without developing sepsis.²

This is a major difference between ICD-9-CM and ICD-10-CM that will affect the DRG and reimbursement. Physicians should be educated that documentation of SIRS will be insufficient to capture a diagnosis of sepsis and they should be encouraged to document sepsis if the patient has the condition. When only SIRS is documented, clinical documentation specialists must identify clinical indicators for sepsis when present and query the physicians regarding sepsis.

SIRS in the Alphabetic Index

In ICD-9-CM in the alphabetic index under “Syndrome, systemic inflammatory response,” the coder is led to both “infectious” and “non-infectious” entries. In ICD-10-CM in the alphabetic index under “Syndrome, systemic inflammatory response,” the coder is led only to the non-infectious SIRS, R65.10, and R65.11. SIRS is only codeable in ICD-10-CM when associated with non-infectious processes.

Septicemia in the Alphabetic Index

In ICD-9-CM the guidelines state that the terms septicemia and sepsis are not considered synonymous terms. In the alphabetic index under “sepsis” 995.91 is given as the default for generalized sepsis and the remainder of the subterms refer mostly to localized septic conditions in specific parts of the body. Under “septicemia” in ICD-9-CM 038.9 is given as the default with the subterm entries identifying the various organisms that cause septicemia.

Septicemia is rarely a term that physicians document, and to reflect this shift in terminology in ICD-10-CM the term “septicemia” in the alphabetic index references the coder to sepsis. The default codes for “sepsis” and “septicemia” in ICD-10-CM are both A41.9. The various causative organisms and various septic conditions are all listed under the entry for “sepsis” in ICD-10-CM.

Not Quite in Focus

Not all questions surrounding coding sepsis in ICD-10-CM can be easily answered. The following offers a look at some gray areas.

Infection with Organ Dysfunction

According to the alphabetic index in ICD-10-CM, a localized infection with acute organ dysfunction can be coded as severe sepsis. If the term “infection, with organ dysfunction” is located in the alphabetic index, the code R65.20 is listed and, if septic shock is present, then R65.21 is coded. When locating the category R65.2 in the tabular section, an inclusion term under severe sepsis is “infection with associated acute organ dysfunction.” This is not specified as a “systemic infection.” So the question remains, if a patient presents with a urinary tract infection and develops metabolic encephalopathy (an acute organ dysfunction), may coders assign R65.20, Severe sepsis as a secondary code? It doesn’t seem logical that R65.20 or R65.21 can be coded without the term “sepsis” documented on the chart. Both R65.20 and R65.21 are MCCs, so this could impact DRG assignment.

SIRS Due to Infectious Process with Acute Organ Dysfunction

Another inclusion term under R65.20, Severe sepsis is “systemic inflammatory response syndrome due to infectious process with acute organ dysfunction.” As stated above, SIRS due to a localized infection is no longer coded as sepsis. This inclusion term seems to indicate that when SIRS due to a localized infection results in acute organ dysfunction, R65.20 can be coded. The problem is that this can’t be referenced in the alphabetic index under “syndrome, systemic inflammatory response.”

Sepsis and Pregnancy

When sepsis occurs during an abortion, ectopic pregnancy, molar pregnancy, or during labor, it is unclear whether codes from categories A40 or A41 should be assigned in addition to a code from Chapter 15 of the ICD-10-CM guidelines. In Chapter 1 under A40 and A41 in the tabular section there is a note to “code first sepsis during labor” and “sepsis following abortion or ectopic or molar pregnancy.” This implies that the A40-A41 codes would be coded as secondary codes.

These instructions conflict, though, with the instructions in Chapter 15. The guidelines for Chapter 15 instruct the coder to first code the Chapter 15 code and assign an additional code for the specific type of infection. If severe sepsis is present, add R65.2- and any associated acute organ dysfunction. Codes from categories A40-A41 are not mentioned. In the tabular section, instructions are given to “Use additional code (B95-B97) to identify infectious agent” and “Use additional code (R65.21) to identify severe sepsis if applicable.” Again, there are no instructions to add a code from categories A40-A41 for sepsis during an abortion, pregnancy, or childbirth.

However, under the guidelines for puerperal sepsis, coders are instructed to not add a code from categories A40-A41. Whether or not a code from A40-A41 should be added to the ICD-10-CM guidelines and will need future clarification as these codes are MCCs and may affect the DRG.

Develop Policies to Battle Ambiguities

It is easy to apply one's current knowledge of ICD-9-CM to ICD-10-CM to move forward and assume similarities exist, but it is vitally important that coders examine the nuances and slight changes of wording in ICD-10-CM. It is recommended that facilities establish policies to deal with the ambiguities regarding sepsis and SIRS in ICD-10-CM.

Notes

1. American Hospital Association. "Coding Clinic for ICD-10-CM." (Fourth Quarter 2014).
2. MD+Calc. "SIRS, Sepsis, and Septic Shock Criteria." <http://www.mdcalc.com/sirs-sepsis-and-septic-shock-criteria/>.

Jill Kulanko (jekulanko@gmail.com) is chief educator at her company My Coding Mentor. She also owns Advanced Coding Solutions, where she has worked as an independent inpatient and outpatient coding contractor.

Article citation:

Kulanko, Jill. "Sepsis Under the ICD-10-CM Microscope" *Journal of AHIMA* 86, no.9 (September 2015): 58-60.

Driving the Power of Knowledge

Copyright 2022 by The American Health Information Management Association. All Rights Reserved.