

## Coding & Documentation

Sepsis is the immune systems extreme response to an infection. It can quickly lead to tissue damage, organ failure and death. Early identification and treatment is critical. Survivors are more likely to develop the condition in future infectious episodes.<sup>1</sup>

| Sepsis (Septicemia)          | Systemic Inflammatory Response Syndrome (SIRS) | Severe Sepsis              | Septic Shock        |
|------------------------------|--|----------------------------|---------------------|
| Infection of Blood or Tissue | Systemic Inflammation                          | Systemic Organ Disfunction | Circulatory Failure |

The level of detail in the documentation impacts coding and reporting accuracy.

### Include condition details when present:

- Related infectious or non-infectious condition
- Type of infectious agent or causal organism
- Reason for admission and/or present on admission
- Organ and disfunction
- Severity of the condition
- Relation to the condition

### Specifically state when applicable:

- Severe sepsis and associated organ disfunction
- Relationship between sepsis and post-procedural infection
- Relationship between sepsis and non-infectious condition

## Coding Guidelines<sup>2</sup>

| Sepsis (Septicemia)   | Severe Sepsis  | Septic Shock  |
|---|--|---|
| <ul style="list-style-type: none"> <li>• Code the unerlying systemic infection, if type is not specified use A41.9 - sepsis, unspecified organism.</li> <li>• Negative labs do not rule out sepsis when there is clinical evidence of the condition.</li> <li>• Query provider when:                             <ul style="list-style-type: none"> <li>- There is clinical evidence of condition with negative or inconclusive labs.</li> <li>- Provider documents “urosepsis”.</li> </ul> </li> </ul> | <ul style="list-style-type: none"> <li>• Severe sepsis and/or associated acute organ failure must be documented in order to code severe sepsis.</li> <li>• Requires 2 or more diagnosis codes                             <ul style="list-style-type: none"> <li>- Underlying systemic infection</li> <li>- Severe sepsis, R65.2-</li> <li>- Associated acute organ dysfunction</li> </ul> </li> <li>• Never assign R65.2 as principal diagnosis.</li> </ul> | <ul style="list-style-type: none"> <li>• Due to circulatory failure in septic shock, acute organ dysfunction is typically related</li> <li>• Requires 3 or more diagnosis codes                             <ul style="list-style-type: none"> <li>- Underlying systemic infection</li> <li>- Severe sepsis with septic shock, R65.21 or post procedural shock, T81.12-</li> <li>- Acute organ dysfunction</li> </ul> </li> </ul> |

## Coding Guidelines<sup>2</sup> (Continued)

| Review ICD-10-CM Official Guidelines and conventions in the tabular list |   | First  | Second          | (When Applicable)   |                    |                   |                         |
|--|---|--|-----------------|---------------------|--------------------|-------------------|-------------------------|
|  |   |  |                 | Use additional code | With Severe Sepsis | With Septic Shock | Other additional code   |
| With Localized Infection   | Present on admission  | Sepsis   | Local Infection | →                   | R65.2-             | R65.21            | Acute organ dysfunction |
|  | Develops after admission  | Local Infection                                | Sepsis          |                     |                    |                   |                         |
| With Non-Infectious Condition  | Do not code SIRS of non-infectious origin when infection and condition are related. | Non-infectious condition (i.e. trauma, injury) | Sepsis          | →                   | R65.2-             | R65.21            | Acute organ dysfunction |
| Due to Post-Procedural Infection   | Following infusion, transfusion and therapeutic injections                          | T80.2-   | Sepsis          | →                   | R65.2-             | T81.12X-          | Acute organ dysfunction |
|  | Following immunization  | T88.0-   | Sepsis          | →                   |                    |                   |                         |
|  | Following a procedure   | T81.4- (code to depth)                         | T81.44          | Sepsis              |                    |                   |                         |
|  | Infection of obstetrical surgical wound   | O86.0- (code to depth)                         | O86.04          | Sepsis              |                    |                   |                         |

## Sepsis & COVID-19

When COVID-19 meets the definition of principal diagnosis, code U07.1, COVID-19, should be sequenced first, followed by the appropriate codes for associated manifestations, except in the case of obstetrics patients as indicated in Section I.C.15.s. for COVID-19 in pregnancy, childbirth, and the puerperium.

For a COVID-19 infection that progresses to sepsis, see Section I.C.1.d. Sepsis, Severe Sepsis, and Septic Shock. See Section I.C.15.s. for COVID-19 in pregnancy, childbirth, and the puerperium

<sup>1</sup><https://www.cdc.gov/sepsis/what-is-sepsis.html>

<sup>2</sup>[https://www.cdc.gov/nchs/data/icd/10cmguidelines-FY2020\\_final.pdf](https://www.cdc.gov/nchs/data/icd/10cmguidelines-FY2020_final.pdf)