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# SEPSIS

## ICD-10-CM Coding Guide



# SEPSIS

**Code assignment should be based strictly on physician documentation**

Sepsis refers to an infection due by any organism that triggers a systemic inflammatory response or system inflammatory response syndrome (SIRS).

The invasive bacteria cause cells in the body to release cytokines, substances that trigger inflammation. The release of an abnormally high number of cytokines causes blood vessels to dilate, which decreases blood pressure and causes blood to clot within vital organs. Signs of sepsis include either a low or an abnormally high fever or hypothermia, as well as rapid heart rate, rapid breathing rate, or an abnormally high number of white blood cells

**Bacteremia:** Presence of bacteria in the blood. It is asymptomatic. Code is R78.81

**Septicemia:** Presence of pathological microorganisms in the bloodstream such as viruses, bacteria, fungus, and toxins due to infection or trauma. There is NO code for septicemia in ICD-10

Per Index, you are directed to code A41.9

SIRS (Systemic Inflammatory Response Syndrome) SIRS is defined as a clinical response to an insult, infection or trauma. Clinical response to infection or trauma that can trigger an acute inflammatory reaction and progresses to coagulation, impaired fibrinolysis, and organ failure; manifested by 2 or more of the following symptoms; fever, tachycardia, tachypnea, leukocytosis or leukopenia.

Systemic Inflammatory Response Syndrome (SIRS) refers to the systemic response to infection, trauma, burns, or other insults (such as cancer) with symptoms (such as fever, tachycardia, tachypnea, and leukocytosis).

Sepsis generally refers to SIRS due to infection. All sepsis codes include SIRS Concept.

Severe sepsis generally refers to sepsis with associated acute organ dysfunction

**Example:** A 34-year-old patient is admitted with nausea, vomiting, upper abdominal pain, and a high lipase level. The patient is diagnosed with SIRS due to pancreatitis.

K85.90, R65.10

**NOTE:** There is no separate code or index entry in ICD-10-CM for SIRS due to an infectious process—Query Provider.

## Sepsis:

A severe, life-threatening, system-wide reaction to infection caused by disease-causing organisms, especially bacteria, in the blood or tissues

For a diagnosis of sepsis, assign the appropriate code for the underlying systemic infection. If the type of infection or causal organism is not further specified, assign code A41.9, Sepsis, unspecified organism.

## Severe Sepsis:

Acute or multiple organ dysfunction (MOD) due to sepsis

Severe sepsis is organ malfunction, which results from a blockage of blood flow to vital organs due to blood clots.

The coding of severe sepsis requires a minimum of two codes. The first code will identify the underlying systemic infection, followed by a code from subcategory R65.2, severe sepsis.

Report either ICD-10-CM code R65.21 (severe sepsis without septic shock) or R65.22 (severe sepsis with septic shock) in addition to the sepsis code (A40.- or A41.-).

A code from subcategory R65.2 Severe sepsis should not be assigned unless severe sepsis or associated acute organ dysfunction is documented.

A code from R65.2 should not be assigned if organ dysfunction is not related sepsis-Query physician.

Example: Severe Sepsis due to E coli with Acute Hepatic Failure

First choose the correct code for the underlying infection, such as A41.51 (Sepsis due to Escherichia coli [E. coli]), then code the severe sepsis, such as R65.20 (Severe sepsis without septic shock) and then assign an additional code for the organ dysfunction it's causing, such as K72.00 (Acute and subacute hepatic failure without coma).

A41.51 + R65.20 + K72.00

### Example

A 65-year-old patient is admitted with sepsis/SIRS meeting criteria with tachypnea and tachycardia due to aspiration pneumonia. The patient develops acute hypoxic respiratory failure and acute hepatic failure related to the sepsis.

**1st code:** Organism. As the organism is not specified, assign A41.9

**2nd code:** R65.20 (Septic shock is not mentioned)

**3rd code:** J69.0 – Aspiration pneumonia

**4th code:** J96.01 Acute respiratory failure with hypoxia

**K72.90:** Hepatic failure, unspecified without coma

- ✓ Patients with sepsis and associated acute organ dysfunction are classified as having severe sepsis even if the documentation does not contain the precise word severe
- ✓ If the documentation is not clear as to whether an acute organ dysfunction is related to the sepsis or another medical condition, query the provider–Don't code R65.2– DON'T GUESS.
- ✓ For cases of sepsis that do not result in Organ dysfunction–single code for sepsis is assigned. Severe sepsis is assigned only when documented/associated with organ dysfunction only.

## Septic Shock:

Life-threatening low blood pressure due to sepsis

Septic shock is diagnosed when blood pressure remains low despite intensive treatment.

Septic shock indicates the presence of sepsis

Septic shock represents circulatory failure with severe sepsis, a type of acute organ dysfunction and the presence of severe sepsis. Code first underlying infection (A41.XX), then R65.21, then organ failure.

Code first Underlying Infection, then R65.21 or T81.12 Post-procedural septic shock. Code also any associated organ dysfunction.

ICD-10-CM 2023 – C.1.a.2.d.9 – Hemolytic-Uremic Syndrome with Sepsis

If the reason for admission is hemolytic-uremic syndrome with sepsis, assign D59.31 as the principal diagnosis. Codes for underlying systemic infection and other conditions may be assigned as secondary diagnoses.

**Example:** Respiratory failure due to Septic shock caused by E coli

Code first the underlying infection (for example A41.51, Sepsis due to Escherichia coli [E. coli]), then code the severe sepsis combination code that indicates the presence of septic shock (R65.21, Severe sepsis with septic shock) and lastly code the associated organ failure (such as J96.00, Acute respiratory failure, unspecified whether with hypoxia or hypercapnia).

A41.51 + R65.21+ Organ failure

**Example:** A patient is admitted with cellulitis and abscess of the left leg, severe sepsis with SIRS, septic shock, and acute renal failure and encephalopathy due to the sepsis.

A41.9, R65.21, L03.116, L02.416, N17.9, G93.41

**Example:** Severe sepsis due to listeria infection

A32.7 Listeria Sepsis

R65.20 Severe sepsis

**Note:**

- ✔ Urosepsis may be UTI. ICD-10-CM guideline I.C.1.d.1.a.(ii) indicates urosepsis is a nonspecific term. It is not to be considered synonymous with sepsis. Urosepsis does not have a default code. If the provider documents urosepsis without additional information, the provider must be queried before an ICD-10-CM code can be applied
- ✔ The code is N39.0. In this case, no need to code A41.X – Query Physician.
- ✔ When the patient is admitted with sepsis with other conditions, code sepsis as Pdx followed by other conditions.
- ✔ When sepsis develops after admission, code sepsis in the second place as a secondary diagnosis and code reason for admission in the first place as Pdx.
- ✔ The coding of severe sepsis requires a minimum of two codes:

Sequence first a code for the underlying infection followed by a code from subcategory R65.2, Severe sepsis.

If the causal organism is not documented, assign code A41.9, Sepsis, unspecified organism, for the infection.

An additional code(s) should also be assigned for the associated acute organ dysfunction.

If severe sepsis is present on admission and meets the Uniform Hospital Discharge Data Set definition of principal diagnosis—that is, the condition after study that necessitated the admission— assign first the code for the underlying systemic infection (e.g., A40.-, A41.-, B37.7) followed by the appropriate code from subcategory R65.2 as required by the sequencing rules in the Tabular List.

A code from subcategory R65.2 can never be assigned as a principal diagnosis.

When severe sepsis develops during an encounter (it was not present on admission), the underlying systemic infection code should be assigned first, and a code from subcategory R65.2 should be assigned as a secondary diagnosis.

Severe sepsis may be present on admission, but the diagnosis may not be confirmed until sometime after admission. When the documentation is not clear as to whether severe sepsis was present on admission, the provider must be queried for clarification.

When the reason for admission is both sepsis or severe sepsis, and a localized infection (e.g., pneumonia or cellulitis), a code(s) for the underlying systemic infection should be assigned first and the code for the localized infection should be assigned as a secondary diagnosis. If the patient has severe sepsis, a code from subcategory R65.2 should also be assigned as a secondary diagnosis.

*On the other hand, if the patient is admitted with a localized infection, such as pneumonia, and the sepsis/severe sepsis does not develop until after admission, the localized infection should be assigned first, followed by the appropriate sepsis/severe sepsis codes.*

As with all postprocedural complications, code assignment for sepsis due to a postprocedural infection is based on the provider's documentation of the relationship between the infection and the procedure. For such cases, the postprocedural infection code—such as T80.2-, Infections following infusion, transfusion, and therapeutic injection; T81.4, Infection following a procedure;

T88.0-, Infection following immunization; or O86.0, Infection of obstetric surgical wound— should be coded first, followed by the code for the specific infection. In addition, for severe sepsis, the appropriate code from subcategory R65.2 should also be assigned along with the code(s) for any acute organ dysfunction.

Postprocedural infections can result in severe sepsis and postprocedural septic shock. In such cases, the code for the precipitating complication—such as codes

T81.4, Infection following a procedure, or O86.0, Infection of obstetrical surgical wound—should be coded first, followed by code R65.21, Severe sepsis with septic shock, and a code for the systemic infection.

### Sepsis

- ▶ Bacterial-A41-
- ▶ Viral-A41.89, code also virus if known
- ▶ Candida Fungus-B37.7

Patient admitted with pneumonia, develops sepsis after admission: Assign codes J18.9 + A41.9.

Note carefully in the following cases the different codes that would be assigned based on the information available

**1. Streptococcal sepsis:** Assign code A40.9, Streptococcal sepsis, unspecified.

**Example:** Streptococcal group B severe sepsis which has caused pneumonia  
ICD-10-CM Codes: A40.1, J15.3, R65.20

Per ICD-10-CM guideline I.C.1.d.4 if the reason for admission is both sepsis or severe sepsis and a localized infection, such as pneumonia or cellulitis, a code for the systemic infection is assigned first, followed by the code for the localized infection

**2. Severe sepsis:** Assign first the code for the systemic infection (e.g., A40.-, A41.-, B37.7) followed by the appropriate code from subcategory R65.2 as required by the sequencing rules in the Tabular List. Additional codes are also assigned to identify the specific acute organ dysfunction (e.g., renal, respiratory, hepatic).

**3. Septic shock:** Assign first the code for the initiating systemic infection (e.g., A40.-, A41.-, B37.7) followed by code R65.21, Severe sepsis with septic shock, or code T81.12-, Postprocedural septic shock, and codes for any associated acute organ dysfunction.

Note that the sequencing instructions in the Tabular List preclude the assignment of the code for a septic shock as a principal diagnosis.

**4.** Patient admitted due to both pneumonia and sepsis: A41.9 + J18.9.

**5.** Patient admitted with pneumonia and develops sepsis after admission: J18.9 + A41.9.

6. Sepsis due to a postprocedural infection: Assign code T80.2-, Infections following infusion, transfusion, and therapeutic injection; T81.4, Infection following a procedure;

7. T88.0-, Infection following immunization; or O86.0, Infection of obstetric surgical wound—followed by the code for the specific infection (e.g., A40.-, A41.-, B37.7).

8. Bacteremia: Assign code R78.81.

9. If a patient has sepsis and an acute organ dysfunction, but the medical record documentation indicates that the acute organ dysfunction is related to a medical condition other than the sepsis, do not assign a code from subcategory R65.2 Severe sepsis.

## Sepsis due to a postprocedural infection:

Sepsis resulting from a postprocedural infection is a complication of medical care.

- T80.2 – Postprocedural infection code.
- T81.4 – Infections following infusion, transfusion, and therapeutic injection.
- T88.0 – Infection following a procedure.
- O86.0 – Infection following immunization.

Infection of the obstetric surgical wound should be coded first; followed by the code for the specific infection. If the patient has severe sepsis the appropriate code from subcategory R65.2x, and additional code(s) for any acute organ dysfunction should also be assigned.

**Example:** Documentation of severe sepsis with acute respiratory failure and acute kidney failure is coded and sequenced as follows:

A41.9 Sepsis, unspecified organism

R65.20 Severe sepsis without septic shock

J96.00 Acute respiratory failure, unspecified whether with hypoxia or hypercapnia

N18.9 Acute kidney failure, unspecified

**Example:** Severe sepsis with acute respiratory failure.

A41.9 Sepsis, unspecified organism R65.20 Severe sepsis without septic shock

J96.00 Acute respiratory failure, unspecified whether with hypoxia or hypercapnia



An acute organ dysfunction must be associated with the sepsis in order to assign the severe sepsis code. If the documentation is not clear as to whether an acute organ dysfunction is related to sepsis or another medical condition, query the provider.

**In brief,**

1. Septicaemia /Sepsis      A41.9      (One code)
2. Severe sepsis      A41.9+ R65.20 (Two Codes)
3. Septic shock      A41.9+ R65.21+ Organ failure (Three codes)

**NOTE:** VIRAL SEPSIS- A41.89- Code also virus if known. Code also B97.89 to provide an additional level of specificity when the virus is not specified. A code from subcategory R65.2, Severe sepsis, would not be assigned unless severe viral sepsis or an associated acute organ dysfunction is documented.

**Example:** Sepsis due to Influenza Virus – A41.89, J10.1

**Example:** Acute respiratory failure due to viral sepsis – A41.89, R65.20, J96.00

**Reference:** *AHA Coding Clinic 2016Number3ThirdQuarterVolume3.pdf-Page#8*

Septic shock is a circulatory failure associated with severe sepsis. When coding septic shock, always code first the underlying systemic infection followed by R65.21 Severe sepsis with septic shock, or code T81.12 Postprocedural septic shock and an additional code for the acute organ dysfunction.

**Infectious process in the human body:**

Bacteremia => septicemia => sepsis => severe sepsis => septic shock => multi-organ failure => death

According to ICD-10CM guidelines, urosepsis is a nonspecific term and has no tabular position. The provider must be queried for clarification

**Example:** Streptococcal group B severe sepsis which has caused pneumonia

**See these codes:** A40.1, J15.3, R65.20-

## For AHIMA CDIP/AHIMA CCS Exam

SIRS criteria indicate a clinical response to a non-specific insult, either infectious or noninfectious in origin, but not necessarily a systemic, life-threatening infection such as sepsis.

- SIRS is defined as 2 or more of the following: - Fever  $>38^{\circ}\text{C}$  or  $< 36^{\circ}\text{C}$
- Heart rate  $>90$  beats per minute-Tachycardia
- Respiratory rate  $>20$  breaths per minute or  $\text{PaCO}_2 <32$  mm Hg-Tachypnea

Abnormal white blood cell count ( $>12,000/\text{mm}^3$  or  $<4,000/\text{mm}^3$  or  $>10\%$  bands)

**Example:** *Patient admitted with SIRS due to pneumonia, but the patient is not septic: Assign code J18.9. (SIRS is not sepsis)*

SOFA Score

Sequential [Sepsis-related] Organ Failure Assessment (SOFA) score

The baseline SOFA score can be assumed to be zero in patients not known to have preexisting organ dysfunction. A higher SOFA score is associated with an increased probability of mortality. Organ dysfunction can be represented by an increase in the SOFA score of two points or more

The score is based on six organ system scores, one each for respiratory, cardiovascular, hepatic, coagulation, renal, and neurological systems

**NOTE:** Medical Coders should never code sepsis based on lab values, blood cultures etc. The provider must document sepsis, regardless of the clinical criteria used to arrive at that diagnosis.

Below 2 Examples are important for hospital coders

- Patient admitted due to both pneumonia and sepsis: Assign codes A41.9 + J18.9. 5.
- Patient admitted with pneumonia, develops sepsis after admission: Assign codes J18.9 + A41.9.

## Disclaimer

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