Sepsis Coding Tip Sheet

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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.[1]

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[2]

Sepsis (Septicemia)	Severe Sepsis	Septic Shock
• Code the unerlying systemic infection, if type is not specified use A41.9 - sepsis, unspecified organism. • Negative labs do not rule out sepsis when there is clinical evidence of the condition. • Query provider when: - There is clinical evidence of condition with negative or inconclusive labs. - Provider documents "urosepsis".	• Severe sepsis and/or associated acute organ failure must be documented in order to code severe sepsis. • Requires 2 or more diagnosis codes - Underlying systemic infection - Severe sepsis, R65.2- - Associated acute organ dysfunction • Never assign R65.2 as principal diagnosis.	• Due to circulatory failure in septic shock, acute organ dysfunction is typically related • Requires 3 or more diagnosis codes - Underlying systemic infection -Severe sepsis with septic shock, R65.21 or post procedural shock, T81.12- - Acute organ dysfunction

Coding Guidelines[2] (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

[1]https://www.cdc.gov/sepsis/what-is-sepsis.html
[2]https://www.cdc.gov/nchs/data/icd/10cmguidelines-FY2020_final.pdf