

Insights to Coding and Data Quality

Sepsis, SIRS

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A number of months ago, a coding scenario, regarding the coding of sepsis with acute bacterial endocarditis, was discussed at a CHIA coding roundtable. In this scenario, both the bacterial endocarditis and the sepsis were present on admission, and treated equally. There was much disagreement as to the sequencing of the diagnosis codes. On one side, coders felt that since “septic” is listed as an inclusion term under the code 421.0, acute bacterial endocarditis, the code for sepsis, 038.x, would not be needed. Another group of experts felt that the word “septic” did not equate to sepsis, so a code from the 038.x sepsis category should be reported as well as the code for the acute bacterial endocarditis. Since written coding guidance could not be found, the American Hospital Association’s *Coding Clinic* was asked for clarification. Here is what they said:

“As stated in the coding guidelines for Septicemia, Systemic Inflammatory Response Syndrome (SIRS), Sepsis, Severe Sepsis, and Septic Shock, a noninfectious condition is described as trauma, burn or serious injury. If either endocarditis or pneumonia is caused by a noninfectious condition, the guideline for “Sepsis and Severe Sepsis Associated with Noninfectious Process” would apply.”

In this situation *Coding Clinic* is referring to the coding guidance as found in *The Official Guidelines for Coding and Reporting, Chapter 1: Infectious/parasitic diseases 10/01/2008*.

In some cases, a noninfectious process, such as trauma, may lead to an infection that could result in sepsis or severe sepsis. If sepsis or severe sepsis is documented as associated with a noninfectious condition, such as a burn or serious injury, and this condition meets the definition for principal diagnosis, the code for the noninfectious condition should be sequenced first, followed by the code for the systemic infection and either code 995.91, Sepsis, or 995.92, Severe sepsis. Additional codes for any associated acute organ dysfunction(s) should be assigned also for cases of severe sepsis. If the sepsis or severe sepsis meets the definition of principal diagnosis, the systemic infection and sepsis codes should be sequenced before the noninfectious condition. When both the associated noninfectious condition and the sepsis or severe sepsis meet the definition as principal diagnosis; either may be assigned as the principal diagnosis.

Along with the question as to the coding of sepsis with endocarditis, an actual hospital case in which the patient was admitted with sepsis due to enterococcus and Klebsiella and also had endocarditis, was submitted. Here is *Coding Clinic*’s advice:

“Based on the limited documentation submitted with your request, the patient was admitted with sepsis due to enterococcus and Klebsiella. Assign code 038.0, Streptococcal septicemia, or 038.49, Septicemia due to other gram-negative organisms, other, as the principal diagnosis. Assign codes 995.91, sepsis, and 424.90, endocarditis, valve unspecified, unspecified cause, as additional diagnosis codes.

In this case a non-infectious process has not been documented as the cause of the sepsis.”

From this coding guidance, it would appear that documentation must show that endocarditis or pneumonia must be documented as being caused by a non-infectious condition in order to consider the conditions as not related to the sepsis. Without this specific documentation, you are

left to assume that the sepsis is caused by an infectious process. This means that anytime sepsis is documented, you must use a code from category 038.x as the principal diagnosis code, (refer to *The Official Guidelines for Coding and Reporting, Chapter 1: Infectious/parasitic diseases 11/15/2006*).

Sepsis generally refers to SIRS due to infection. If sepsis **or severe sepsis** is present on admission, and meets the definition of principal diagnosis, the **systemic infection code** (e.g., 038.xx, 112.5, etc) should be assigned as the principal diagnosis, followed by code 995.91, **Sepsis**, or **995.92, Severe sepsis**, as required by the sequencing rules in the Tabular List. Codes from subcategory 995.9 can never be assigned as a principal diagnosis. **A code should be assigned also for any localized infection, if present.**

In the case of SIRS (systemic inflammatory response syndrome) present without the documentation of sepsis, and with the specific documentation that the underlying condition is not infectious, you would be allowed to report the underlying condition as the principal diagnosis code, followed by code 995.93, systemic inflammatory response syndrome due to noninfectious process without acute organ dysfunction or 995.94, systemic inflammatory response syndrome due to non-infectious process with acute organ dysfunction, as instructed in *ICD-9-CM Official Guidelines for Coding and Reporting Effective October 1, 2010 Page 63*. If the documentation is not clear, query the physician.

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