



Welcome to the first May issue of Maxim Coding CornerSM! As a leader in the HIM industry, [Maxim Health Information Services](#) is committed to providing you with coding-related topics that matter to you. This month, we are focusing on coding and sequencing Sepsis/SIRS/Severe Sepsis. Read on below to learn more.

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Maxim Health Information Services (MHIS) provides superior quality [coding and auditing services](#) to healthcare organizations across the country. MHIS offers on-site coding support, remote coding services, auditing and review services, education and training, HIM outsourcing solutions, and services to the Department of Veterans Affairs' Medical Centers. MHIS provides qualified healthcare professionals to customers to meet their needs in an efficient and cost-effective manner. MHIS has some of the best [career opportunities](#) in the

Overview

It is important to understand the definitions of sepsis, SIRS, and severe sepsis related terms to properly code these conditions.

Septicemia – A systemic disease associated with the presence of pathological microorganisms or toxins in the blood, which can include bacteria, viruses, fungi or other organisms.

SIRS – Systemic inflammatory response to an insult or injury, independent of cause, with more than one of the following manifestations:

Temperature > 100.4°F or < 98.6°F (> 38°C or < 36°C)

Heart rate > 90 beats/minute

Respirations > 20/minute

White cells > 12,000 or < 4,000/mm³ or > 10% band forms

Sepsis – SIRS due to infection.

Severe Sepsis - Sepsis with acute organ dysfunction/failure. Organ dysfunction may be cardiovascular, renal, respiratory, hepatic, hematological, central nervous system or unexplained metabolic acidosis.

Septic Shock – Circulatory failure associated with severe sepsis.

Sepsis is a condition that can be difficult to code because of lack of documentation and not understanding the clinical aspects of the condition. Watch for these clues when reading documentation to determine evidence of septic shock. Query the physician as needed.

- 1.Evidence of infection, through a positive blood culture.
- 2.Refractory hypotension - hypotension despite adequate fluid

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resuscitation and cardiac output.

In adults it is defined as a systolic blood pressure < 90 mmHg, or a MAP < 60 mmHg, without the requirement for inotropic support, or a reduction of 40 mmHg in the systolic blood pressure from baseline.

In children it is BP < 2 SD of the normal blood pressure.

At least two of the following must be present:

Tachypnea (high respiratory rate) > 20 breaths per minute or, on blood gas, a PaCO₂ less than 32 mmHg.

White blood cell count < 4000 cells/mm³ or > 12000 cells/mm³ (< 4 x 10⁹ or > 12 x 10⁹ cells/L).

ICD-9-CM Official Guidelines for Coding and Reporting state that either the term sepsis or SIRS must be documented to assign a code from subcategory 995.9.

The coding of SIRS, sepsis, and severe sepsis requires a minimum of two codes: a code for the underlying cause (such as an infection or trauma) and a code from subcategory 995.9 (SIRS).

Sequencing

If sepsis or severe sepsis is present on admission and meets the definition of principal diagnosis, the systemic infection code (038.xx, 112.5, etc.) should be assigned as the principal diagnosis, followed by code 995.91 or 995.92. A code for any localized infection, if present, should also be assigned.

When sepsis or severe sepsis develops during an admission, report the systemic infection code and code 995.91 or 995.92 as secondary diagnoses.

If it is unclear whether the sepsis or severe sepsis is present on admission, the physician must be queried.

If the reason for admission is both sepsis/severe sepsis/SIRS and a localized infection, code the systemic infection first followed by either 995.91 or 995.92 followed by a code for the localized infection.

If the patient has severe sepsis, or sepsis with organ failure, the above sequencing applies with additional codes for organ dysfunction/failures.

For all cases of septic shock, the code for the systemic infection should be sequenced first, followed by codes 995.92 and 785.52. Additional codes for other acute organ dysfunctions should also be assigned. The code for septic shock cannot be assigned as a principal diagnosis.

AHA Coding Clinics:
2008 Q4 Pages 211-221

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