



Sepsis and SIRS

Side-by-Side in ICD-9-CM and ICD-10-CM

By

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How Common is Sepsis?

- More than one million people get sepsis every year.
- Between 28 – 50% of these people die from sepsis
- The number of sepsis cases every year has been on the rise
- The cost of treating sepsis was more than \$20 billion in 2011.
- http://www.nigms.nih.gov/education/pages/factsheet_sePSIs.aspx

Example: Sepsis vs. Influenza as Principal Diagnosis

- A 39 year-old patient was admitted with the diagnosis of community acquired pneumonia in the setting of presumptive influenza and concurrent sepsis.
- In the H&P, it was documented that the patient had sepsis and SIRS, meeting the criteria with leukocytosis, fever, tachypnea, and tachycardia with an identified source, i.e. pneumonia.
- The sputum culture was positive for pseudomonas pneumonia.
- The patient had a 6 day length of stay.
- SIRS and sepsis were not documented on the discharge summary.
- A query was sent that asked if the provider agreed with the diagnosis of sepsis/SIRS that was documented on the H&P.

Example: Coding and Reimbursement

- DRG 194 \$5694.01
- 487.0
- 493.92 CC
- 276.2 CC
- 482.1
- 799.02
- 491.9

- DRG 871 \$10,621.61
- 038.9
- 995.91
- 487.0 MCC
- 482.1 MCC
- 276.2 CC
- 493.92 CC
- 799.02
- 491.9

The Progression

- Local infection – most common causes are UTI, pneumonia, abdominal infection, complication of a device or medical care, or cellulitis, etc.

Bacteremia

- Bacteremia – lab finding of bacteria in the blood in the absence of 2 or more signs of sepsis, may be transient or may progress to septicemia
- The patient isn't symptomatic from the organisms in the blood
- May be spurious finding
- 790.7 (R78.81) should not be used as a principal diagnosis in the presence of a localized infection



Bacteremia Example

- A 79 year old patient is admitted with dizziness and fever. A urine sample is collected on admission and is positive for Klebsiella. The blood sample, taken on admission, is also positive for Klebsiella.
- The doctor lists: UTI due to Klebsiella, bacteremia 2/2 Klebsiella.
- 599.0 N39.0
- 790.7 R78.81
- 041.3 B96.1

Septicemia

- Septicemia – a systemic disease associated with the presence and persistence of pathogenic microorganisms or their toxins in the blood
 - Bacteria– most common
 - Fungus
 - Viral
 - A person is symptomatic from the organisms in the blood



Septicemia Example

- A 39 year-old woman is admitted with high fever, malaise, and myalgias. Blood cultures and urine cultures taken on admission are positive for E. coli. The patient is diagnosed with septicemia and UTI due to E. coli.
- 038.42 A41.51
- 995.91 N39.0
- 599.0

Systemic Inflammatory Response Syndrome - SIRS

- SIRS – 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

Coding SIRS

- SIRS is coded depending on whether it is from an:
 - Infectious source
 - Pneumonia, UTI, cellulitis, abscess
 - Non-infectious source
 - Trauma
 - Burn
 - Pancreatitis
 - Drug reaction



SIRS Example

- A 27 year-old patient is admitted with fever, tachypnea, and a high lipase level. The patient is diagnosed with SIRS due to pancreatitis.
- 577.0 B85.9
- 995.93 R65.10

SIRS Criteria Table

- Systemic Inflammatory Response Syndrome (SIRS)
- Two or more of the following
 - Temperature $> 38^{\circ}\text{C}$ or $< 36^{\circ}\text{C}$
 - Heart rate > 90 beats/min
 - Respiratory rate > 20 breaths/min or $\text{PaCO}_2 < 32$ torr
 - WBC $> 12,000$ or $< 4,000$ or $> 10\%$ immature (band) forms

Sepsis

- Sepsis is SIRS due to infection
- From the Greek, it means “I rot.”
- The patient has a systemic inflammatory response to organisms in the blood.



Sepsis Example

- A 45 year-old woman presents with severe stomach ache, fever, vomiting, and bloating. On CT scan a perforated bowel is discovered with abscess. The patient meets SIRS criteria with peritoneal abscess as the source. The peritoneal fluid and blood cultures are positive for Enterococcus (Group D Strep).
- 038.0 A41.81
- 995.91 K65.1
- 567.22 K63.1
- 569.83



Severe Sepsis

- Severe Sepsis – Sepsis with acute organ dysfunction (OD) or multi-organ dysfunction (MOD)
 - Acute kidney failure
 - Acute respiratory failure
 - Critical illness myopathy
 - Critical illness polyneuropathy
 - Disseminated intravascular coagulopathy
 - Encephalopathy
 - Hepatic failure
 - Septic shock
 - Acute myocardial infarction (not on ICD list)
- The patient has organ failure due to the systemic inflammatory response from the organisms in the blood

Multi-organ Dysfunction (MOD)

- If the patient has sepsis with multiple organ dysfunction, follow the instructions for coding severe sepsis
- 1.C.1.b.1.b.iv (ICD-9-CM)
- 1.C.1.d.1.a.iii (ICD-10-CM)



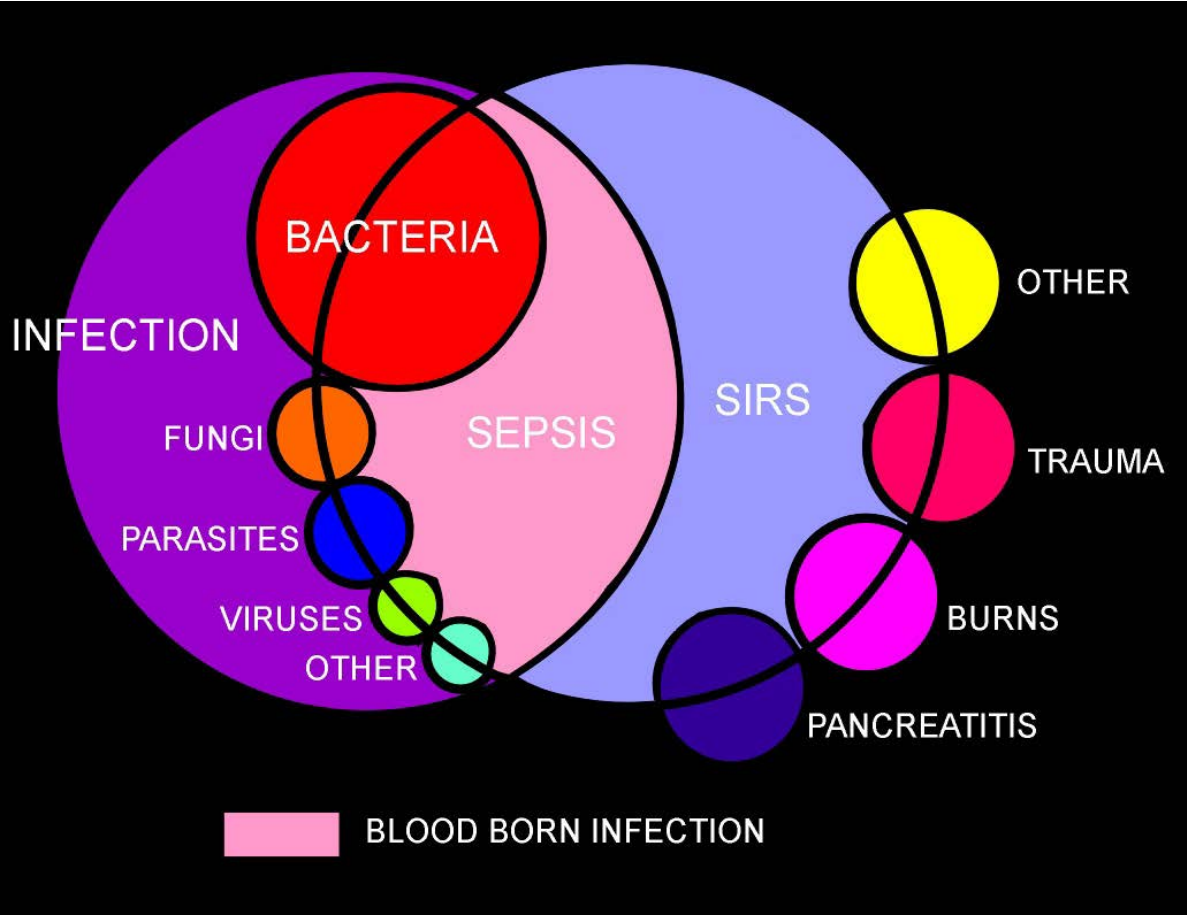
Severe Sepsis Example

- A 90 year-old patient is admitted with sepsis/SIRS meeting criteria with tachypnea and tachycardia. The source is determined to be aspiration pneumonia. The patient develops acute hypoxic respiratory failure and acute renal failure related to the sepsis.
- 038.9 A41.9
- 995.92 R65.20
- 507.0 J69.0
- 518.81 J96.01
- 584.9 N17.9

Septic Shock

- Septic shock – circulatory failure associated with severe sepsis, and, therefore, it represents a type of acute organ failure

SIRS/Sepsis Diagram



Principal diagnosis or secondary diagnosis

- If sepsis or severe sepsis is present on admission (POA) and meets the definition of principal diagnosis, then the systemic infection code can be sequenced first
- 995.9X and R65.- can never be sequenced first
- If sepsis or severe sepsis occurs during the course of the admission (it was not POA), the systemic infection code should be assigned as secondary diagnoses
- If it is unclear whether sepsis or severe sepsis was POA, query the provider

- 1.C.1.b.2 (ICD-9-CM)
- 1.C.1.d.4 (ICD-10-CM)

Sepsis With a Local Infection

- When the reason for admission is both a localized infection and sepsis, the code for the systemic infection is coded first, followed by 995.9X in ICD-9 (or V65.- in ICD-10), followed by the code for the local infection, and organ dysfunction if it is present. There must be a documented causal relationship between the local infection and the sepsis.
- 1.C.1.b.3 (ICD-9-CM)
- 1.C.1.d.4 (ICD-10-CM)
- CC 2011 3Q, p15 - 16

Pathophysiology of Sepsis

- Bacteria in the blood causes toxic substances to be released into the bloodstream
- This causes the release of proinflammatory cytokines (TNF- α , IL-1, etc.)
- This activates the complement system (results in vasodilation and hypotension), the coagulation cascade, white blood cell response
- This leads to endothelial cell dysfunction which causes
 - Capillary leak – fluid and protein leak into interstitial spaces
 - Microvascular thrombus – causes organ ischemia
 - Tissue hypoxia – lactic acidosis, a sign of organ failure
 - Cell destruction (apoptosis)
 - Impaired vascular tone- hypotension
- This leads to an uncontrolled systemic inflammatory response
- This leads to multiple organ dysfunction

Clinical Evidence of Organ Dysfunction

- Cardiovascular dysfunction/hypoperfusion
 - Hypotension (SBP<90 MAP<65)
 - Tachycardia
 - Elevated troponin

- Did the patient experience an NSTEMI?
- Was the patient in septic shock?

Clinical Evidence (continued)

- Pulmonary dysfunction
 - Hypoxia requiring new or increased oxygen
 - Hypoxia requiring mechanical ventilation (MV)
 - Respiratory acidosis
 - Pulmonary hypertension
 - Difficulty weaning from MV

- Did the patient have acute respiratory failure?
- Does the patient have critical illness myopathy?

Clinical Evidence (continued)

- Renal dysfunction
 - Increased serum creatinine and BUN
 - Acute renal dysfunction, creatinine increased by 0.5
 - Low urine output: $<0.5\text{ml/kg/hr}$ for ≥ 1 hours
 - Prerenal azotemia

- Did the patient have acute renal failure?
- Did the patient have acute tubular necrosis?

Clinical Evidence (continued)

- Hematologic dysfunction
 - Coagulopathy (PT, PTT, D-dimer)
 - Thrombocytopenia (plts <100 or 50% decrease over past 3 days)
- Does the patient have disseminated intravascular coagulopathy (DIC)?

Clinical Evidence (continued)

- Hepatic dysfunction
 - Jaundice/Hyperbilirubinemia (total bili >4 mg/dl)
 - Increased liver enzymes (AST, LDH, ALT)
 - Hepatomegaly
- Does the patient have shock liver?

Clinical Evidence (continued)

- Central nervous system
 - Lethargy
 - Altered level of consciousness
 - Confusion
 - Profound weakness
- Does the patient have metabolic encephalopathy?
- Does the patient have critical illness polyneuropathy?

Changes from I-9 to I-10

- Basic order of codes
 - Septicemia 038.X
 - SIRS/Sepsis/severe sepsis 995.9X
 - Local infection
 - Organ dysfunctions
- Basic order of codes
 - Sepsis A40.0 – A41.89
 - Severe Sepsis R65.2-
 - Local Infection
 - Organ dysfunctions

Changes from I-9 to I-10

- ICD-9-CM
- Guideline 1.C.1.b.1.a
- The terms septicemia and sepsis are...not considered synonymous terms
- Septicemia 038.9, default
- Sepsis 995.91, default

- ICD-10-CM
- In the index: Septicemia A41.9
 - Meaning sepsis – see Sepsis

Sepsis A41.9

Septicemia = Sepsis in the coding world

Changes from I-9 to I-10

- ICD-9-CM
 - Sepsis and severe sepsis require a minimum of 2 codes, plus codes for organ dysfunction and local infection 1.C.1.b.1.b
- ICD-10-CM
 - Sepsis – one code
 - Severe sepsis – a minimum of 2 codes 1.C. 1.d.1.a

Changes from I-9 to I-10

- ICD-9-CM
 - Septicemia (038.X)
 - SIRS/Sepsis/Severe Sepsis (995.9X)
 - Septic Shock (785.52)
- ICD-10-CM
 - Sepsis (A40 – A41)
 - SIRS/Severe Sepsis with or with OD or shock (R65.-)

Changes from I-9 to I-10

- Urosepsis 599.0
- Urosepsis- query
- The term is no longer recognized

If the documentation says: Sepsis, no organism specified

- ICD-9-CM

- 038.9

- 995.91

- Local infection

- With severe sepsis

- 038.9

- 995.92

- Local infection

- OD

- 1.C.1.b.1b.ii, iii

- ICD-10-CM

- A41.9

- Local infection

- With severe sepsis

- A41.9

- R65.2-

- Local infection

- OD

- 1.C.1.d.1.a

If the documentation says: Sepsis due to a specific organism

- ICD-9-CM
- 038.X (specific organism)
- 995.91
- local infection

- ICD-10-CM
- A40 – A41.89
- local infection

- With severe sepsis or OD
- 038.X (specific organism)
- 995.92
- local infection
- OD
- 1.C.1.b.4

- With severe sepsis or OD
- A40 – A41.89
- R65.2-
- local infection
- OD



If the documentation says: Candidal Sepsis

- ICD-9-CM
- 112.5
- 995.91
- local infection (e.g. 112.4)

- With severe sepsis
- 112.5
- 995.92
- local infection
- OD
- CC 2012 3Q, pg. 11 – 12
- 1.C.1.b.1.b.ii

- ICD-10-CM
- B37.7
- local infection (e.g. B37.1)

- With severe sepsis
- B37.7
- local infection (e.g. B37.1)
- R65.2-
- OD
- 1.C.1.d.1.a



If the documentation says: Abortion, with sepsis

- ICD-9-CM
- 634.0X, 635.0X, 646.0X, 637.0X, 638.0X
- organism, if known

- ICD-10-CM
- O03.37, O03.87, O04.87, or O07.37
- B95.- thru B97.-

- With severe sepsis
- 634.0X, 635.0X, 646.0X, 637.0X, 638.0X
- 995.92?
- OD
- organism, if known

- With severe sepsis
- O03.37, O03.87, O04.87, or O07.37
- R65.2-
- OD
- B95.- thru B97.-
- 1.C.15.j



If the documentation says: Ectopic or molar pregnancy, with sepsis

- ICD-9-CM
- 639.0
- Organism, if known

- With severe sepsis
- 639.0
- 995.92?
- OD
- Organism, if known

- ICD-10-CM
- O08.82
- B95.- thru B97.-

- With severe sepsis
- O08.82
- R65.2-
- OD
- B95.- thru B97.-
- 1.C.15.j



If the documentation says: Labor, with sepsis

- ICD-9-CM
- 659.3X
- organism, if known

- With severe sepsis
- 659.3X
- 995.92?
- OD
- organism, if known

- ICD-10-CM
- O75.3
- B95.- thru B97.-

- With severe sepsis
- O75.3
- R65.2-
- OD
- B95.- thru B97.-
- 1.C.15.j

If the documentation says: Puerperal sepsis

- ICD-9-CM
- 670.2X
- organism, if known

- With severe sepsis
- 670.2X
- 995.92
- OD
- organism, if known
- 1.C.11.i.7

- ICD-10-CM
- O85
- B95.- thru B97.-

- With severe sepsis
- O85
- R65.2-
- OD
- B95.- thru B97.-
- 1.C.15.k



If the documentation says: Newborn sepsis

- ICD-9-CM
- 771.81
- organism, if known

- With severe sepsis
- 771.81
- 995.92
- OD
- Local infection
- Organism, if known
- 1.C.15.j

- ICD-10-CM
- P36.-

- With severe sepsis
- P36.-
- R65.2-
- OD
- 1.C.16.f



If the documentation says: Sepsis due to a postoperative wound

- ICD-9-CM
- 998.59
- 038.X
- 995.91
- Local infection

- With severe sepsis
- 998.59
- 038.X
- 995.92
- Local infection
- OD
- 1.C.1.b.10.b

- ICD-10-CM
- T81.4-
- A40.- thru A41.89
- local infection

- With severe sepsis
- T81.4-
- A40.- thru A41.89
- R65.2-
- Local infection
- OD
- 1.C.1.d.5.b



If the documentation says: Sepsis due to obstetrical surgical wound

- ICD-9-CM
- 674.3X
- 038.X
- 995.91

- With severe sepsis
- 674.3X
- 038.X
- 995.92
- OD
- organism, if known
- 1.C.1.b.10.b

- ICD-10-CM
- O86.0
- A40 – A41.89

- With severe sepsis
- O86.0
- A40 – A41.89
- R65.2-
- OD
- 1.C.1.d.5.b



If the documentation says: Sepsis due to cardiac device, except mechanical heart valve

- ICD-9-CM
- 996.61
- 038.X
- 995.91

- With severe sepsis
- 996.61
- 038.X
- 995.92
- OD
- 1.C.1.b.10.b

- ICD-10-CM
- T82.7-
- A40 – A41.89

- With severe sepsis
- T82.7-
- A40 – A41.89
- R65.2-
- OD
- 1.C.d.5.b



If the documentation says: Sepsis due to a vascular device

- ICD-9-CM
- 996.62
- 038.X
- 995.91

- With severe sepsis
- 996.62
- 038.X
- 995.92
- OD
- CC 2004 2Q, pg. 16

- ICD-10-CM
- T82.7-
- A40 – A41.89

- With severe sepsis
- T82.7-
- A40 – A41.89
- R65.2-
- OD
- 1.C.1.d.5.b



If the documentation says: Sepsis due to mechanical heart valve

- ICD-9-CM
- 996.61
- 038.X
- 995.91

- With severe sepsis
- 996.61
- 038.X
- 995.92
- OD
- 1.C.1.b.10.b

- ICD-10-CM
- T82.6-
- A40 – A41.89

- With severe sepsis
- T82.6-
- A40 – A41.89
- R65.2-
- OD
- 1.C.1.d.5.b



If the documentation says: Sepsis due to nervous system device

- ICD-9-CM
- 996.63
- 038.X
- 995.91

- With severe sepsis
- 996.63
- 038.X
- 995.92
- OD
- 1.C.1.b.10.b

- ICD-10-CM
- T85.79-
- A40 – A41.89

- With severe sepsis
- T85.79-
- A40 – A41.89
- R65.2-
- OD
- 1.C.1.d.5.b



If the documentation says: Sepsis due to an indwelling urinary catheter

- ICD-9-CM
- 996.64
- 038.X
- 995.91

- With severe sepsis
- 996.64
- 038.X
- 995.92
- OD
- 1.C.1.b.10.b

- ICD-10-CM
- T83.51-
- A40 – A41.89

- With severe sepsis
- T83.51-
- A40 – A41.89
- R65.2-
- OD
- 1.C.1.d.5.b



If the documentation says: Sepsis due to other genital device

- ICD-9-CM
- 996.65
- 038.X
- 995.91

- With severe sepsis
- 996.65
- 038.X
- 995.92
- OD
- 1.C.1.b.10.b

- ICD-10-CM
- T83.6-
- A40 – A41.89

- With severe sepsis
- T83.6-
- A40 – A41.89
- R65.2-
- OD
- 1.C.1.d.5.b



If the documentation says: Sepsis due to other urinary device

- ICD-9-CM
- 996.65
- 038.X
- 995.91

- With severe sepsis
- 996.65
- 038.X
- 995.92
- OD
- 1.C.1.b.10.b

- ICD-10-CM
- T83.59-
- A40 – A41.89

- With severe sepsis
- T83.59-
- A40 – A41.89
- R65.2-
- OD
- 1.C.1.d.5.b



If the documentation says: Sepsis due to internal joint prosthesis

- ICD-9-CM
- 996.66
- 038.X
- 995.91

- With severe sepsis
- 996.66
- 038.X
- 995.92
- OD
- 1.C.1.b.10.b

- ICD-10-CM
- T84.5-
- A40 – A41.89

- With severe sepsis
- T84.5-
- A40 – A41.89
- R65.2-
- OD
- 1.C.1.d.5.b



If the documentation says: Sepsis due to other internal orthopedic device

- ICD-9-CM
- 996.67
- 038.X
- 995.91

- With severe sepsis
- 996.67
- 038.X
- 995.92
- OD
- 1.C.1.b.10.b

- ICD-10-CM
- T84.6-
- A40 – A41.89

- With severe sepsis
- T84.6-
- A40 – A41.89
- R65.2-
- OD
- 1.C.1.d.5.b



If the documentation says: Sepsis due to peritoneal dialysis

- ICD-9-CM
- 996.68
- 038.X
- 995.91

- With severe sepsis
- 996.68
- 038.X
- 995.92
- OD
- 1.C.1.b.10.b

- ICD-10-CM
- T85.71-
- A40 – A41.89

- With severe sepsis
- T85.71-
- A40 – A41.89
- R65.2-
- OD
- 1.C.1.d.5.b



If the documentation says: Sepsis due to insulin pump

- ICD-9-CM
- 996.69
- 038.X
- 995.91

- With severe sepsis
- 996.69
- 038.X
- 995.92
- OD
- 1.C.1.b.10.b

- ICD-10-CM
- T85.72-
- A40 – A41.89

- With severe sepsis
- T85.72-
- A40 – A41.89
- R65.2-
- OD
- 1.C.1.d.5.b



If the documentation says: Sepsis due to other internal prosthetic device

- ICD-9-CM
- 996.69
- 038.X
- 995.91

- With severe sepsis
- 996.69
- 038.X
- 995.92
- OD
- 1.C.1.b.10.b

- ICD-10-CM
- T85.79-
- A40 – A41.89

- With severe sepsis
- T85.79-
- A40 – A41.89
- R65.2-
- OD
- 1.C.1.d.5.b



If the documentation says: Bloodstream infection due to CVC (CLABSI)

- ICD-9-CM
- 999.32
- 038.X
- 995.91

- With severe sepsis
- 999.32
- 038.X
- 995.92
- OD
- CC 2008 4Q pg. 3

- ICD-10-CM
- T80.211-
- A40 – A41.89

- With severe sepsis
- T80.211-
- A40 – A41.89
- R65.2-
- OD
- 1.C.1.d.5.b



If the documentation says: Sepsis following transfusion, infusion, injection of blood products

- ICD-9-CM
- 999.34
- 038.X
- 995.91

- With severe sepsis
- 999.34
- 038.X
- 995.92
- OD
- 1.C.1.b.10.b

- ICD-10-CM
- T80.22-
- A40 – A41.89

- With severe sepsis
- T80.22-
- A40 – A41.89
- R65.2-
- OD
- 1.C.1.d.5.b



If the documentation says: Sepsis due to other infusion, injection, transfusion, or vaccination

- ICD-9-CM
- 999.39
- 038.X
- 995.91

- With severe sepsis
- 999.39
- 038.X
- 995.92
- OD
- 1.C.1.b.10.b

- ICD-10-CM
- T80.29-, T88.0-
- A40 – A41.89

- With severe sepsis
- T80.29-, T88.0-
- A40 – A41.89
- R65.2-
- OD
- 1.C.1.d.5.b

If the documentation says: Sepsis, due to non-infectious process, with sepsis as principal diagnosis

- ICD-9-CM
- 038.X
- 995.91
- non-infectious process

- With severe sepsis
- 038.X
- 995.92
- non-infectious process
- OD
- 1.C.1.b.12

- ICD-10-CM
- Resulting systemic infection
- underlying non-infectious condition

- With severe sepsis
- Resulting infection
- Underlying non-infectious condition
- R65.2-
- OD
- 1.C.1.d.6

If the documentation says: Sepsis, due to non-infectious process, sepsis secondary diagnosis

- ICD-9-CM
- Non-infectious process
- 038.X
- 995.91

- With severe sepsis
- Non-infectious process
- 038.X
- 995.92
- OD
- 1.C.1.b.12

- ICD-10-CM
- Underlying non-infectious condition (such as burn)
- Resulting systemic infection

- With severe sepsis
- Underlying condition (such as burn)
- Resulting systemic infection
- R65.2-
- OD
- 1.C.1.d.6



If the documentation says, SIRS, no sepsis, no infection, no cause

- ICD-9-CM
- 995.90, query for cause, query whether SIRS was actually present

- ICD-10-CM
- R65.10, query



If the documentation says: SIRS due to a non-infectious process

- ICD-9-CM
- Inflammation or trauma
- 995.93

- With OD
- Inflammation or trauma
- 995.94
- OD
- 1.C.17.g

- ICD-10-CM
- Underlying non-infectious condition
- R65.10

- With OD
- Underlying non-infectious condition
- R65.11
- OD
- 1.C.18.g

If the documentation says: SIRS due to a drug reaction

- ICD-9-CM
- Symptoms
- E-code
- 995.93

- With OD
- Symptoms
- E-code
- 995.94
- OD
- CC 2010 1Q, pg. 10 - 11

- ICD-10-CM
- Symptoms
- External Cause code
- V65.10

- With OD
- Symptoms
- External Cause code
- R65.11
- OD



If the documentation says: Septic shock

- ICD-9-CM
- 038.9
- 995.92
- 785.52
- 1.C.1.b.6.b
- CC 2005 2Q, pg. 18 - 19

- ICD-10-CM
- Systemic infection, query if not documented
- R65.21

- Tabular note, “Code first underlying infection”
- 1.C.1.d.2.a



If the documentation says: Postoperative shock

- ICD-9-CM
- 038.X
- 995.92
- 998.02
- 1.C.1.b.6.a

- ICD-10-CM
- T81.12-
- R65.21
- systemic infection
- OD
- 1.C.1.d.2.a

If the documentation says: Bacteremia

- | | |
|---|--|
| <ul style="list-style-type: none">• ICD-9-CM• 790.7• organism, if known
• If with local infection, code local infection first• If with sepsis, code sepsis and omit code for bacteremia | <ul style="list-style-type: none">• ICD-10-CM• R78.81
• If with local infection, code local infection first• If with sepsis, see sepsis |
|---|--|

If the documentation says: Septicemia, no SIRS or sepsis

- ICD-9-CM
- 038.X
- query for presence of SIRS or Sepsis
- 1.C.1.b.4.b

- ICD-10-CM
- N/A
- the term septicemia takes you to sepsis in the index

If the documentation says: Urosepsis

- ICD-9-CM
- 599.0
- CC 2004 2Q, pg. 14

- ICD-10-CM
- Query

If the documentation says: Sepsis syndrome

- ICD-9-CM
- Query
- CC 2012 2Q, pg. 21 - 22

- ICD-10-CM
- Query

Things to keep in mind

- Just because a sepsis protocol is on the chart does not mean the patient had sepsis

Also...

- Sepsis is almost always associated with SIRS
- SIRS isn't always associated with sepsis

Query opportunities

- If the documentation flip-flops between bacteremia and sepsis, query
- If the lactate level is elevated, it may indicate organ dysfunction, if none are documented, query the doctor
- If the doctor says: severe sepsis with evidence of organ dysfunction or elevated lactate, but doesn't name the OD, query
- "Sepsis syndrome", query

More query opportunities

- Query for sepsis, POA when it's not clear
- Query when sepsis is on the H&P and progress notes, but not the discharge summary
- Query when SIRS is documented without a source

Tell-Me-More Query

- This patient was admitted acute on chronic respiratory failure, COPD, and possible Pseudomonas pneumonia. SIRS was documented on the H&P, in the progress notes and on the discharge summary. In your clinical opinion was the SIRS noted on admission due to an infectious process? Please document your response below.
- SIRS due to Pseudomonas pneumonia _____
- SIRS due to unidentified infectious source _____
- SIRS due to a non-infectious source, please specify _____
- Other _____
- Clinically undetermined _____

Make-Up-Your-Mind Query

- This patient was admitted with fevers, high white blood count and weakness with possible cellulitis. In the progress notes it is documented that the patient had "hypotension, resolved with fluids, not septic." However, on the discharge summary it was documented that the patient had "hypotension secondary to volume depletion and sepsis." Could you please clarify whether the patient had sepsis during this admission? Please document your response below.
- Yes_____
- No_____
- Clinically Undetermined_____
- Other_____

The-Old-Switcheroo Query

- This patient presented to the ER with hypotension and respiratory distress, initially requiring BiPAP. It was documented on the H&P that she had severe sepsis (with fever, tachycardia, and elevated lactate), with an infiltrate on her chest x-ray with acute respiratory failure and rapid atrial fibrillation in the setting of a patient undergoing treatment for metastatic ovarian cancer. Both blood culture samples were positive for strep pneumoniae with lung as the likely source, treated with ceftriaxone and a bronchoscopy with aspiration of mucus. On the discharge summary it is documented that the patient had "pneumococcal bacteremia." In your clinical opinion can the bacteremia be further clarified as:
 - Sepsis due to Pneumococcal pneumonia_____
 - Pneumococcal septicemia with pneumococcal pneumonia_____
 - Severe sepsis with pneumococcal pneumonia_____
 - Pneumococcal septicemia with severe sepsis due to pneumococcal pneumonia_____
 - Sepsis, NOS_____
 - Other_____
 - Clinically undetermined_____

The End

- Questions?

