

Home Health ICD-9/ICD-10 Alert

Coding 101: Review Guidelines for Accurate Sepsis Sequencing

Do you know the key difference between sepsis and septicemia?

"I have seen examples where a septic condition resulted from an infection and the coder lists the infection code (cellulitis, for example) first, followed by an infection code such as 038.9 (Unspecified septicemia), and then 995.91 (Sepsis)," says **Susan Winokur, HCS-D**, with **Family Healthcare Services** in Las Vegas, Nev. This sequencing seems contrary to the coding guidelines, she says. "What's the right way to code this scenario?"

Although sepsis isn't a common diagnosis in home health, understanding how to code it correctly can expand your understanding of the ICD-9 coding guidelines. A patient with sepsis would be treated in the hospital and the home health coder would list the correct sepsis code in M1010 on the OASIS, says **Joan L. Usher, BS, RHIA, COS-C, ACE**, president, of **JLU Health Record Systems** in Pembroke, Mass.

Exception: If the sepsis results in organ failure, the home health coder will report the sepsis code and 995.92 (Severe sepsis) and then list an organ failure code to indicate the cause of the organ failure, says **Lisa Selman-Holman, JD, BSN, RN, HCS-D, COS-C**, consultant and principal of **Selman-Holman & Associates** and **CoDR -- Coding Done Right** in Denton, Texas.

Get the Background on Septicemia

According to the Official ICD-9-CM Guidelines for Coding and Reporting, the terms Septicemia and Sepsis are used interchangeably by providers, but these terms each have a specific definition when you're coding for them, says Usher. The two terms break down as follows, Usher says:

Septicemia refers to a systemic disease associated with the presence of pathological microorganisms or toxin in the blood, which may include bacteria, viruses, fungi or other organisms.

Sepsis or SIRS (Systemic Inflammatory Response Syndrome) generally refer to the systemic response to infection, trauma, burns or other disease processes such as cancer. Symptoms of SIRS include tachycardia, tachypnea, fever, and leukocytosis. Patients at risk for SIRS may include those with: trauma, burns, gangrene, cancer, HIV, AIDS, meningitis, and neonates.

When sepsis/SIRS is the principal diagnosis, you would list the underlying systemic infection, such as 038.xx (Septicemia due to other gram-negative organisms) first, followed by a sepsis code from the 995.9x (Systemic inflammatory response syndrome [SIRS]) sub-category. You shouldn't assign a 995.9 code as primary diagnosis, Usher says. If this patient also has a localized infection, such as cellulitis, 682.9 (Other cellulitis and abscess), you would code for the localized infection next.

When sepsis is due to a post procedural infection (such as a post-op wound), you would first code for the postop wound infection with 998.59 (Other postoperative infection) followed by 995.91, Usher says.

When a non-infectious process, such as a trauma, occurs with a patient, code the trauma first followed by sepsis, Usher says. Remember only one code from the 995.9 category may be used.

Severe sepsis, 995.92, generally refers to sepsis with associated acute organ failure and requires a code to identify the underlying disease such as acute kidney failure (584.x) or acute respiratory distress (518.81).

Before listing 995.91 or 995.92, ensure that the diagnosis provided by the physician is sepsis or severe sepsis, Selman-Holman says. The instruction to add the 995.9x code is only in effect when sepsis is documented by the physician.

