

Home Health ICD-9/ICD-10 Alert

Reader Question: Code Thoroughly for E. coli

Question: Our patient has a UTI with E. coli that has developed into sepsis with E. coli in the blood. According to the documentation, the sepsis isn't resolved. The patient is home from the hospital with antibiotics. She also has acute pyelonephritis. How should I code for her?

Answer: List the following codes for this patient:

- **M1020a:** 038.42 (Septicemia due to Escherichia coli [E. coli]);
- **M1022b:** 995.91 (Sepsis);
- **M1022c:** 590.1x (Acute pyelonephritis).

You'll list the septicemia due to E. coli code first because the E. coli is the infection that caused your patient's sepsis.

Next, list acute pyelonephritis to indicate that your patient has a localized infection. A kidney infection is much specific than "UTI, unspecified." You'll notice that there is a coding instruction to also list the organism that caused the UTI. In this case, that's E. coli which you've already coded as the causative organism for the sepsis.

In ICD-10 for this patient, you will list:

- **M1021a:** A41.51 (Sepsis due to Escherichia coli [E. coli]) and
- **M1023b:** N10 (Acute tubulo-interstitial nephritis).

You'll need just one ICD-10 code (A41.51) to indicate that your patient has sepsis due to E. coli.

Next, list N10 to report your patient's acute pyelonephritis. You'll see a note under N10 in your coding manual instructing you to list an additional code to identify the infectious agent that caused your patient's pyelonephritis which you've already identified with the sepsis code.

ICD-10 guidelines indicate that if the patient has a localized infection and sepsis, the sequencing is as follows: If admitted with a localized infection that develops into sepsis, code the localized infection first. If admitted with sepsis, code the sepsis first.