Documentation and Coding:
Sepsis

CMS-HCC_V28 Model Updates

January 2024

At Healthfirst, we are committed to helping providers accurately document and code their patients' health records. This tip sheet is intended to assist providers and coding staff with the documentation and **ICD-10-CM selection, along with the Centers for Medicare & Medicaid Services (CMS) Hierarchical Condition Category (HCC) Version 28 Model Updates**, on services submitted to Healthfirst—specifically for **sepsis**. It provides information from industry sources about proper coding practice. However, this document does not represent or guarantee that Healthfirst will cover and/or pay for services outlined. Coverage decisions are based on the terms of the applicable evidence of coverage and the provider's participation agreement. This includes the determination of any amounts that Healthfirst or the member owes the provider.
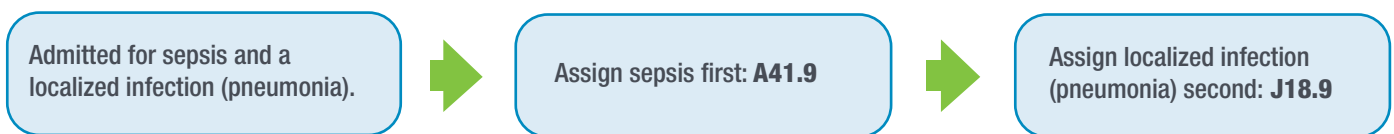
Sepsis — Chapter-specific guidelines state, "If the type of infection or causal organism is not further specified, assign code A41.9, Sepsis, unspecified organism." **When this diagnosis is reported, the patient's blood culture was negative for any causative organism.**

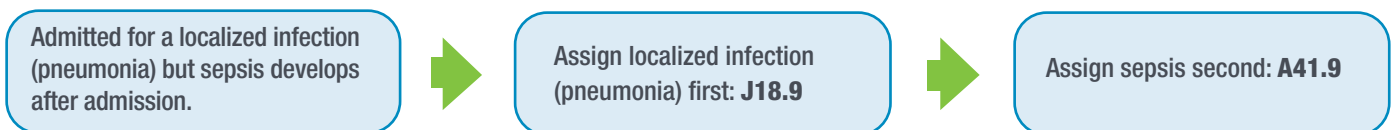| ICD-10-CM	Description
A41.01	Sepsis due to Methicillin susceptible Staphylococcus aureus Includes: MSSA sepsis, Staphylococcus aureus sepsis NOS
A41.02	Sepsis due to Methicillin resistant Staphylococcus aureus
A41.1	Sepsis due to other specified staphylococcus Includes: Coagulase negative staphylococcus sepsis
A41.2	Sepsis due to unspecified staphylococcus
A41.3	Sepsis due to Hemophilus influenzae
A41.4	Sepsis due to anaerobes
A41.50	Gram-negative sepsis, unspecified Includes: Gram-negative sepsis NOS

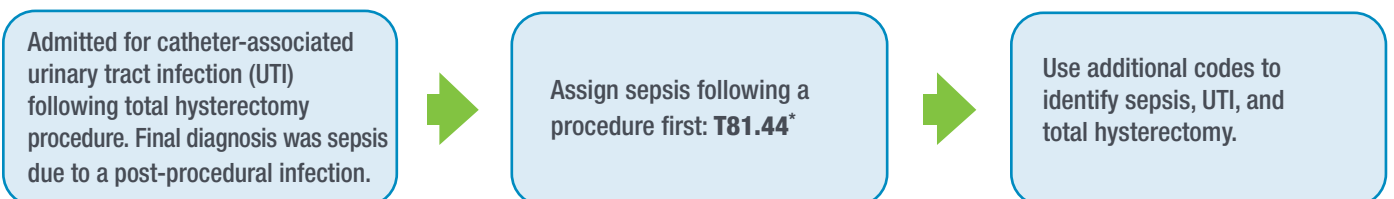|	
A41.51	Sepsis due to Escherichia coli [E. coli]
A41.52	Sepsis due to Pseudomonas Includes: Pseudomonas aeruginosa
A41.53	Sepsis due to Serratia
A41.54	Sepsis due to Acinetobacter baumannii
A41.59	Other Gram-negative sepsis
A41.81	Sepsis due to Enterococcus
A41.89	Other specified sepsis
A41.9(†)	Sepsis, unspecified organism Includes: Septicemia NOS

(†) Use only if no other code describes the condition.

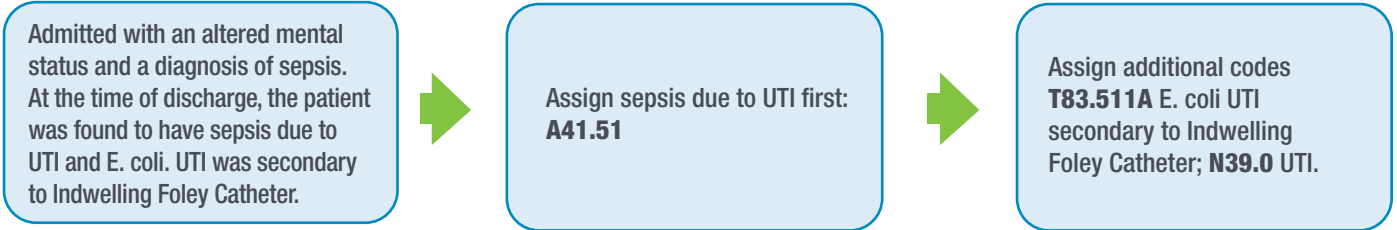### Sepsis due to localized infection

Admitted for sepsis and a localized infection (pneumonia).	➜	Assign sepsis first: **A41.9**	➜	Assign localized infection (pneumonia) second: **J18.9**

Localized infection progresses to sepsis

Admitted for a localized infection (pneumonia) but sepsis develops after admission.	➜	Assign localized infection (pneumonia) first: **J18.9**	➜	Assign sepsis second: **A41.9**

Sepsis due to post-procedural infection

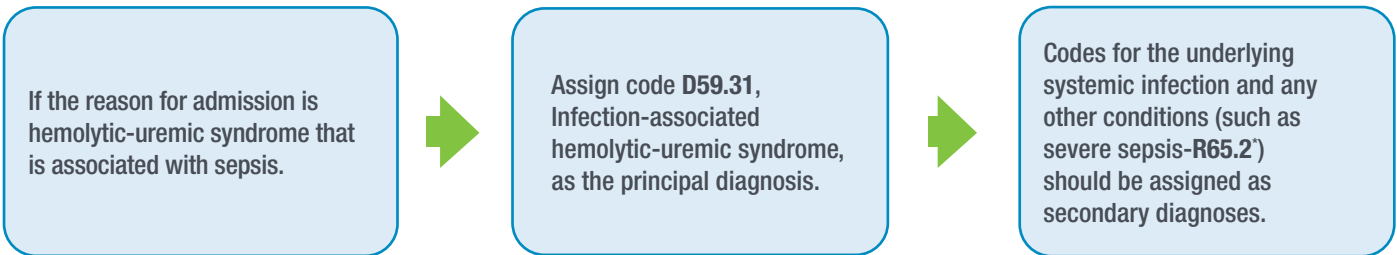| Admitted for catheter-associated urinary tract infection (UTI) following total hysterectomy procedure. Final diagnosis was sepsis due to a post-procedural infection.	➜	Assign sepsis following a procedure first: **T81.44**[*]	➜	Use additional codes to identify sepsis, UTI, and total hysterectomy.

Please note: Not all ICD-10-CM codes are listed.

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Sepsis due to device, implant, and graft

Admitted with an altered mental status and a diagnosis of sepsis. At the time of discharge, the patient was found to have sepsis due to UTI and E. coli. UTI was secondary to Indwelling Foley Catheter.

→ Assign sepsis due to UTI first: **A41.51**

→ Assign additional codes **T83.511A** E. coli UTI secondary to Indwelling Foley Catheter; **N39.0** UTI.

Hemolytic-uremic syndrome associated with sepsis

If the reason for admission is hemolytic-uremic syndrome that is associated with sepsis.

→ Assign code **D59.31**, Infection-associated hemolytic-uremic syndrome, as the principal diagnosis.

→ Codes for the underlying systemic infection and any other conditions (such as severe sepsis-**R65.2***) should be assigned as secondary diagnoses.

*Additional digit required to complete the diagnosis code.

Patient is admitted with sepsis.

Does the patient have organ dysfunction?

YES — Acute organ dysfunction is clearly associated with sepsis.

- **YES** — Assign severe sepsis diagnosis from category **R65.2*** and code for acute organ dysfunction.

- **NO** — Assign **A41.9** or the appropriate code and organ dysfunction.

- If association of sepsis and organ dysfunction is not clearly documented, query the provider.

NO — Assign **A41.9** and codes to identify underlying infection, if any.

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What documentation is needed to report sepsis?

- Documented diagnosis of sepsis
- Severity of illness and improvement/worsening of patient status
- Criteria met to determine the diagnosis and infection type
- Specification of causative organism, if known (e.g., sepsis due to pneumonia, implant, graft, etc.)
- Sequential Organ Failure Assessment (SOFA) or quick SOFA (qSOFA) score
- Clinical findings (e.g., high fever, tachycardia, hypotension, elevated white count, altered mental status, etc.)
- Any one organ dysfunction criteria or SOFA score of two or more is required to diagnose sepsis
- Organ dysfunctions such as elevated transaminases, Type 2 MI, Critical care myopathy, if related to infection, needs to be documented
- Document the sepsis due to infection (type and source or location of infection) with acute sepsis-related organ dysfunction as evidence by (list the organ dysfunctions) with or without septic shock
- Past medical history or active history of any comorbidities
- Presence of risk factors and/or complications such as organ failure or dysfunction
- Treatment plan, orders, prescriptions, and referrals (include how the condition is being monitored, evaluated, and/or treated)
- Clear documentation regarding whether the condition was Present On Admission (POA)

Documentation Tips

- Diagnosis of sepsis cannot be made based solely on labs or bloodwork findings.
- It is best practice for the documentation of sepsis to be specific, consistent, and clear.
- Only "severe sepsis due to infection" and "sepsis with acute organ dysfunction" are represented by codes for sepsis with the **R65.2*** subcategory.
- The "with" guideline in the Official Coding Guidelines (Section 1.A.15) does not apply to sepsis and organ failure dysfunction; the physician must make the link.
- The physician must document the systemic infection. If it is not clear whether sepsis or severe sepsis was present on admission, query the physician for clarification.
- Systemic inflammatory response syndrome (SIRS) **(does not equate to sepsis):**
  - Do not assume a link when the documentation states SIRS and an infection is present. Query the etiology of the SIRS. If no other information is available, report a code from subcategory **R65.1***.
  - If SIRS is secondary to a localized infection such as pneumonia without organ dysfunction, code only the localized infection since there is no separate code for SIRS due to an infectious process in ICD-10-CM.

- **Terms that are not sufficient to code sepsis:**
  - "History of sepsis" – This indicates the condition is already resolved.
  - "Urosepsis" – This is a nonspecific term and should not be considered synonymous with sepsis.
  - "Septic/Toxic" – These are adjectives and not diagnoses; use full terms such as "septic shock" instead.
- **Bacteremia without organ dysfunction is not sepsis, just infection with bacteremia.**

Questions?

Contact us at **#Risk_Adjustments_and_clinical_Documentation@healthfirst.org**.

For additional documentation and coding guidance, please visit the Coding section at **hfproviders.org**.

References:

- **AHIMA.org**
- **ICD-10-CM Official Guidelines for Coding and Reporting, FY 2024**
- **Mayo Clinic Q and A: Understanding sepsis and septic shock**
- **The Third International Consensus Definition of Sepsis and Septic Shock; JAMA February 23, 2016**