Tips & Tricks

Find & assign the appropriate infection codes

Infection Guidelines

"Certain infections are classified in chapters other than Chapter 1 and no organism is identified as part of the infection code. In these instances, it is necessary to use an additional code from Chapter 1 to identify the organism. A code from ***category B95****, Streptococcus, Staphylococcus, and Enterococcus as the cause of diseases classified to other chapters,* ***B96****, Other bacterial agents as the cause of diseases classified to other chapters, or* ***B97****, Viral agents as the cause of diseases classified to other chapters, is to be used as an additional code to identify the organism. An instructional note will be found at the infection code advising that an additional organism code is required."*

Section I.C.1.b

Antibiotic-Resistance Guidelines

"Many bacterial infections are resistant to current antibiotics. It is necessary to identify all infections documented as antibiotic resistant. Assign a code from category Z16, Resistance to antimicrobial drugs, following the infection code only if the infection code does not identify drug resistance."

Section I.C.1.c

MRSA Guidelines

"When a patient is diagnosed with an infection that is due to methicillin resistant Staphylococcus aureus (MRSA), and that infection ***has a combination code*** *that includes the causal organism (e.g., sepsis, pneumonia) assign the appropriate combination code for the condition. Do* ***not*** *assign code B95.62, Methicillin resistant Staphylococcus aureus infection as the cause of diseases classified elsewhere, as an additional code, because the combination code includes the type of infection and the MRSA organism. Do* ***not*** *assign a code from subcategory Z16.11, Resistance to penicillins, as an additional diagnosis."*

Section I.C.1.e.1)(a)

MRSA Guidelines

"When there is documentation of a current infection (e.g., wound infection, stitch abscess, urinary tract infection) due to MRSA, and that infection ***does <u>not</u> have a combination code*** *that includes the causal organism, assign the appropriate code to identify the condition along with code B95.62, Methicillin resistant Staphylococcus aureus infection as the cause of diseases classified elsewhere for the MRSA infection. Do* ***<u>not</u>*** *assign a code from subcategory Z16.11, Resistance to penicillins."*

Section I.C.1.e.1)(b)

Sepsis PED Definitions

Sepsis – Systemic response to an infection in the bloodstream caused by bacteria, virus, fungi, or parasites which trigger the body's immune system to release certain chemicals. Infection may originate in bone, bowel, urinary tract, brain, liver/ gallbladder, lungs or skin and migrate into the bloodstream. Symptoms can include hypotension (low blood pressure), decreased tissue perfusion, change in mental status, increased heart and/or respiratory rate, temperature instability (fever and/or hypothermia) and skin rash.

Sepsis PED Definitions

Severe sepsis with or without shock – a systemic inflammatory response syndrome (SIRS) due to an infectious process with acute (or multiple) organ dysfunction. SIRS is a self defense mechanism involving the inflammatory cascade with local release of cytokines for wound repair and subsequent cytokine migration to the circulatory system leading to systemic over reaction and organ dysfunction. Two (2) or more of the following symptoms must be present: Temperature <36°C (96.8°F) or >38°C (100.4°F), HR >90 bpm, RR >20 or PaCO2 <32 mmHg, WBC <4000 µL or >12,000 µL or >10% bands (immature neutrophils).

Sepsis PED Definitions

Severe sepsis with septic shock – Septic shock is a life-threatening state of emergency caused by the progression of a septic infection of the bloodstream to the point where blood pressure falls dangerously low (to a hypotensive state of SBP < 90mm Hg) due to the toxins from the bacteria and the cytokines produced by the immune system to fight the infection. The systemic inflammatory response causes blood vessels to dilate dramatically, reducing blood flow to vital organs despite the body's compensating attempts to increase the heart rate and the volume of blood being pumped. The increased pumping action weakens the heart and causes decreased output with even less perfusion to vital organs leading to circulatory collapse. Blood vessels may begin to leak and the lungs become overloaded. As septic shock worsens, several organs begin to fail.

Sepsis Definitions

Note that a 2016 task force with expertise in sepsis pathobiology, clinical trials, and epidemiology **defined sepsis** as "*life-threatening organ dysfunction caused by a dysregulated host response to infection*." That same task force concluded that the term **severe sepsis** was redundant – choosing not to define it – and defined **septic shock** as "*a subset of sepsis in which underlying circulatory and cellular/ metabolic abnormalities are profound enough to substantially increase mortality*."

A summary of the task force's work appeared in the Feb. 23, 2016, *Journal of the American Medical Association*

Sepsis Tips

- Bacteremia is not to be confused with sepsis or septicemia. Sepsis is an infection in the blood, or blood poisoning, almost always caused by the presence of bacteria and their toxins in the bloodstream. This is a very serious condition, causing symptoms such as shaking, fever, chills, weakness, confusion, nausea, and vomiting, and requires immediate treatment with antibiotics to increase life expectancy.
- Septicemia is a systemic disease associated with the presence of pathogenic microorganisms within the blood stream.

Additional Sepsis Tips

- **Don't think you can't code sepsis in home health.** Patients with sepsis conditions require a lot of care and if you code a less serious condition, the claim may not support the necessary level of nursing utilization
- **Use the presence of IV antibiotics as a clue** a patient may still have active sepsis **and confirm with the physician.** Remember, only the physician can confirm a dx of sepsis or that it's still an active condition.
- **Do not assume a patient's organ failure is related to his sepsis** simply because both diagnoses are on the chart. **Physician documentation must establish the connection.**
- **Code only the location of the infection**, such as pneumonia (J18.9), if the documentation describes that the infection caused systemic inflammatory response syndrome (SIRS) but not sepsis.