

Sepsis Coding Guidelines

Sepsis is an **acute** condition

To code a sepsis diagnosis, patient must currently be septic with diagnosis confirmation. Improper coding of Sepsis depicts an inaccurate representation of a member's current medical condition. Sepsis **should only be coded in an inpatient setting**, except for extenuating circumstances.

Documentation of Sepsis should include:

- Organism Type if known
- Current Treatment
- Specific Organ Dysfunctions

The diagram below provides examples of when it is appropriate to code sepsis, and when another diagnosis code should be used.

Coding Examples - Sepsis Guidelines

ICD-10 Code	Description	Coding Guidelines	Examples
A41.9	Sepsis, unspecified organism	Sepsis diagnosis confirmed; however, the origin of infection has not been confirmed.	Patient arrives to Emergency Room, and laboratory results indicate patient is septic, awaiting pathology results to indicate pathogen of origin.
Z51.A	Encounters for other aftercare and medical care	Sepsis treatment has discontinued, with sepsis resolved, now receiving treatment for recovery or	Patient seen at nephrology office, following discharge for hospital admission due to sepsis. Patient experiencing kidney

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		complications resulting for Sepsis.	complications due to Sepsis.
Z86.19	Personal History of Sepsis	Resolved sepsis, with specific date.	Patient seen at primary care office for follow up, 3 months after inpatient admission for Sepsis with no current complications from Sepsis.

References:

- AAPC. (2024). ICD-10-CM complete code set 2025. AAPC.
- Buckholtz, R. (2021, June 1). *Conquer Coding for Sepsis and SIRS*. AAPC. <https://www.aapc.com/blog/73594-conquer-coding-for-sepsis-and-sirs/>
- Centers for Medicare & Medicaid Services. ICD-10-CM Official Guidelines for Coding and Reporting (FY2025): <https://www.cms.gov/files/document/fy-2025-icd-10-cm-coding-guidelines.pdf> page 22.
- Mothershed, J.(2025, April 3). *Medical Coding Sepsis*. Coding Clarified. <https://codingclarified.com/medical-coding-sepsis/>