



Government of **Western Australia**
Department of **Health**

Western Australian Coding Rule

0722/09 Urosepsis

WA Coding Rule 1017/08 *Urosepsis* is retired.

In ICD-10-AM/ACHI/ACS Twelfth Edition (effective 1 July 2022) the ICD-10-AM Index entry for Urosepsis has been amended and instructs to see Infection/urinary only. ACS 0110 *Sepsis and septic shock* now includes an instruction for urosepsis documented alone – assign a code for UTI only.

DECISION

WA Coding Rule 1017/08 *Urosepsis* is retired.

[Effective 1 July 2022, ICD-10-AM/ACHI/ACS 12th Ed.]

Western Australian Coding Rule

1017/08 Urosepsis

Q.

Query 1: In 8th edition the index default was localised infection, and a sepsis code could not be assigned without obtaining clinical clarification. In 9th edition the default changed to sepsis AND localised infection. Is there an expectation for coders to clarify with the clinician whether there is localised infection alone (without sepsis) in the following two scenarios? Or is the intent of the new alphabetic index default that both sepsis and localised infection codes automatically be assigned without need for clinical clarification?

1. Principal diagnosis 'urosepsis' however progress notes consistently state only "UTI" without mention of urosepsis, sepsis etc.
2. Principal diagnosis and progress notes state 'urosepsis' but no obvious signs of systemic response such as fever, bradycardia, tachycardia, or hypotension? i.e. the case seems clinically similar to a UTI?

Query 2: Please provide guidelines about sequencing of sepsis and localised UTI. Does the Alphabetic Index instruction 'see Sepsis AND Infection, infected (opportunistic)/urinary (tract) NEC' mean that sequencing is rigid and the sepsis code should be sequenced first?

ACS 0110 SIRS, sepsis states that selection of principal diagnosis should be made in accordance with ACS 0001. Urosepsis is classified as two conditions in 9th edition. Therefore there is difficulty applying the ACS 0001 instruction "When two or more interrelated conditions each potentially meet the definition of principal diagnosis, query with the clinician or default to the first mentioned". What should the default option be when clinical clarification is not possible?

A.

Advice was sought from the ACCD and is being published as a WA Coding Rule because the ACCD response will not be published nationally.

The change to the Alphabetic Index made in ICD-10-AM Ninth Edition at the lead term Urosepsis, directs coders to two lead terms; Sepsis and Infection, infected and means that two codes are assigned for classification of urosepsis. That is, a code for the urinary tract infection and a code for the sepsis.

The See reference in the index is not a sequencing instruction. Apply the guidelines in ACS 0001 Principal diagnosis/Problems and underlying conditions and ACS 0002 Additional diagnoses/Problems and underlying conditions to determine whether sepsis or urinary tract infection (UTI) is the principal diagnosis for each individual case, based on the clinical documentation.

Where documentation is inconsistent or unclear, seek clinical clarification, however if this is not possible, follow the index default and assign two codes as instructed above.

See also Coding Rules: Urosepsis (15 June 2017) and Conditions described as secondary or due to (15 March 2017) for further detail.

DECISION

Where documentation is inconsistent or unclear, seek clinical clarification, however if this is not possible, follow the index default and assign two codes as instructed above.

[Effective 11 Oct 2017, ICD-10-AM/ACHI/ACS 10th Ed.]

RETIRED