

# MS-DRG NEWS

## Administrative Consultant Service, LLC.

**Issue Date:**  
December 1, 2009

**Guidelines for Physician Query**..... 2

**Keys to Documentation** .....3

**Examples**..... 4

**Contact Info**..... 5

### Septicemia and Sepsis are not synonymous!

New MS-DRGs effective 10/1/07 distinguish between patients admitted with sepsis due to pneumonia, or septic shock, and sepsis due to other infections such as UTI or cellulitis, giving credit for the increased severity of illness for patients with an “MCC” or major complication / comorbid condition. In 2003, changes to ICD-9-CM were implemented to reflect current medical terminology so that coding could be as precise as possible and health care statistics could accurately reflect the patient’s condition. To that end, the following definitions were published by the Cooperating Parties on behalf of the American Hospital Association (AHA), the National Center for Health Statistics (NCHS), the Centers for Medicare and Medicaid Services (CMS), and the American Health Information Management Association (AHIMA).

Diagnosis	Definition
<b>Bacteremia</b>	Presence of bacteria in the blood, as confirmed by culture, but may be transient. Bacteremia denotes a laboratory finding. Bacteremia progresses to septicemia only when there is a more severe infectious process or an impaired immune system.
<b>Septicemia</b> <i>(query for presence of sepsis)</i>	Systemic disease associated with the presence of pathological microorganisms or their toxins in the blood, which can include bacteria, viruses, fungi, or other organisms.
<b>Systemic Inflammatory Response Syndrome (SIRS)</b>	Systemic response to infection or trauma, with symptoms which include 2 or more of the following: Tachycardia: Pulse > 90 Tachypnea: Respirations > 20 Temperature: >101 (38.3 C) or <96.8 (36 C) WBC > 12,000 or < 4,000 or >10% bands Glucose > 140 without diabetes Acutely Altered Mental Status
<b>Sepsis</b>	SIRS due to infection
<b>Sepsis with Underlying Infection</b>	Sepsis with underlying infection such as pneumonia, cellulitis, UTI <i>Report also underlying infection</i>
<b>Severe Sepsis</b>	Sepsis with associated organ dysfunction (>1 organ), hypoperfusion or hypotension <i>Report also organ dysfunction</i>
<b>Septic Shock</b>	Sepsis with hypotension, a failure of the cardiovascular system. <i>Report also organ dysfunction</i>

*“Negative or inconclusive blood cultures do not preclude a diagnoses of Septicemia or Sepsis in patients with clinical evidence of the condition, however the provider should be queried.  
(ICD-9-CM Official Guidelines for Coding and Reporting)*

## Reporting References:

Septic shock is caused principally by the pooling of the blood in small vessels. The pooling results from the dysfunction of cells and tissues injured by the circulating toxic bacterial products. Shock usually involves hypotension despite adequate fluid resuscitation with perfusion abnormalities that may consist of, but are not limited to lactic acidosis, oliguria, and acute alteration in mental status.

Although blood is often drawn for culturing during the initial work-up, treatment (including antibiotics) must be started quickly and before the results of the culture are known. **A patient may show clinical evidence of septicemia, the blood culture may be negative due to difficulty in culturing fastidious organisms from blood, growth inhibitory factors in the blood, or initiation of specific antibiotic therapy before laboratory test samples are taken.**

## Guidelines for Physician Query:

- If the physician documents “septicemia”, and the patient exhibits symptoms of sepsis, query the physician so that the case can be properly coded. CC03Q4
- **“Urosepsis”** is a nonspecific term. “If that is the only term documented then only code 599.0 (UTI) should be assigned based on the default for the term in the ICD-9-CM index, in addition to the code for the causal organism if known.” If the physician documents “urosepsis”, query the physician to determine whether the patient has a simple urinary tract infection or generalized septicemia caused by leakage of urine or toxic urine by-products into the general vascular circulation.
- There is not an ICD-9-CM code for **sepsis syndrome**. Physicians *usually* mean severe sepsis, but the query should be based on the clinical evidence documented in the record.
- “Sepsis or severe sepsis may be **present on admission** but the diagnosis may not be confirmed until sometime after admission. If the documentation is not clear whether the sepsis or severe sepsis was present on admission, the provider should be queried.” *Official Coding Guideline I.C.1.b.*



### SEPSIS MS-DRGs AS OF 10/1/09.

<b>MS-DRG 870</b> Sepsis w/ mechanical vent 96+ hr	RW 5.8007	\$31,904
<b>MS-DRG 871</b> Sepsis w/o mechanical vent 96+ hr w/ MCC	RW 1.8437	\$10,140
<b>MS-DRG 872</b> Sepsis w/o mechanical vent 96+ hr w/o MCC	RW 1.1155	\$ 6,135



## Document to Establish Severity of the Patient's Illness

- ⇒ Distinguish between sepsis and severe sepsis
- ⇒ Document if SIRS is due to noninfectious process
- ⇒ Document the patient's underlying conditions

### SIRS due to Non-Infectious Process?

A systemic inflammatory response syndrome (SIRS) can develop as a result of a non-infectious disease process, such as trauma, malignant neoplasm, or pancreatitis. In these instances, the non-infectious process is the principal diagnosis followed by the appropriate SIRS code. If the patient also has acute organ dysfunction, please clarify whether it is associated with SIRS or due to another condition.

### Assignment of the Principal Diagnosis Depends on Whether:

- ◆ SIRS was due to infection (sepsis) or a non-infectious process;
- ◆ The non-infectious process led to infection and sepsis;
- ◆ Sepsis or non-infectious process were present on admission;
- ◆ Sepsis was due to the presence of a device (Foley, VAD, etc), tracheostomy, gastrostomy, etc.

**Was the patient's sepsis present on admission?** If not documented on admission, please clarify in subsequent notes / discharge summary when, after study, the presenting signs / symptoms are felt to be due to sepsis.

Physi-



**cian Documentation is the Key!**



In 2008, MS-DRGs for sepsis were among the top 5 most frequently reported DRGs among the Medicare population. Given their higher relative weight, complexity of associated reporting guidelines and high volume, they are also a frequent target for validation review by recovery audit contractors (RAC) and other CMS contractors. **Physician documentation is the key to reporting accuracy.**

---

## MS-DRG Examples:

Diagnosis	MS-DRG	Payment	Notes



*Providing consultation to improve clinical and financial outcomes of health care.*

For more information contact:

Administrative Consultant Service, LLC

P.O. Box 3368

Shawnee, OK 74802

(405) 878-0118

(405) 878-0411 fax

<http://www.acsteam.net>

**We're on the Web!**  
**[www.acsteam.net](http://www.acsteam.net)**