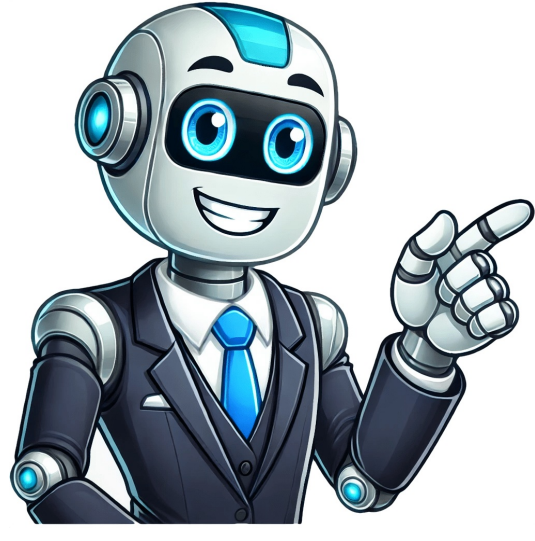I'm not a bot

ICD-10-CM Code R65.21: Severe Sepsis with Septic ShockThe ICD-10-CM code R65.21, Severe Sepsis with Septic Shock, is a significant diagnostic code utilized in the realm of healthcare. This code denotes a critical condition that arises from an uncontrolled inflammatory response triggered by a severe infection, further complicated by circulatory failure known as septic shock. Its paramount that medical coders are deeply familiar with the nuances of this code, as miscoding can result in substantial financial repercussions for healthcare providers, inaccurate patient records, and potentially compromise their care.Lets delve deeper into the intricacies of this code and how its appropriately applied. Understanding the Definition The ICD-10-CM code R65.21 represents the severity of sepsis that progresses to a life-threatening condition septic shock. Sepsis, in its essence, is the bodys intense response to an infection, often causing widespread inflammation. When this inflammation overwhelms the bodys natural defenses, organ function may begin to fail, marking the onset of severe sepsis. Septic shock, the next level of severity, occurs when blood pressure plummets despite the administration of fluids, causing insufficient blood flow to vital organs. Septic shock, the defining characteristic of this code, reflects a perilous state of physiological deterioration. Deciphering the CodeThis ICD-10-CM code belongs to the broader category, Symptoms, signs and abnormal clinical and laboratory findings, not elsewhere classified specifically falling under General symptoms and signs. Its crucial to recognize that this code alone does not represent the full clinical picture. Instead, its meant to be used in conjunction with other codes, capturing the underlying infection and any resultant organ dysfunctions. Linking to the Underlying CauseMedical coders must always look beyond the immediate manifestation of sepsis and identify the originating infection. Common underlying infections that could prompt the application of R65.21 include: Infection Following Procedures: T81.4 Infection following a procedure Infections Following Infusion or Transfusion:T80.2 Infections following infusion, transfusion and therapeutic injection Other Related Infections:Puerperal sepsis (O85) Sepsis related to childbirthSepsis following complete or unspecified spontaneous abortion (O03.87) Sepsis following ectopic and molar pregnancy (O08.82) Sepsis following incomplete spontaneous abortion (O03.37) Sepsis following (induced) termination of pregnancy (O04.87) Sepsis NOS (A41.9) Sepsis, not otherwise specified Accurately Coding Associated Organ Dysfunctions A fundamental element of accurate coding for R65.21 involves correctly capturing the organ dysfunctions that accompany severe sepsis with septic shock. These additional codes paint a comprehensive picture of the patients condition. Codes for Specific Organ DysfunctionsAcute kidney failure (N17.-)Acute respiratory failure (J96.0-)Critical illness myopathy (G72.81)Critical illness polyneuropathy (G62.81) Disseminated intravascular coagulopathy [DIC] (D65)Encephalopathy (metabolic) (septic) (G93.41)Hepatic failure (K72.0-) Clinical Picture Recognizing the clinical manifestations of severe sepsis with septic shock is paramount for accurate code assignment. Medical coders should review clinical documentation, meticulously looking for evidence of: Common Signs and Symptoms:Markedly decreased urine output, indicative of kidney impairment Abrupt alteration in mental state, often confusion or disorientationA significant drop in platelet count, signifying impaired blood clotting abilityDifficulty breathing, indicating respiratory distress Abnormal heart pumping function, reflecting circulatory compromise Abdominal pain, which may point to organ dysfunction or inflammation Importantly, it is crucial to consider the specific circumstances of a patients presentation. For instance, septic shock often reveals itself through hypotension, a dangerously low blood pressure that remains uncorrected despite fluid resuscitation. Code Usage Examples: Illustrative Scenarios Real-world applications of code R65.21 come to life through specific scenarios. Lets analyze three cases to solidify your understanding. Case 1: Acute Kidney Failure Complicates Septic ShockImagine a patient arrives at the emergency department suffering from severe septic shock. Despite receiving fluids, their blood pressure remains dangerously low. Furthermore, they exhibit signs of acute kidney failure, highlighting the organ dysfunction accompanying their condition. Code Assignment for Case 1:R65.21 Severe Sepsis with Septic Shock N17.9 Acute Kidney Failure, UnspecifiedCase 2: Respiratory Failure Complicates Septic Shock Now, lets picture a patient who was initially hospitalized for pneumonia but developed severe sepsis with septic shock. The pneumonia worsened, leading to respiratory failure. Code Assignment for Case 2: J18.9 Pneumonia, UnspecifiedR65.21 Severe Sepsis with Septic Shock J96.0 Acute Respiratory Failure Case 3: Underlying Infection and Associated Organ DysfunctionLets consider a patient experiencing severe sepsis with septic shock. The patients history reveals a recent surgical procedure that was followed by infection, likely contributing to the present critical state. They also demonstrate signs of acute kidney failure. Code Assignment for Case 3: T81.4 Infection following a procedure R65.21 Severe Sepsis with Septic ShockN17.9 Acute Kidney Failure, UnspecifiedImportant Exclusions To avoid potential errors and ensure precise code usage, its critical to know which codes are excluded from R65.21. These exclusions involve other diagnoses that may mimic some of the clinical manifestations of severe sepsis with septic shock but represent distinct conditions. Some examples include: G89.0 Other conditions involving acute multiple organ dysfunctionG89.11 Sepsis with acute respiratory failure, adultG89.12 Sepsis with acute respiratory failure, neonatalG89.18 Other sepsis with acute respiratory failureG89.21 Sepsis with acute renal failure, adultG89.22 Sepsis with acute renal failureG89.28 Other sepsis with acute renal failureG89.3 Sepsis with multiple organ dysfunction, not specified as acute G89.3 Sepsis with multiple organ dysfunction, adult G89.4 Sepsis with multiple organ dysfunction, neonatal R09.89 Other symptoms and signs of increased body temperatureR09.A0 Other generalized symptoms, signs and abnormal clinical and laboratory findings related to systemic inflammationR09.A1 Symptoms and signs, general, not elsewhere classifiedR09.A2 Abnormal findings of laboratory examinationsR09.A9 Other manifestations of diseases, disorders or injuriesR41.0 HypotensionR41.1 Circulatory insufficiencyR41.2 Hypotonic stateR41.3 Increased intracranial pressureR41.82 Other decreased perfusion and shockR41.9 Other abnormal circulatory status, not elsewhere classified R44.8 Other disorders of homeostasis R44.9 Other and unspecified disorders of homeostasis R45.83 Other disorders of water balance R45.84 Other disorders of electrolyte balance R46.0 DeliriumR46.1 ConfusionR46.2 StuporR46.3 ComaR46.4 WeaknessR46.5 Fatigue R46.6 Lethargy R46.7 Lassitude R52 Respiratory distress R57.0 Respiratory failure R57.1 Respiratory insufficiency R57.8 Other abnormal respiratory functions R57.9 Abnormal respiratory function, unspecifiedR68.0 Dysuria R68.11 Other abnormal urinary function R68.12 Anuria R68.13 Oliguria R68.19 Other specified abnormal urinary functions R68.81 Abnormal blood glucose R68.82 Abnormal findings of serum electrolytes R68.83 Other abnormal findings of laboratory examinations of the bloodR68.89 Other general symptoms and signsR69 Abnormal findings, not elsewhere classified Critical Considerations and Implications for Medical Coders Understanding and applying ICD-10-CM code R65.21 correctly is a matter of paramount importance in healthcare. Accurate coding directly influences the financial stability of healthcare providers, ensuring appropriate reimbursement for their services. Miscoding can lead to underpayment or even denials of claims, resulting in substantial financial losses. Furthermore, inaccurate coding can have broader consequences: Distorted Patient Data Inaccurate records affect research, healthcare policy development, and the ability to understand the true burden of disease. Compromised Patient Care Mistaken diagnoses based on flawed codes can negatively impact patient management, treatment plans, and ultimately, health outcomes. Legal Liability Errors in coding can expose healthcare providers to legal scrutiny and potential claims related to negligence or financial fraud. As medical coders, staying updated on the latest coding guidelines and best practices is a continuous responsibility. Continuously enhancing knowledge, particularly for complex codes like R65.21, ensures you can confidently and accurately reflect patient care, leading to optimal financial stability and patient outcomes. Disclaimer: This information is meant to be an educational resource. It does not constitute medical advice, nor should it be interpreted as definitive legal guidance. Always rely on official ICD-10-CM codes for accurate clinical documentation, and consult with qualified healthcare professionals and legal experts when necessary.Sepsis and septic shock are serious medical conditions that require prompt diagnosis and treatment. Proper coding and billing for sepsis and septic shock are crucial for ensuring accurate reimbursement and compliance with healthcare regulations. Medical coders must be meticulous when coding these conditions because they have specific guidelines that must be followed to ensure accurate claims submission.In this blog, well explore the guidelines for coding sepsis and septic shock, common mistakes to avoid, and helpful tips for accurate coding and billing.Understanding Sepsis and Septic ShockBefore diving into coding and billing, its essential to understand what sepsis and septic shock are:Sepsis: Sepsis is a life-threatening condition that occurs when the bodys response to infection leads to widespread inflammation, tissue damage, and organ dysfunction. It can occur in response to infections such as pneumonia, urinary tract infections (UTIs), or abdominal infections.Septic Shock: Septic shock is a severe form of sepsis that results in a significant drop in blood pressure, leading to organ failure and an increased risk of death. It is a medical emergency that requires immediate intervention.Sepsis and Septic Shock Coding GuidelinesCoding sepsis and septic shock requires an understanding of the International Classification of Diseases, 10th Revision, Clinical Modification (ICD-10-CM) codes, and how they are used to describe these conditions accurately.Sepsis Coding Guidelines:Sepsis codes in ICD-10-CM fall under A40A41 and represent different types of infections that can lead to sepsis. The selection of the correct code depends on the infection site, organism causing the infection, and the patients specific condition.A40 Streptococcal sepsisA41 Other sepsis (which includes a variety of causes such as Gram-negative organisms or sepsis of unknown origin)Here are some key guidelines to follow:Document the Causative Organism: When sepsis is caused by a specific pathogen, the organism must be documented. For example, A40.0 (Group A streptococcal sepsis) or A41.51 (Sepsis due to Escherichia coli [E. coli]).Sepsis Documentation: If the sepsis is not clearly caused by a specific pathogen, the appropriate A41.9 code (Sepsis, unspecified organism) should be used.Sepsis is Often Accompanied by Organ Dysfunction: For sepsis with organ dysfunction (like renal failure, respiratory failure, etc.), the specific organ failure codes should be listed as secondary diagnoses. For example, N17 for acute kidney failure or J96 for respiratory failure.Septic Shock Coding Guidelines:Septic shock is classified separately in ICD-10-CM, and its critical to use the correct code for billing purposes.R65.21 Severe sepsis with septic shock: This code is used when septic shock is identified in the presence of severe sepsis, which includes organ failure or dysfunction.Severe Sepsis: Severe sepsis refers to sepsis with signs of organ dysfunction or inadequate perfusion, including hypotension (low blood pressure), reduced urine output, or altered mental status.When both severe sepsis and septic shock are documented, R65.21 should be used along with codes for the specific organ dysfunctions.Sepsis and Organ Dysfunction: If septic shock is accompanied by organ failure, codes for the organ dysfunction (e.g., N17 for acute kidney failure) should be included as secondary diagnoses.Key Documentation Tips for Sepsis and Septic Shock CodingAccurate coding starts with proper documentation. Here are some tips to ensure that sepsis and septic shock are documented thoroughly:Clearly Indicate Sepsis and Septic Shock: The medical record should explicitly state that the patient has sepsis or septic shock.Simply listing infection or bacteremia may not be sufficient, as these terms do not necessarily imply sepsis or septic shock.Identify the Source of Infection: Sepsis coding requires documenting the source of the infection, such as a respiratory infection, or abdominal infection. Knowing the infections site helps with accurate coding.Note Organ Dysfunction: Sepsis often leads to organ dysfunction. If organ dysfunction is present (e.g., acute renal failure, respiratory failure, or cardiovascular collapse), the healthcare provider should document the specific dysfunctions so coders can assign the appropriate codes.Document the Causative Organism: Whenever possible, document the pathogen or microorganism responsible for the infection, such as a specific bacterium or virus (e.g., A41.51 for Escherichia coli sepsis).Include Severe Sepsis and Septic Shock Diagnosis: If both severe sepsis and septic shock are documented, R65.21 (Severe sepsis with septic shock) should be coded. Be sure to include all organ dysfunctions.Common Mistakes in Sepsis and Septic Shock CodingWhile sepsis and septic shock coding may seem straightforward, there are several common pitfalls to avoid:Incorrect Use of Sepsis Codes: Sepsis and septic shock are two distinct conditions, and its important to code them separately. Use A41.9 (Sepsis, unspecified organism) when the organism is not identified and R65.21 for septic shock.Not Documenting Organ Dysfunction: Sepsis often causes organ dysfunction, and failing to document the specific organ failure can result in incomplete coding. Ensure that all associated organ failures are properly documented.Misunderstanding of Severe Sepsis vs. Septic Shock: Severe sepsis refers to sepsis with organ dysfunction, whereas septic shock specifically involves a drop in blood pressure leading to organ failure. Its important to differentiate between these two when coding.Failure to Report Underlying Infection: If a specific infection (e.g., pneumonia, UTI, etc.) is the cause of sepsis, it should be documented clearly and coded appropriately. Do not simply code sepsis without documenting the underlying infection.Sepsis and Septic Shock Billing TipsOnce the proper codes are assigned, there are additional billing considerations to keep in mind:Accurate Documentation: Ensure that all medical documentation supports the codes you are submitting. Inaccurate or incomplete documentation can lead to claim denials or audits.Billing for Sepsis-Related Services: Sepsis and septic shock often require extensive treatment, including laboratory tests, imaging, and ICU care. Ensure that all services provided are appropriately documented and coded.Modifiers: Use appropriate modifiers when necessary to indicate additional procedures or services provided during the treatment of sepsis and septic shock, such as modifier 25 for an E/M service performed on the same day as a procedure.Preventive and Post-Discharge Care: Sepsis can have long-term health impacts. If the patient requires ongoing treatment or follow-up care after discharge, ensure that these services are correctly coded and billed.Important Considerations for Sepsis and Septic Shock BillingPayer Policies: Different payers may have specific guidelines for sepsis and septic shock billing, so always check the payers policies before submitting a claim.Coding for Comorbidities: If the patient has comorbid conditions that complicate their sepsis (e.g., diabetes or immunocompromised state), make sure these conditions are documented and coded appropriately as secondary diagnoses.Complications of Sepsis: Sepsis can lead to complications such as acute respiratory distress syndrome (ARDS), disseminated intravascular coagulation (DIC), and multi-organ failure. These complications should be coded as secondary diagnoses.Accurate coding and billing for sepsis and septic shock are critical for ensuring proper reimbursement and compliance with medical regulations. Coders should follow ICD-10-CM guidelines carefully, ensuring all relevant documentation is included, and correctly identifying the causative organism, organ dysfunctions, and other complicating factors. By following these guidelines and using the appropriate codes for sepsis and septic shock, healthcare providers can help ensure accurate claims submission and reduce the risk of audits or denials.CMS Clarified Blog Coding Clarified clarify coding for you! 2016 2017 2018 2019 2020 2021 2022 2023 2024 2025 Billable/Specific Code R65.21 is a billable/specific ICD-10-CM code that can be used to indicate a diagnosis for reimbursement purposes. The 2025 edition of ICD-10-CM R65.21 became effective on October 1, 2024. This is the American ICD-10-CM version of R65.21 - other international versions of ICD-10 R65.21 may differ. The following code(s) above R65.21 contain annotation back-referencesAnnotation Back-ReferencesIn this context, annotation back-references refer to codes that contain:Applicable To annotations, orCode Also annotations, orCode First annotations, orExcludes1 annotations, orExcludes2 annotations, orIncludes annotations, orNote annotations, orUse additional annotations that may be applicable to R65.21: R00-R99 2025 ICD-10-CM Range R00-R99Symptoms, signs and abnormal clinical and laboratory findings, not elsewhere classifiedNoteThis chapter includes symptoms, signs, abnormal results of clinical or other investigative procedures, and ill-defined conditions regarding which no diagnosis classifiable elsewhere is recorded.Signs and symptoms that point rather definitely to a given diagnosis have been assigned to a category in other chapters of the classification. In general, categories in this chapter include the less well-defined conditions and symptoms that, without the necessary study of the case to establish a final diagnosis, point perhaps equally to two or more diseases or to two or more systems of the body. Practically all categories in the chapter could be designated 'not otherwise specified', 'unknown etiology' or 'transient'. The Alphabetical Index should be consulted to determine which symptoms and signs are to be allocated here and which to other chapters. The residual subcategories, numbered .8, are generally provided for other relevant symptoms that cannot be allocated elsewhere in the classification.The conditions and signs or symptoms included in categories R00-R94 consist of:(a) cases for which no more specific diagnosis can be made even after all the facts bearing on the case have been investigated;(b) signs or symptoms existing at the time of initial encounter that proved to be transient and whose causes could not be determined;(c) provisional diagnosis in a patient who failed to return for further investigation or care;(d) cases referred elsewhere for investigation or treatment before the diagnosis was made;(e) cases in which a more precise diagnosis was not available for any other reason;(f) certain symptoms, for which supplementary information is provided, that represent important problems in medical care in their own right.Type 2 Excludesabnormal findings on antenatal screening of mother (O28.-)certain conditions originating in the perinatal period (P04-P96)signs and symptoms classified in the body system chaptersigns and symptoms of breast (N63, N64.5) Symptoms, signs and abnormal clinical and laboratory findings, not elsewhere classifiedR65.2 ICD-10-CM Diagnosis Code R65.2Severe sepsis2016 2017 2018 2019 2020 2021 2022 2023 2024 2025 Billable/Specific Code Applicable ToInfection with associated acute organ dysfunctionSepsis with multiple organ dysfunctionSystemic inflammatory response syndrome due to infectious process with acute organ dysfunctionUse AdditionalUse add'lcode to identify specific acute organ dysfunction, such assepsis (O85)sepsis following complete or unspecified spontaneous abortion (O03.87)sepsis following ectopic and molar pregnancy (O08.82)sepsis following incomplete spontaneous abortion (O03.37)sepsis following (induced) termination of pregnancy (O04.87)sepsis NOS (A41.9)Use Additionalcode to identify specific acute organ dysfunction, such as:acute kidney failure (N17.-)acute respiratory failure (J96.0-)critical illness myopathy (G72.81)critical illness polyneuropathy (G62.81)disseminated intravascular coagulopathy [DIC] (D65)encephalopathy (metabolic) (septic) (G93.41)hepatic failure (K72.0-) Severe sepsis Approximate Synonyms Septic shock Septic shock acute organ dysfunction Septic shock acute organ dysfunction, anaerobic Septic shock acute organ dysfunction, escherichia coli Septic shock acute organ dysfunction, gram negative Septic shock acute organ dysfunction, gram positive Septic shock acute organ dysfunction, meningococcal Septic shock acute organ dysfunction, mrsa Septic shock acute organ dysfunction, pseudomonas Septic shock acute organ dysfunction, salmonella Septic shock acute organ dysfunction, serratia Septic shock acute organ dysfunction, staphylococcus Septic shock acute organ dysfunction, streptococcus Septic shock due to hemophilus influenza Septic shock due to klebsiella Septic shock due to meticillin susceptible staphylococcus aureus septicemia with acute organ dysfunction Septic shock due to salmonella with acute organ dysfunction Septic shock due to staphylococcal septicemia with acute organ dysfunction, final identification pending Septic shock due to staphylococcus, haemophilus influenza Septic shock with acute organ dysfunction due to anaerobic septicemia Septic shock with acute organ dysfunction due to chromobacterium Septic shock with acute organ dysfunction due to coagulate-negative staphylococcus Septic shock with acute organ dysfunction due to enterococcus Septic shock with acute organ dysfunction due to escherichia coli septicemia Septic shock with acute organ dysfunction due to gonococcus Septic shock with acute organ dysfunction due to gram negative septicemia Septic shock with acute organ dysfunction due to gram positive coccus Septic shock with acute organ dysfunction due to group a streptococcus Septic shock with acute organ dysfunction due to group b streptococcus Septic shock with acute organ dysfunction due to meningococcal septicemia Septic shock with acute organ dysfunction due to methicillin resistant staphylococcus aureus septicemia Septic shock with acute organ dysfunction due to pseudomonas septicemia Septic shock with acute organ dysfunction due to septicemia, final identification pending Septic shock with acute organ dysfunction due to serratia septicemia Septic shock with acute organ dysfunction due to streptococcal septicemia ICD-10-CM R65.21 is grouped within Diagnostic Related Group(s) (MS-DRG v42.0): 870 Septicemia or severe sepsis with mv >96 hours 871 Septicemia or severe sepsis without mv >96 hours 872 Septicemia or severe sepsis without mv >96 hours without mcc Convert R65.21 to ICD-9-CM Code History 2016 (effective 10/1/2015): New code (first year of non-draft ICD-10-CM) 2017 (effective 10/1/2016): No change 2018 (effective 10/1/2017): No change 2019 (effective 10/1/2018): No change 2020 (effective 10/1/2019): No change 2021 (effective 10/1/2020): No change 2022 (effective 10/1/2021): No change 2023 (effective 10/1/2022): No change 2024 (effective 10/1/2023): No change 2025 (effective 10/1/2024): No change Code annotations containing back-references to R65.21: Type 1 Excludes: T79.4 ICD-10-CM Diagnosis Code T79.4 2016 2017 2018 2019 2020 2021 2022 2023 2024 2025 Non-Billable/Non-Specific Code Applicable ToShock (immediate) (delayed) following injuryType 1 Excludesanaphylactic shock due to adverse food reaction (T78.0-)anaphylactic shock due to serum (T80.5-)anaphylactic shock due to correct medicinal substance properly administered (T88.6)anaphylactic shock NOS (T78.2)electric shock (T75.4)nontraumatic shock NEC (R57.-)obstetric shock (O75.1)postprocedural shock (T81.1-)septic shock (R65.21)shock complicating abortion or ectopic or molar pregnancy (O00-O07, O08.3)shock due to anesthesia (T88.2)shock due to lightning (T75.01)shock NOS (R57.9) Type 2 Excludes: R57.0 ICD-10-CM Diagnosis Code R57.0 2016 2017 2018 2019 2020 2021 2022 2023 2024 2025 Billable/Specific Code Type 2 Excludes Diagnosis Index entries containing back-references to R65.21: Infection, infected, infective (opportunistic) B99.9ICD-10-CM Diagnosis Code B99.9Unspecified infectious disease2016 2017 2018 2019 2020 2021 2022 2023 2024 2025 Billable/Specific Code Code annotations with back-references to R65.21Applicable To with organ dysfunction (acute) (multiple) R65.20ICD-10-CM Diagnosis Code R65.202016 2017 2018 2019 2020 2021 2022 2023 2024 2025 Billable/Specific Code Applicable To Shock R57 R57.9ICD-10-CM Diagnosis Code R57.92016 2017 2018 2019 2020 2021 2022 2023 2024 2025 Billable/Specific Code Applicable ToFailure of peripheral circulation NOS endotoxic R65.21 gram-negative R65.21 septic R65.21 (due to severe sepsis) ICD-10-CM Codes Adjacent To R65.21 R63.5 Abnormal weight gain R63.6 Underweight R63.8 Other symptoms and signs concerning food and fluid intake R65 Symptoms and signs specifically associated with systemic inflammation and infection R65.1 Systemic inflammatory response syndrome (SIRS) of non-infectious origin R65.10 without acute organ dysfunction R65.11 with acute organ dysfunction R65.2 Severe sepsis R65.20 without septic shock R65.21 with septic shock R68 Other general symptoms and signs R68.0 Hypothermia, not associated with low environmental temperature R68.1 Nonspecific symptoms peculiar to infancy R68.11 Excessive crying of infant (baby) R68.12 Fussy infant (baby) R68.13 Apparent life threatening event in infant (ALTE) R68.19 Other nonspecific symptoms peculiar to infancy R68.2 Dry mouth, unspecified R68.3 Clubbing of fingers R68.8 Other general symptoms and signs Reimbursement claims with a date of service on or after October 1, 2015 require the use of ICD-10-CM codes. 2016 2017 2018 2019 2020 2021 2022 2023 2024 2025 Non-Billable/Non-Specific Code R65.2 should not be used for reimbursement purposes as there are multiple codes below it that contain a greater level of detail. The 2025 edition of ICD-10-CM R65.2 became effective on October 1, 2024. This is the American ICD-10-CM version of R65.2 - other international versions of ICD-10 R65.2 may differ. Applicable ToInfection with associated acute organ dysfunctionSepsis with acute organ dysfunctionSepsis with multiple organ dysfunctionSystemic inflammatory response syndrome due to infectious process with acute organ dysfunction Use AdditionalUse add'l HelpCertain conditions have both an underlying etiology and multiple body system manifestations due to the underlying etiology. For such conditions the ICD-10-CM has a coding convention that requires the underlying condition be sequenced first followed by the manifestation. Wherever such a combination exists there is a "use additional code" note at the etiology code, and a "code first" note at the manifestation code. These instructional notes indicate the proper sequencing order of the codes, etiology followed by manifestation. In most cases the manifestation codes will have in the code title, "in diseases classified elsewhere." Codes with this title are a component of the etiology/manifestation convention. The code title indicates that it is a manifestation code. "In diseases classified elsewhere" codes are never permitted to be used as first listed or principle diagnosis codes. They must be used in conjunction with an underlying condition code and they must be listed following the underlying condition code to identify specific acute organ dysfunction, such as:acute kidney failure (N17.-)acute respiratory failure (J96.0-)critical illness myopathy (G72.81)critical illness polyneuropathy (G62.81)disseminated intravascular coagulopathy [DIC] (D65)encephalopathy (metabolic) (septic) (G93.41)hepatic failure (K72.0-)ICD-10-CM Diagnosis Code J96.0Acute respiratory failure2016 2017 2018 2019 2020 2021 2022 2023 2024 2025 Non-Billable/Non-Specific Code J96.0-)critical illness myopathy (ICD-10-CM Diagnosis Code G72.812016 2017 2018 2019 2020 2021 2022 2023 2024 2025 Billable/Specific Code Applicable ToAcute necrotizing myopathyAcute quadriplegic myopathyIntensive care (ICU) myopathyMyopathy of critical illness)G72.81)critical illness polyneuropathy (ICD-10-CM Diagnosis Code G62.812016 2017 2018 2019 2020 2021 2022 2023 2024 2025 Billable/Specific Code Applicable ToMS-AMIS-CMultisystem inflammatory syndrome in adultsMultisystem inflammatory syndrome in childrenPediatric inflammatory multisystem syndromePIMSCode First, if applicable, COVID-19 (U07.1)Code Alsoany associated complications such as:acute hepatic failure (K72.0-)acute kidney failure (N17.-)acute myocarditis (I40.-)acute respiratory distress syndrome (J80)cardiac arrhythmia (I47-)49.-)pneumonia due to COVID-19 (J12.82)severe sepsis (R65.2-)viral cardiomyopathy (B33.24)viral pericarditis (B33.23)Use Additionalcode, if applicable, for:exposure to COVID-19 or SARS-CoV-2 infection (Z20.822)personal history of COVID-19 (Z86.16)post COVID-19 condition (U09.9) Type 1 Excludes: R62.1 ICD-10-CM Diagnosis Code R65.1 2016 2017 2018 2019 2020 2021 2022 2023 2024 2025 Non-Billable/Non-Specific Code Code Firstunderlying condition, such as:heatstroke (T67.0-)injury and trauma (S00-T88)Type 1 Excludessepsis: code to infectionsevere sepsis (R65.2) Use Additional: P36 ICD-10-CM Diagnosis Code P36 2016 2017 2018 2019 2020 2021 2022 2023 2024 2025 Non-Billable/Non-Specific Code IncludesUse AdditionalIncludesUse Additionalcode(s), if applicable, to identify severe sepsis (R65.2-) and associated acute organ dysfunction(s) ICD-10-CM Codes Adjacent To R65.2 R63.39 Other feeding difficulties R63.4 Abnormal weight loss R63.5 Abnormal weight gain R63.6 Underweight R63.8 Other symptoms and signs concerning food and fluid intake R65 Symptoms and signs specifically associated with systemic inflammation and infection R65.1 Systemic inflammatory response syndrome (SIRS) of non-infectious origin R65.10 without acute organ dysfunction R65.11 with acute organ dysfunction R65.2 Severe sepsis R65.20 without septic shock R65.21 with septic shock R68 Other general symptoms and signs R68.0 Hypothermia, not associated with low environmental temperature R68.1 Nonspecific symptoms peculiar to infancy R68.11 Excessive crying of infant (baby) R68.12 Fussy infant (baby) R68.13 Apparent life threatening event in infant (ALTE) R68.19 Other nonspecific symptoms peculiar to infancy R68.2 Dry mouth, unspecified Reimbursement claims with a date of service on or after October 1, 2015 require the use of ICD-10-CM codes. Among the ICD-10 codes, only a few specifically mention septic shock. These septic shock ICD codes are the following:R65.21 - Severe sepsis with septic shockUse this code when a patient is confirmed to have severe sepsis resulting in septic shock.T81.12XA - Postprocedural septic shock, initial encounterThis code is appropriate for patients confirmed to be experiencing septic shock following a procedure. The "initial encounter" label indicates that the are actively in.T81.12XD - Postprocedural septic shock, subsequent encounterSimilar to Item 2, but with a "subsequent encounter" label. This indicates that the patient is in the recovery phase of postprocedural septic shock and is receiving routine care.T81.12XS - Postprocedural septic shock, sequelaSimilar to Item 2, but with a "sequela" label. This indicates that the patient is dealing with the aftereffects of post-procedural septic shock.Please note that these codes are not suitable as principal diagnoses since septic shock is a result of sepsis. Therefore, the primary code should be linked to sepsis caused by the specific bacteria involved.Click here to view on YouTubeYes. Despite being unacceptable as principal diagnoses, these ICD-10 codes are still valid and billable.Clinical informationSeptic shock, also known as septic shock, is a severe and potentially fatal condition arising as a complication of sepsis.It is characterized by a significant drop in blood pressure, which can lead to vital organ dysfunction.Common symptoms include rapid heart rate, fever, shivering, confusion, shortness of breath, and extreme discomfort.In the early stages, septic shock can be treated with antibiotics, IV fluids, and vasopressor medications to increase blood pressure. If not treated promptly, it can lead to multiple organ failure and death.Septic shock risk factors include age (it's more common in the elderly), compromised immune system, chronic illness such as diabetes, kidney or liver disease, and recent surgery or medical procedure.Prevention strategies include good infection control practices such as regular hand washing, vaccines, and prompt treatment of infections.Synonyms include:Septic shock co-occurrent with acute organ dysfunction due to anaerobic bacteriaSeptic shock co-occurrent with acute organ dysfunction due to coagulase-negative StaphylococcusSeptic shock co-occurrent with acute organ dysfunction due to EnterococcusSeptic shock co-occurrent with acute organ dysfunction due to GonococcusSeptic shock co-occurrent with acute organ dysfunction due to Gram-positive coccusSeptic shock co-occurrent with acute organ dysfunction due to Group A streptococcusSeptic shock co-occurrent with acute organ dysfunction due to Group B streptococcusSeptic shock co-occurrent with acute organ dysfunction due to Haemophilus influenzaSeptic shock co-occurrent with acute organ dysfunction due to MeningococcusSeptic shock co-occurrent with acute organ dysfunction due to methicillin resistant Staphylococcus aureusThere are no other ICD codes with septic shock in their names. Again, the principal diagnosis should be sepsis.The person will likely have the following symptoms: their heart will start palpitating, they will start to look pale, their blood pressure will drop fast, and they will feel lightheaded.Healthcare professionals will resort to administering antibiotics, fluids, and medication that increases blood flow in organs. Depending on other findings, professionals may need to use ventilators for those who cant breathe well independently. They might use insulin if the shock increases the persons glucose levels. They might even resort to surgery if tissues have died and if any abscesses need to be removed. Get crucial instructions for accurate ICD-10-CM R65.21 coding with all applicable Excludes 1 and Excludes 2 notes from the section level conveniently shown with each code. This section shows you chapter-specific coding guidelines to increase your understanding and correct usage of the target ICD-10-CM Volume 1 code. 1. Confirmed Diagnosis of Sepsis: The patient must have a confirmed diagnosis of sepsis, which is a life-threatening organ dysfunction caused by a dysregulated host response to infection.2. Evidence of Organ Dysfunction: There should be clinical evidence of organ dysfunction, which may include acute kidney injury, liver dysfunction, altered mental status, or respiratory failure, among others.3. Presence of Septic Shock: The patient must exhibit signs of septic shock, characterized by persistent hypotension requiring vasopressors to maintain a mean arterial pressure of 65 mm Hg or greater, and having a serum lactate level greater than 2 mmol/L despite adequate volume resuscitation.4. Infection Source Identification: There should be identification or strong suspicion of an infection source, such as pneumonia, urinary tract infection, or abdominal infection, which is contributing to the sepsis.5. Clinical Symptoms of Severe Sepsis: The patient should present with symptoms indicative of severe sepsis, such as fever, tachycardia, tachypnea, and signs of systemic inflammation.6. Laboratory Findings: Supporting laboratory findings may include elevated white blood cell count, elevated procalcitonin levels, or positive blood cultures indicating the presence of a pathogen.7. Exclusion of Other Causes: Other potential causes of the patient's symptoms and organ dysfunction should be ruled out to confirm the diagnosis of severe sepsis with septic shock.8. Documentation in Medical Records: The diagnosis and criteria for severe sepsis with septic shock should be clearly documented in the patient's medical records by the healthcare provider. R50-R69General symptoms and signs R65R65.1Code firstunderlying condition, such as:heatstroke (T67.0-)injury and trauma (S00-T88)Excl1.:sepsis- code to infectionsevere sepsis (SIRS) of non-infectious origin R65.10Systemic inflammatory response syndrome (SIRS) NOSR65.11Systemic inflammatory response syndrome (SIRS) NOSR65.11Systemic inflammatory response syndrome (SIRS) of non-infectious origin with acute organ dysfunctionUse add'lcode to identify specific acute organ dysfunction, such as:acute kidney failure (N17.-)acute respiratory failure (J96.0-)critical illness myopathy (G72.81)critical illness polyneuropathy (G62.81)disseminated intravascular coagulopathy [DIC] (D65)encephalopathy (metabolic) (septic) (G93.41)hepatic failure (K72.0-)R65.2Infection with associated acute organ dysfunctionSepsis with acute organ dysfunctionSepsis with multiple organ dysfunctionSystemic inflammatory response syndrome due to infectious process with acute organ dysfunctionUse add'lcode to identify specific acute organ dysfunction, such as:sepsis (O85)sepsis following complete or unspecified spontaneous abortion (O03.87)sepsis following ectopic and molar pregnancy (O08.82)sepsis following incomplete spontaneous abortion (O03.37)sepsis following (induced) termination of pregnancy (O04.87)sepsis NOS (A41.9)Use add'lcode to identify specific acute organ dysfunction, such as:acute kidney failure (N17.-)acute respiratory failure (J96.0-)critical illness myopathy (G72.81)critical illness polyneuropathy (G62.81)disseminated intravascular coagulopathy [DIC] (D65)encephalopathy (metabolic) (septic) (G93.41)hepatic failure (K72.0-)R65.20Severe sepsis without septic shockInfo:Severe sepsis NOSR65.21Severe sepsis with septic shock

Postprocedural septic shock icd 10. History of septic shock icd 10. Septic shock newborn icd 10. Urosepsis with septic shock icd 10. Icd 10 code for urosepsis with septic shock. Icd 10 code for septic shock. Icd 10 code for septic shock due to pneumonia. Septicemia with septic shock icd 10. Septic shock due to uti icd 10. Icd 10 code for septic shock unspecified. Icd 10 code for refractory septic shock. Icd 10 code for septic shock with multiorgan failure. Refractory septic shock icd 10. Severe sepsis without septic shock icd 10.