

Cardiology Coding Alert

ICD-10: Hone Your Septic Embolism Skills With This Quick Primer

Hint: To report septic arterial embolisms, look to ICD-10 code I76.

When reporting septic embolisms, you must know whether the cardiologist documented the embolism as arterial or pulmonary. You must also carefully read and follow all notes related to these embolism codes in the ICD-10 manual.

Read on to learn all you need to know to keep your septic embolism claims in tip-top shape.

Differentiate Between "Arterial" and "Pulmonary" Septic Embolism

There are two main types of septic embolism - arterial and pulmonary. You must report different ICD-10 codes for these diagnoses.

Don't miss: You need to know whether the patient has a septic arterial versus a septic pulmonary embolism, **Carol Hodge, CPC, CDEO, CCC, CEMC**, certified medical coder at St. Joseph's Cardiology in Savannah, Georgia explains. To determine this, you need to know the location of the embolism, and the embolus must be documented as septic.

Arterial: A septic arterial embolus may originate from a central infection, such as in the heart and then travel through the systemic arterial system to lodge in small vessels anywhere in the body, such as the brain, the retina, or the digits. To report a septic arterial embolism, you would look to code I76 (Septic arterial embolism), says **Jim Pawloski, BS, MSA, CIRCC, R.T. (R)(CV)**, coder at William Beaumont Hospital in Royal Oak, Michigan, and Adreima in Phoenix, Arizona.

Pulmonary: On the other hand, a septic pulmonary embolus originates from a localized infection such as a localized cellulitis or a central venous catheter infection. The embolic material travels through the venous system to the right side of the heart and goes into the pulmonary arterial system where it lodges in small vessels. For septic pulmonary embolism, you should turn towards codes I26.01 (Septic pulmonary embolism with acute cor pulmonale) or I26.90 (Septic pulmonary embolism without acute cor pulmonale).

Note: The difference between the code descriptors for I26.01 and I26.90 comes with the words "with acute cor pulmonale" or "without acute cor pulmonale."

If the physician can't identify the type of pulmonary embolism, you must use the "pulmonary embolism not elsewhere specified" code - I26.99 (Other pulmonary embolism without acute cor pulmonal), adds Hodge. In the ICD-10 manual, you can see that I26.99 includes the conditions "acute pulmonary embolism NOS" and "pulmonary embolism NOS."

Don't Sequence Embolism as Primary Diagnosis

Whether reporting septic arterial or pulmonary embolisms, you should never report these codes as the primary diagnosis, says **Theresa Dix, CCS-P, CPMA, CCC, ICDCT-CM**, a coder and auditor from Knoxville, Tennessee. Instead, septic embolism codes come with the instructions to "code first the underlying infection."

Look at these helpful tips from Dix when reporting diagnosis codes such as septic embolisms:

1. Always read the coding notes. For example, with both septic pulmonary and arterial embolisms, you have the note: "Code first underlying infection."
2. When you see an "use additional code" note, this means you must report a second code in conjunction with the first code. For example, a note with I76 tells you to "use additional code to identify the site of the embolism (I74- (Arterial

embolism and thrombosis).”

3. Watch for “Excludes” notes.

Septic pulmonary embolism example: The hospital admits a 46-year-old chain smoker with fever, shortness of breath, and pulmonary infiltrates, one of which has a small cavity in it. Staphylococcus aureus is cultured from the blood, and the pulmonologist diagnoses tricuspid endocarditis. You would code A41.01 (Sepsis due to Methicillin susceptible Staphylococcus aureus) for the staphylococcal septicemia, I33.0 (Acute and subacute infective endocarditis) for acute bacterial endocarditis, and I26.90 for septic pulmonary emboli. The example tells you that before I26.90, you should also bill for another code identifying the septicaemia (A41.0-A41.9, Other sepsis). You should also report B95.61 (Methicillin susceptible Staphylococcus aureus infection as the cause of diseases classified elsewhere) for the infectious organism of the bacterial endocarditis.

Caution: ICD-10 will offer you a choice of three codes for reporting lung abscess. You need to check for a concomitant pneumonia with lung abscess. When your physician documents a lung abscess with pneumonia, you submit ICD-10 code J85.1 (Abscess of lung with pneumonia). If your physician documents no pneumonia with the lung abscess, you report J85.2 (Abscess of lung without pneumonia). When your physician documents that the lung was totally necrosed or gangrenous, you turn to code J85.0 (Gangrene and necrosis of lung).

Septic arterial embolism example: The physician diagnoses the patient with septic arterial embolism. His underlying infection is acute infective endocarditis. Also, according to the documentation, the patient has an embolism and thrombosis of the thoracic aorta. You should report I33.0 (Acute and subacute infective endocarditis) as the primary diagnosis and I76 as the secondary diagnosis. As per coding instructions, you would also report I74.11 (Embolism and thrombosis of thoracic aorta) to identify the site of the embolism.