Third International Consensus Definitions for Sepsis, Septic Shock and ICD-10-CM

Donna Pickett, NCHS Todd Dorman, MD, Johns Hopkins University

ICD-10 Coordination and Maintenance Committee March 6, 2019 The Third International Consensus Definitions for Sepsis and Septic Shock (Sepsis-3)

 The Third International Consensus Definitions for Sepsis and Septic Shock (Sepsis-3) was published in 2016. Following its publication many questions and issues have arisen regarding the new definitions. Questions have been raised at the international level with regards to the new definitions, the impact on WHO ICD-10 code assignment and the impact on the codes in the beta draft of ICD-11. In the U.S., NCHS, AHA EAB and others have received questions/comments on ICD-10-CM codes and the new clinical definitions.

SIRS and Sepsis

- There is international agreement on the definition of sepsis although there is still some discussion related to the clinical criteria and its applicability in low resource countries
- SIRS is no longer the defining criteria of sepsis as a patient can have a lifethreatening condition without SIRS, and a non-life-threatening condition with SIRS
- SIRS is the body's normal response to an infection
- SIRS can result from a non-infectious origin so there needs to be code for non-infectious origin. Many patients suffer from SIRS after surgery.
- Current classifications refer to severe sepsis as that with organ failure rather than organ dysfunction and this will need to be corrected as it was: (a) not correct (has always been organ dysfunction and (b) organ dysfunction is now part of sepsis.
- Inconsistent use of terminology in relation to sepsis has created difficulties in coding and inconsistent data has resulted
- The term "severe sepsis" is redundant
- It is not always possible to identify the agent, so there will always be a need to classify sepsis, unspecified

WHO Consultations on Sepsis -3 Definitions

 Consultations between WHO, international infectious disease subject matter experts and WHO Collaborating Center representatives (US, Sweden, UK, Japan, Canada) began in 2017 to identify steps that could be taken to address needed changes in ICD-10 and ICD-11 beta. It was noted that the ICD-10 structure and its limited life span could not easily accommodate major changes.

ICD-10 and ICD-10-CM

- Ultimately, WHO made no major changes to ICD-10 prior to the last formal update and the end of the ICD-10 update process.
- As ICD-10-CM will likely be used for morbidity for several years, a proposal should be considered to harmonize codes with new definition of sepsis, where feasible.

NCHS Next Steps and Possible Options for ICD-10-CM Modifications

- Add any new sepsis-related codes approved by WHO during ICD-10-CM freeze
- Review/revise Index and Tabular entries for SIRS (noninfectious and infectious) and severe sepsis, and relevant terminology changes implemented by WHO during ICD-10-CM freeze
- Review/incorporate relevant WHO changes from final 2019 updates, when published
- Consider deletion of category R65, Symptoms and signs specifically associated with systemic inflammation and infection
- Review/incorporate relevant comments from stakeholders
- Present proposal at September 2019 C&M

Thank You

Donna Pickett, MPH, RHIA <u>dfp4@cdc.gov</u>

Comments may be sent to:

Mailing address: National Center for Health Statistics ICD-9-CM Coordination and Maintenance Committee 3311 Toledo Road Hyattsville, Maryland 20782 Fax: (301) 458-4022 or

email address: nchsicd10CM@cdc.gov