

## **Infectious Disease**

Risk Adjustment Coding Guide

Infectious disease documentation and coding should include:

- acuity
- supporting lab values (documentation only)
- site
- laterality
- underlying conditions
- manifestations

Human immunodeficiency virus (HIV) documentation and coding should include:

- coding only relates to confirmed documented cases
- once a HIV-related illness exists, every subsequent encounter is coded as B20

Sepsis documentation and coding should include:

- date of onset
- type
- infectious agent
- urosepsis (generic term) cannot ever be coded

Methicillin-resistant Staphylococcus aureus (MRSA) documentation and coding should include:

- type
- MRSA documented as causal agent
- carrier status (ex. "MRSA screen positive" or "MRSA nasal swab positive")
- resistance to penicillin (Z16.11) is never coded with MRSA

Influenza documentation and coding should include:

- infectious agent
- manifestations (ex. pneumonia)
- associated conditions (ex. pleural effusion)

## **Coding examples**

HIV with pneumocystis carinii pneumonia	B20 and B59
Severe sepsis with acute respiratory failure	A41.9, R65.20, and J96.00
Septic shock (also code acute organ dysfunction)	R65.21
Sepsis due to MRSA	A41.02
Pneumonia due to MRSA	J15.212
MRSA carrier status	Z22.322
Influenza with staphylococcus pneumonia	J11.08 and J15.3

**Contact information**: Julie Eisen, IHANY Risk Adjustment Coding Specialist <u>eisenjr@trinity-health.org</u> or Emily Smith, IHANY Risk Adjustment Coding Specialist, <u>Emily.Smith002@sphp.com</u> (Updated Nov 2021)