Western Australian Coding Rule

1218/06 Neonatal sepsis/risk of sepsis
WA Coding Rule 0611/01 Risk of sepsis versus symptoms of infection in newborn is superseded by ACCD Coding Rule Neonatal sepsis/risk of sepsis (Ref No: Q3259) effective 1 January 2019; (log in to view on the ACCD CLIP portal).

DECISION
WA Coding Rule 0611/01 Risk of sepsis versus symptoms of infection in newborn is retired.
[Effective 1 Jan 2019, ICD-10-AM/ACHI/ACS 10th Ed.]
Western Australian Coding Rule

0611/01  Risk of sepsis versus symptoms of infection in newborn

Q.  
ACS 1617 Neonatal sepsis/risk of sepsis directs us to assign a code from Z03 Medical observation and evaluation for suspected diseases and conditions for diagnosis of ‘risk of sepsis’.

If documentation in a neonatal episode states high C Reactive Protein (CRP) for which a course of oral antibiotics is administered, without documented statements such as “suspected infection” or “risk of sepsis” can we follow ACS 1617 and assign Z03.71?

A.  
ACS 1617 Neonatal sepsis/risk of sepsis and ACS 1611 Observation and evaluation of newborn and infants for suspected condition not found should be followed only when patient has no symptoms.

If there are symptoms of infection e.g. fever, high C Reactive Protein (CRP) these should be coded instead of Z03.71. Assign R79.8 Other specified abnormal findings of blood chemistry for high CRP treated with oral antibiotics.

DECISION

Z03.7 Observation of newborn for suspected condition not found codes should only be assigned when no symptoms or condition found, and newborn requires increased monitoring/observation of a suspected condition.

[Effective 15 June 2011, ICD-10-AM/ACHI/ACS 7th Ed.]