REGULATORY COMMITTEE INSIGHT

Proposed sepsis code changes

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At the biannual ICD-10 Coordination and Maintenance Committee meeting, several changes were proposed to the existing sepsis codes to be considered for implementation on October 1, 2027.

This includes revision to A41, Other sepsis codes. Namely, A41.9, which currently reads "Sepsis, unspecified organism," would be revised to "Sepsis and impending Sepsis, unspecified organism." Additional proposed codes in this category are:

- A41.91, Sepsis, unspecified organism, with the instruction of "Use additional code for organ dysfunction, such as acute kidney failure (N17.-), altered mental status (R41.82), other organ dysfunction associated with sepsis (R65.2-), septic shock (R65.21), tachypnea (R06.82)"
- A41.92, Impending sepsis, unspecified organism; Infection with systemic inflammatory response syndrome (SIRS); Infection with positive sepsis diagnostic aide

Revisions were also proposed to the R65 category, Symptoms and signs, specifically associated with systemic inflammation and infection. R65.2- would be changed from "severe sepsis" to "organ dysfunction related to sepsis." Here is a list of proposed changes:

- R65.20, Severe sepsis without septic shock, would be deleted
- R65.21 would be changed from "Severe sepsis with septic shock" to "Septic shock"
- New code subcategory R65.22- "Other specific organ dysfunction associated with sepsis" would be added. New proposed codes in this subcategory include:
    - R65.220, Respiratory dysfunction associated with sepsis
    - R65.221, Coagulation dysfunction associated with sepsis
    - R65.222, Liver dysfunction associated with sepsis
    - R65.223, Cardiovascular dysfunction associated with sepsis; Excludes 1: septic shock.
    - R65.224, Central nervous system dysfunction associated with sepsis
    - R65.225, Renal dysfunction associated with sepsis

What implications would this have from a CDI perspective? The application of sepsis criteria (Sepsis-2 versus Sepsis-3) in the regulatory, healthcare, and insurance communities remains quite varied. As of now, CMS still relies on Sepsis-2 for quality measures and reimbursement. Should the proposed codes see approval without CMS alignment, development of institutional definitions would likely become necessary to mitigate confusion and potential impact on hospital readmission rates and quality scoring.

Presenters of the proposal have asked for commentary from the community prior to the discussion being continued at the second biannual meeting on September 15–16, 2026. The comment period is open until May 15, 2026, on these proposed codes. Comments can be submitted to nchsicd10cm@cdc.gov.