

# PI Payment Policy 26 Sepsis

**All States & Lines of Business**

## Purpose

This policy is to support compliance with the coding and billing of a claim submitted with the diagnosis of sepsis to ensure accurate hospital DRG reimbursement. It is not intended to address every aspect of a reimbursement situation, nor is it intended to impact care decisions. This policy was developed using nationally accepted industry standards and coding principles. In the event of a conflict, federal and state guidelines, as well as the member’s benefit plan document always supersede the information in a payment policy. Additionally, to the extent there are any conflicts between the payment policy and the provider contract language, the provider contract language will prevail. Coverage may be mandated by applicable legal requirements of a State, the Federal government or the Centers for Medicare and Medicaid Services (CMS). References included were accurate at the time of policy approval.

## Overview

In 2016 the Third International Consensus Definitions for Sepsis and Septic Shock (Sepsis-3) was developed by a task force of 19 critical care, infectious disease, surgical and pulmonary specialists and defined sepsis as “a syndrome of physiologic, pathologic and biochemical abnormalities induced by infection.” Sepsis-3 is endorsed by 31 medical societies and provides the most clinically relevant definition of sepsis with a Sequential [Sepsis-related] Organ Failure Assessment (SOFA) score of 2 or more as an adjunct in the clinical diagnosis of sepsis (Figure 1).

The Surviving Sepsis Campaign International Guidelines for Management of Sepsis and Septic Shock (2016) was developed by a consensus committee of 55 international experts and utilized the Grading of Recommendations Assessment, Development and Evaluation (GRADE) system to categorize the quality of evidence on the early management and treatment of patients with sepsis or septic shock. The Surviving Sepsis Campaign International Guidelines for Management of Sepsis and Septic Shock (2016) defined sepsis and septic shock according to the Sepsis-3 criteria. Thus, the Sepsis-3 criteria is the most recent evidence-based definition of sepsis and supports the Surviving Sepsis Campaign International Guidelines as part of its effort to promote accurate diagnosis and treatment of sepsis as well as appropriate billing and coding.

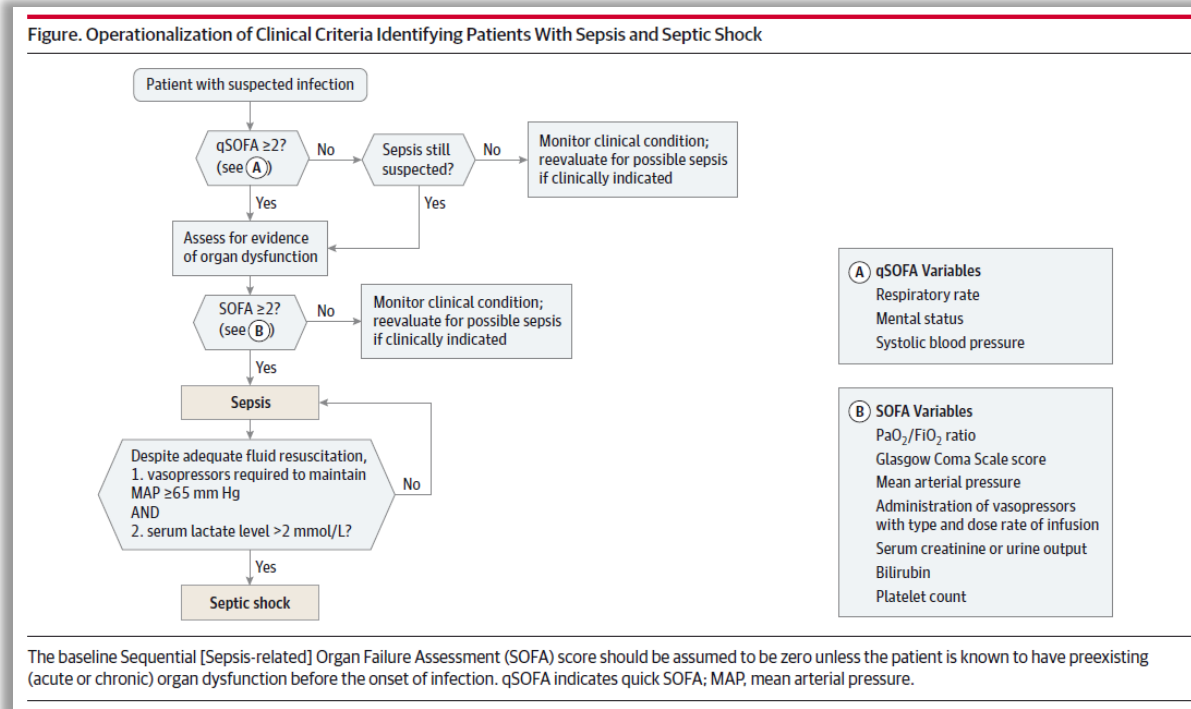




Figure 1 – From the Third International Consensus Definitions for Sepsis and Septic Shock (Sepsis-3): Sequential [Sepsis-related] Organ Failure Assessment (SOFA) score for identification of patients with sepsis and septic shock.

## Process

Molina Healthcare or designee conducts DRG clinical validation reviews both pre-payment and post-payment to confirm DRG assignments and appropriate payment. This helps to ensure that claims represent the services provided to our members, and billing and reimbursement is compliant with federal and state regulations as well as applicable standards, rules, laws, policy and contract provisions.

Molina Healthcare will apply the sepsis guidelines issued by the Third International Consensus Definitions for Sepsis and Septic Shock (Sepsis-3) to reviews for clinical validation that sepsis was present and sepsis treatment services were appropriately rendered. Hospital payments may be adjusted if after reviewing the member’s medical record Molina Healthcare or its designated vendor determines that sepsis and sepsis treatment services are unsupported based upon the Sepsis-3 definition and criteria. ICD-10 diagnosis code ranges subject to review include R65.2, A40.x and A41.x, which are subject to ICD-10 coding updates. Facilities that disagree with a determination may follow appropriate procedures in accordance with regulatory and contractual requirements.

## Coding

**CODING DISCLAIMER.** Codes listed in this policy are for reference purposes only and may not be all-inclusive. Deleted codes and codes which are not effective at the time the service is rendered may not be eligible for reimbursement. Listing of a service or device code in this policy does guarantee coverage. Coverage is determined by the benefit document. Molina adheres to Current Procedural Terminology (CPT®), a registered trademark of the American Medical Association (AMA). All CPT codes and descriptions are copyrighted by the AMA; this information is included for informational purposes only. Providers and facilities are expected to utilize industry standard coding practices for all submissions. When improper billing and coding is not followed, Molina has the right to reject/deny the claim and recover claim payment(s). Due to changing industry practices, Molina reserves the right to revise this policy as needed.

## Approval History

TYPE	DATE	ACTION
Effective Date	1/7/2022	New Policy

## References

1. The Third International Consensus Definitions for Sepsis and Septic Shock (Sepsis-3). Singer, M., Deutschman, C. S., et al. JAMA 2016; 315(8):801-810. <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4968574/>
2. Surviving Sepsis Campaign: International Guidelines for Management of Sepsis and Septic Shock: 2016. Rhodes, A., Evans, L.E., Alhazzani, W. et al. Critical Care Medicine 2017; 45(3):487-552. <https://www.ncbi.nlm.nih.gov/pubmed/28101605>
3. CMS. “ICD-10-CM Official Guidelines for Coding and Reporting. FY 2021.” Centers for Medicare and Medicaid Services (CMS). <https://www.cms.gov/files/document/2021-coding-guidelines-updated-12162020.pdf>
4. CMS. “Medicare Claims Processing Manual. Chapter 23 - Fee Schedule Administration and Coding Requirements.” Centers for Medicare and Medicaid Services (CMS). <https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/Downloads/clm104c23.pdf>

## Supplemental Information

## Appendix