

PCHP Reimbursement Policy		
Topic: Sepsis	Policy Number: PCHP.RI.019	Policy Section: Clinical
Last Modification Date:	Effective Date: 5/15/2025	

Policy Disclaimer:

Please ensure adherence to correct billing and submission protocols. Utilize industry-standard, compliant codes when submitting claims. Services should be coded using Current Procedure Terminology® (CPT), Healthcare Common Procedure Coding System (HCPCS), and/or revenue codes. These codes specify the services or procedures rendered and must be fully substantiated in the medical record or office notes upon billing. Our reimbursement policies apply uniformly to both participating and non-participating professional providers and facilities, unless stated otherwise.

Failure to comply with appropriate coding/billing guidelines or current reimbursement policies may result in actions by PCHP, including claim rejection or denial, claim payment recovery/recoupment, or reimbursement adjustment to accurately reflect the services provided.

These reimbursement policies are designed to support you in submitting accurate claims and to clarify the criteria for reimbursement if PCHP covers the service under the member's benefit plan; however, coverage determination for items such as, but not limited to service, procedure, item, do not guarantee reimbursement. All billed services must align with authorization and medical necessity guidelines.

These reimbursement policies may be overridden by mandates in provider contracts, state or federal regulations, or Centers for Medicare & Medicaid Services (CMS) requirements. PCHP strives to implement policy changes promptly; any delays may necessitate recoupment of claims payment to the effective date as outlined in the policy. We reserve the right to periodically review and update these policies as needed, with the most current version available on our website upon any revisions.

Policy:

PCHP or its authorized representative conducts DRG clinical validation reviews both before and after payment to verify DRG assignments and ensure appropriate reimbursement. These reviews are crucial to confirming that claims accurately reflect the services provided to our members and comply with federal and state regulations, as well as applicable standards, rules, laws, policies, and contract provisions.

PCHP will apply sepsis guidelines from the Third International Consensus Definitions for Sepsis and Septic Shock (Sepsis-3) to clinical validation reviews to assess the presence of sepsis and appropriateness of sepsis treatment services rendered. Hospital payments may be adjusted if, upon reviewing the member's medical record, PCHP or its designated vendor determines that sepsis and related services are not supported based on 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 updates in ICD-10 coding.

Facilities that disagree with a determination may follow appropriate procedures as outlined by regulatory and contractual requirements.

References:

In 2016, the Third International Consensus Definitions for Sepsis and Septic Shock (Sepsis-3) was developed by a task force comprising 19 critical care, infectious disease, surgical, and pulmonary specialists. This consensus defined sepsis as "a syndrome characterized by physiological, pathological, and biochemical abnormalities triggered by infection." Sepsis-3 has garnered endorsement from 31 medical societies and offers the most clinically relevant definition of sepsis, with a Sequential [Sepsis-related] Organ Failure Assessment (SOFA) score of 2 or more serving as an adjunct for clinical sepsis diagnosis (see 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. It utilized the Grading of Recommendations Assessment, Development, and Evaluation (GRADE) system to assess evidence quality concerning the early management and treatment of patients with sepsis or septic shock. This campaign's guidelines aligned with the Sepsis-3 criteria, establishing it as the most recent evidence-based definition of sepsis. The adoption of Sepsis-3 criteria by the Surviving Sepsis Campaign International Guidelines reflects efforts to promote accurate diagnosis and treatment of sepsis, alongside appropriate billing and coding practices.

This policy has been developed through consideration of the following:

- CMS, Department of Health and Human Services, Texas Health and Human Services and all applicable agencies, National Correct Coding Initiative.
- 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/>
- 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>

Policy History:

Description	Date
Policy Created	May 9, 2024
Policy Approved	January 30, 2025