

Provider Notice

Thank you for participating with Molina Complete Care (MCC) to provide high quality health care services to our members.

Effective October 1, we will use the revised sepsis guidelines issued by the Third International Consensus Definitions for Sepsis and Septic Shock (Sepsis-3).

The Sepsis-3 guidelines have consolidated three sepsis categories into two categories:

1. Sepsis and severe sepsis have been merged into one category, now called sepsis
2. Septic shock (or sepsis-3) has not changed significantly

Providers should note that patients who previously met the definition of sepsis may be excluded from the merged sepsis category.

We will use the sepsis-3 definition in clinical claim reviews to validate that sepsis was present and that related services were appropriately submitted as part of the member's claim. If clinical documentation provided to and reviewed by MCC does not support sepsis-3 definitions and associated services, hospital payments will be adjusted appropriately.

MCC will review a claim at the time of receipt to determine if any diagnosis (primary or secondary) of sepsis or septic shock meets the sepsis-3 guideline:

- If a claim meets sepsis-3 guidance, the claim will be processed based on medical necessity and standard payment guidelines
- We may review other clinical information provided to help determine the acuity of the member, which may include the level of care (i.e., ICU)

Applicable ICD-10 diagnosis code ranges will be subject to review.

If a sepsis or septic shock diagnosis is determined to be inappropriate, providers will have standard reconsideration timelines via the Claims Reconsideration Process for MCC to perform review of the additional documentation from providers.

If you have any questions, you may contact the provider relations team by phone at (800) 424-5891, by fax at (888) 656-0369 or by email at MCCAZ-Provider@molinahealthcare.com.